



NURSING PATHWAYS



KAISER PERMANENTE®



NP III RENEWAL PACKET
A step on the Nursing Career Ladder

Revised March 2007



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NP Clinical Classifications

Nurse Practitioners will be recognized in a three step clinical ladder:

NP I: A new graduate nurse practitioner or newly employed nurse practitioner with less than twelve (12) months experience as a nurse practitioner. NP I shall participate in a nurse practitioner mentoring program within the first six (6) months of KP employment.

NP II: A nurse practitioner who:

1. Has completed six (6) months of service as an NP I.

OR

2. Has been newly hired into a Nurse Practitioner position and has at least twelve (12) months experience as a nurse practitioner with another employer. NP IIs shall be mentored in the Nurse Practitioner Mentoring Program. The Nurse Practitioner's manager, The Nurse Practitioner and the Nurse Practitioner's mentor shall agree on the length of the Nurse Practitioner's mentoring which shall be based upon the Nurse Practitioner's competence in the clinical and technical job requirements.

NP III: Nurse practitioner clinical expert who has met the criteria as defined in the Nurse Practitioner Clinical Ladder guidelines.

The development of a NP Clinical Ladder recognizes the Nurse Practitioner III as a health care clinical expert who demonstrates increasing levels of excellence through clinical practice, teaching ability and leadership.

The purpose of the NP III role is to encourage nurse practitioners to utilize and model clinical expertise, leadership abilities and health care practices by participation in research, education, publication and/or community involvement.

Compensation

The compensation level for the NP III classification shall be five percent (5%) greater than the compensation rates for the NP II.

Maintenance of NP III Designation

Renewal packets for NP III are available from the DONP, PPC or the Nursing Pathways website (<http://nursingpathways.kp.org/ncal/careers/ladders/index.html>) and contain written guidelines for the completion of the application. Review of portfolio by a FSC member, while not required if you are applying for NP III renewal, is highly recommended as the FSC feels that the applicant may benefit from this assistance. Applications should be submitted to the DONP Co-chair or the Facility Selection Committee.

Each appointment as NP III shall be made for three (3) years.

Reappointment requires continued evidence that the NP Clinical Expert, also known as NP III, functions in the clinical setting as an exemplary clinical practitioner, teacher, and leader among peers.

To maintain the NP III designation, a NP III will be expected to submit for review by the Facility Selection Committee a renewal packet that will demonstrate the following:

- Current RN licensure and nurse practitioner certification to practice in California.
- Continued work in the clinical area for the Employer since the last appointment as NP III.
- Work in the clinical area for an average of twenty-four (24) hours/week over the last year. A NP who is in a NPQL role (20 hour/week position) shall meet this qualification. (see hours worked calculation in contract, paragraphs 1831-1834)
- Performance evaluation received within the last 12 months which indicates performance standards at the midpoint or above overall for each of the three requirements -- clinical competence, interpersonal relationships, and professional characteristics.
- Documentation of completion of at least forty-five (45) CEUs/CMEs applicable to clinical area over the past three (3) years.
- At least three (3) professional contributions within the last twelve (12) months, unless stated otherwise. See list of acceptable activities beginning on page 17. Additional activities may be considered with the unanimous consent of the local NP III selection committee.

Facility Selection Committee

The Facility Selection Committee shall meet within thirty (30) days of each application deadline to determine the eligibility of each candidate for NP III status. Applicants shall be notified within ten (10) business days after this meeting of the Facility Selection Committee's decision.

FSC Composition

The Facility Selection Committee (FSC) has six members. The FSC will be co-chaired by a DONP and a NP III or a NP II if there are no NP IIIs in the facility.

- A. Two NP IIIs (one shall be a co-chair): If there are no NP IIIs in the facility, two (2) NP II peers shall serve on the selection committee.
- B. One NP II who is actively involved in a professional NP committee, e.g., NPRC, local performance improvement committee.
- C. A nurse manager and a department chief from a department which employs Nurse Practitioners.
- D. Alternates: Alternates for all positions need to be identified (e.g., a nurse manager could serve as the alternate to the DONP or manager). A substitute in the same category will be used as needed. Either the applicant or the committee may request an alternate if there is a direct line relationship between the applicant and a committee member or a vacancy on the committee. The applicant may also request the use of an alternate if needed to ensure impartiality. A large number of applicants may necessitate use of additional alternates.
- E. A content expert may be called if the committee has limited knowledge of the applicant's clinical area. This person is not a voting member.
- F. Any NP II or NP III serving on the committee will be replaced by an alternate for review of her/his application/renewal for NP III classification.

Term and Vacancies

FSC members may serve a maximum of three (3) years. Rotations will be staggered to provide continuity to the panel.

FSC vacancies are to be publicized and shall be nominated by their peers.

The FSC will choose replacement members from the nominees by consensus. Membership decisions will be reviewed by the co-chairs who are charged with ensuring broad-based representation over time.

Transfers

- NP IIIs who transfer to another facility in the same clinical area will retain their status.
- Transfers to another clinical area within the same facility or another facility will require application for NP III in the new clinical area.

Appeals Process

Any applicant denied the Clinical Expert designation may appeal the decision of the Facility Selection Committee (FSC) as follows:

1. A written appeal, clearly stating the basis for the appeal, must be submitted to the Facility Selection Committee that made the original decision no later than thirty (30) days after written notification of denial. The appeal shall not contain any application information that was not submitted with the original application as a justification for the appeal.
2. The Facility Selection Committee shall review the appeal within sixty (60) calendar days of each application deadline and either accept the application or deny the appeal, providing a written explanation of the reasons for the written denial. If the appeal is denied, the Nurse Practitioner may appeal that decision to the Regional Appeals Committee no later than thirty (30) days after denial of the appeal by the Facility Selection Committee.

Applicants may request a regional appeal in writing (e-mail is ok) within 30 days of the FSC appeal decision to Jim Ryder, C.N.A., 2000 Franklin St, Oakland, CA 94612, jryder@calnurses.org AND Henry Diaz, Kaiser Permanente Labor Relations, 1950 Franklin St, 4th Floor, Oakland, CA 94612, henry.diaz@kp.org The applicant should include their facility, their mailing address, and the reason for their appeal (clear and convincing evidence of procedural error or bias).

3. The Regional Appeals Committee shall be composed of six (6) members and two (2) alternates. Three (3) members, plus one (1) alternate, shall be selected by the California Nurses Association from among NP IIs and NP IIIs of different Facility Selection Committees (FSCs). Three (3) members and one (1) alternate shall be selected by the Employer from management representatives from different existing FSCs.
4. The Regional Appeals Committee's review shall be limited to a consideration of the same appeal presented to the Facility Selection Committee. In addition, the Regional Appeals Committee may review the Nurse Practitioner's original application materials and the Facility Selection Committee's decision, including its reasons for the denial. This decision shall be provided to the applicant within thirty (30) days after the Regional Appeals Committee's meeting.
5. The Regional Appeals Committee may overturn the decision of the Facility Selection Committee only when there is clear and convincing evidence of procedural error or bias that affected the decision to deny movement up the clinical ladder.

6. If the decision of the Facility Selection Committee is reversed by the Regional Appeals Committee, the five percent (5%) increase in pay will be retroactive to the application deadline (March 1, July 1, November 1).
7. The decision of the Regional Appeals Committee is final and binding and shall not be subject to the provisions of Article XXXVIII of the Collective Bargaining Agreement.

A regional appeal may not be completed before the next application deadline. The applicant is free to apply at the next deadline regardless of the status of the regional appeal. The new results of the new application and the regional appeal will be coordinated appropriately.

Renewal Checklist NP III Portfolio

Is there a preferred order for application materials?

- Completed NP III Renewal form
- Verification of Hours & Clinical Area Form if needed
- Performance evaluation over the last 12 month period prior to renewal deadline
- Documentation that required continuing education (CEU or CME) was completed within the last three (3) years of the application deadline.
- Evidence of at least three (3) professional contributions within twelve (12) months of the application deadline, unless otherwise specified. Additional activities may be considered with unanimous consent of the local NP III Selection Committee.

The FSC may seek clarification and documentation of any part of the application materials if needed to make the best decision possible.

NP III Renewal Form

Name _____
Date _____
Unit/Shift _____
Facility _____

Mailing Address _____

Manager _____
Cost Center _____

Phone Work: _____
Home: _____
Other: _____

RN License # _____

NP Certification # _____

National Certification # (if applicable) _____

Area of Practice Ambulatory Care
 SNF
 Home Health/Hospice
 Hospital

Clinical Area Primary Care (General Medicine, Internal Medicine, Family Practice, Pediatrics and OBGYN)
 Specialty (orthopedic surgery, plastic surgery, neurology, or subspecialty in primary care, including but not limited to reproductive endocrinology, geriatrics, and HIV care)
 Hospital
 NP QL

Classification Regular
 Short hour
 Per diem

Average Numbers of Hours worked per week _____
(From Verification of Hours and Clinical Area Form if applicable)

NP clinical nursing experience (includes NPQL role, See minimum qualifications). Please list most recent first. Experience includes at least the last 4 years.

DATES: FROM - TO	AREA OF PRACTICE	EMPLOYER
1.		
2.		
3.		
4.		
5.		
6.		

Evidence of at least three (3) professional contributions within the last twelve (12) months.

<u>PROFESSIONAL CONTRIBUTION</u>	<u>DATE</u>
1.	
2.	
3.	

Date application submitted: _____
Time application received: _____
Application received by: _____

Note: please provide applicant with a signed copy of this page as verification of receipt of NP III renewal application.)

Verification of Hours Form

An applicant hired into a 24 hour/week position or more does not need to complete this form.

This form is needed for the following applicants: (a) applicants hired into a <24 hour/week position, (b) per diem NPs, (c) applicants who have disability leave within the last year, or (d) applicants with a leave of absence within the last year.

The staffing office or the manager completes the form. The manager signs the form.

Name _____
Date _____
Unit/Shift _____
Facility _____
Phone _____
Work: _____
Home: _____
Other: _____

Clinical Area _____
Classification Regular
 Short-Hour
 Per Diem

Number of hours worked per week _____

Must be minimum 24 hours/week over the last year. A NP who is in the NPQL role (20 hours/week position) shall meet this qualification

12 month average hours worked per week = _____ beginning _____ ending

Paid time is calculated by determining total paid hours for the year minus the number of vacation hours taken in week blocks. This paid time is then divided by number of weeks, which is calculated by taking the fifty-two (52) weeks in a year minus weeks of vacation blocks minus California Nurses Association option week if taken, minus approved leave of absence up to three (3) months time. Paid time divided by number of applicable weeks equals paid hours per week. This number must equal twenty-four (24) hours or more in order for a nurse practitioner to meet the hours worked qualifications.

SIGNATURE OF MANAGER _____

DATE _____

Performance Evaluation Guidelines

Performance evaluation must be within the last twelve (12) months and indicate performance standards at the midpoint or above overall for each of the following three areas: (a) clinical competence, (b) interpersonal relationships and (c) professional characteristics.

- Evaluations on other performance areas are not part of the clinical ladder process.
- Applicants may request the sample form in the appendix be used for their evaluation.
- The applicant's manager must sign the evaluation form.
- The FSC will apply its judgment to determine "midpoint overall" if needed.

Note to applicants: All FSC members will review the evaluation submitted with this packet. FSC members will be expected to maintain the confidentiality of this document.

Examples of clinical competence include:

- History Taking: Always precise, logical, thorough, reliable, purposeful, and efficient. Establishes broad base of information about the patient including relevant psychosocial issues.
- Physical Examination: Complete, accurate, directed toward patient's problems. Properly sequenced. Elicits subtle findings.
- Procedural Skills: Always proficient and careful. Minimizes risk and discomfort to patient. Provides proper explanation of the purpose of the procedure. Technical skills superb. Able to perform independently or with minimal supervision.
- Medical Knowledge: Extensive and well applied. Excellent knowledge of disease pathophysiology, diagnosis and therapy. Consistently up-to-date.
- Clinical Judgment: Regularly integrates medical facts and clinical data: weighs alternatives; understands limitations and incorporates consideration of costs, risks and benefits. Wise use of diagnostic and therapeutic procedures. Reasons well in ambiguous situations.
- Ability to apply knowledge: Identifies all the patient's problems. Interrelates abnormal findings with altered physiology. Establishes sensible differential diagnoses. Provides orderly succession of testing and therapeutic recommendations. Educates the patients and their families. Provides high quality, appropriate, cost effective and comprehensive acute and chronic care.

Examples of interpersonal relationships include:

- Enthusiastic, responsive, reliable, committed, cooperative and respectful. Shows regard for opinions and skills of professional colleagues. Displays initiative and provides leadership. Written documentation is legible, relevant, concise, and complete. Clearly articulates a logical and knowledgeable presentation of patient to professional colleagues.
- Patients/Families: Always demonstrates integrity, respect, compassion, and empathy for patients. Establishes trust. Primary concern is for the patient's welfare. Maintains credibility, shows excellent rapport with patients and families, and respects patient's need for information and personal preferences. Shows empathy, understanding of cross-cultural/gender issues.

Examples of professional characteristics include:

- Initiative/learning style: Enthusiastic; eager to learn. Functions independently. Aware of strengths and weaknesses. Shows improvement over the orientation process. Self-motivated to acquire knowledge.
- Dependability: Always does what is expected and more. Available when needed. Always follows through on responsibilities. Reacts well to stress. Excellent team player.

Continuing Education Guidelines

Fourty-five (45) CEUs/CMEs which are applicable to clinical area over the past three (3) years or that meet national certification requirements. Masters/Post-Masters/Doctoral Degree courses shall apply if applicable to clinical area and are recognized by the BRN.

If the applicant has a current national certification and a current license at the time of application, they meet the CEU requirement regardless of timeframe for CEUs.

Documentation to verify the applicant's completion of CEUs, CMEs, and college credit certification within the last three (3) years is required to be included in the portfolio.

Tips for Applicants:

- Summarize your CEUs by listing them on a single sheet of paper.
- Write a brief narrative describing the applicability for any CEU that may be questioned.
- Extra CEUs may substitute for those that are not accepted by the FSC.

Professional Contributions Guidelines

Evidence of at least three professional contributions within the twelve months prior to the application deadline is required, unless otherwise stated. The professional contributions may come from one or more of the following options. Additional contributions may be submitted in case one of those submitted do not meet the requirements.

1. On-going teaching activity, such as teaching at an accredited RN or NP program or assistant/clinical faculty position or lecturer. This must be an ongoing activity during at least one semester or two quarters per year for two out of the past three years. Documentation to verify the applicant's role in an on-going teaching activity is required.
2. National certification as a nurse practitioner by a national certifying body recognized by Kaiser Permanente and the Board of Registered Nursing. This only applies to those Nurse Practitioners who obtained certification after their initial date of hire.
3. Active participation in quality activities which must be of an ongoing nature with participation occurring over at least six (6) months per year for two out of the past three years. Examples include:
 - Develop and implement "peer review" educational processes.
 - Involvement in quality committees/forums including but not limited to PPC, local safety committee, patient safety/error reporting, performance improvement projects, AACC workgroup, P and T, Collaborative Practice Committees, infection control committees, and code blue committees.
 - Hold a RN Quality Liaison position.
4. Active participation in two (2) different educational activities during the past three years. Examples include:
 - Develop and present in-service education for staff, students or the community. Examples include but are not limited to:
Staff:
 - Develop and present an educational inservice for Facility NP's or other staff on menopause transition care.
 - Develop and present educational in-service to facility MAs on proper data collection for URI patients including peak flow measurement, O₂ saturation and temperature.

Students:

- Develop and present a class on Smoking Cessation to local high-school or college class.
- Develop and deliver a nutrition presentation to elementary school audience.

Community --

- Develop and present an inservice for contract SNF nurses on physical assessment of the geriatric resident (or any other topic a SNF requests, unlimited possibilities).
 - Develop and present information on diabetes care to seniors at a local senior center.
- Develop and present a patient education program. Examples include but are not limited to:
 - Develop and present a patient education program on diabetic foot care.
 - Develop and present a program on infant/toddler safety to Kaiser members.
 - Publish a continuing education article for NPs/RNs or health education article for the general public.
 - Developing protocols for a procedure or updating a protocol and providing education to update other NPs and staff regarding practice under the protocol.
5. Leadership position as a committee chair or NP representative on local or regional committees including but not limited to P&T, Interdisciplinary Practice Committee, Collaborative Practice Committee, PPC, NPRC, spanning at least six (6) months per year for two of the past three years. Hold a Chief Nurse Rep, Nurse Rep or other CNA leadership position. For the purposes of professional contributions, "chair" of a committee refers to chair or co-chair.
6. Active participation over at least six (6) months per year for two of the past three years (alternate time frame may be considered with unanimous consent of the local NP III facility selection committee) in health related community activities, that utilize the RN/NP level expertise in activities such as, but not limited to the categories listed below:
- Legislative/governmental participation. Example include but are not limited to:
 - Working with lobbyists or legislators to pass state or federal legislation related to or impacting upon healthcare locally, nationally, or internationally as it is in support of KP policies and principles.

- Working with a professional organization on a project that directly impacts the provision of health care in the community, such as the NP Primary Care Provider Project.
 - Working with a legislative liaison on legislation to provide quality healthcare to the community.
- Volunteer work in clinic, schools, or work within cultural community or general community organizations. Examples include but are not limited to:
 - Clinics: providing medical or mental health care in the community, rape crisis care (counseling or medical), homeless or domestic violence shelters, vaccination programs, or international healthcare programs such as Interplast.
 - Schools: health monitoring or health-related teaching activities.
 - Community Organizations: Facilitating or leading disease specific support groups such as an HIV or MS support group, membership in a task force for disaster preparedness and response, active membership/participation in a group that monitors and reports on environmental factors that may impact the health of the community.
 - (Note: The FSC will carefully consider the degree of RN/NP level of clinical expertise and the overall time commitment to determine the appropriateness of the contribution.)
7. Develop or be an active member of an implementation team for at least two written standards of NP care, including but not limited to: core competencies, new protocols or procedures within the past three (3) years. Examples include but are not limited to:
- Development of a new clinical role in a department or at a facility. This may include development of new policies, revision of existing policies from other departments/facilities, development of specific core competencies for the new role, etc.
 - Development of policies, procedures and proctoring standards for expanded or new services, such as colposcopy, cervical biopsies, and NPs in a first assist role.

Documents that are developed by the NP would need to be reviewed and approved by the department manager or chief and/or the Director of Nursing Practice.

8. Make contributions to staff development by being a NP mentor or make contributions to development of the NP profession by being a NP preceptor.
- Documentation to verify the applicant's role as a NP preceptor is required (form included).

A suggested minimum number of hours for NP III renewal is 32 hours over the past three (3) years.

9. Practice as a NP in a clinical specialty field such as but not limited to: orthopedic surgery, plastic surgery, neurology, or sub- specialty in primary care, including but not limited to reproductive endocrinology, geriatrics, HIV care.

Clarification: The only clinical areas that do not meet this contribution are primary care areas -- general medicine, internal medicine, family practice, pediatrics, and OB/GYN. All specialties and primary care sub-specialties meet this contribution.

10. Demonstrate participation in health-related research within the last three (3) years. Examples include:
 - Participation in research in the areas of nursing practice, nurse practitioner practice, nursing education, nursing or health care management, or any areas concerning health promotion or health care practices, health policy or cultural competence in provision of health care. Active participation may include but is not limited to principal investigator, data collector or member of a research team.
 - Publication of research in peer reviewed journals with NP's name listed as author or co-author or publication in nursing, nurse practitioner, health care, health care management/practices/policy textbook as a contributor, consultant, chapter writer or editor.

Possess a health-related masters/post-masters certification/doctoral degree/post-doctoral fellowship within the past three (3) years.

If you have any questions or need further clarification on whether a specific activity can be accepted as a professional contribution, please contact your local DONP.



Committee Participation Documentation

Clinical Ladder

Nurse Practitioner III



Committee participation should be ongoing in nature with participation occurring over at least 6 months of the past year.

Committee Charter/Purpose:

Committee meeting schedule:

- Monthly
- Every other month
- Quarterly
- Other

Individual's contribution to the committee: (Please list how/what you contribute to the committee or how you share the information with your staff.)

As the chairperson of the above committee I am verifying that

_____ (Name)

- attends the committee on a regular basis
- makes an individual contribution

_____ Chairpersons signature



NURSING PATHWAYS

NP Precepting Documentation
Clinical Ladder
Nurse Practitioner III



School:

Student:

Approximate dates of preceptorship

Total number of Hours::

I am verifying that the above is accurate:

_____ (Signature of School Representative)

_____ (Signature of Student Precepted)

_____ (Signature of Precepting NP)

DIRECTORS OF NURSING PRACTICE

Kaiser Permanente Northern California

(Effective Date 10-06)

FIRST	LAST	FACILITY	PHONE #	FAX #	Assistant
Lynne	Baker	Napa/Solano	(707) 651-2023 (8-460)	8-460-2757	Elizabeth G. Smith 8-460-3463
Lola	Barnes	Redwood City	650-299-2353 (8-424)		
Barbara	Cayere	Diablo	(925) 372-1735 (8-422)	8-422-1413	
PJ	Chatman	AACC - regional	(510) 625 -6882 (8-428)		
Marilyn P.	Chow	Patient Care Services	(510) 625-5964 (8-428)	8-428-2374	Ann Field 8-428-7155
Linda D.	Cook	Redwood City – AMGA/DONP	(650) 299 -4886 (8-424)	8-424-3180	Bindy Burns (interim) 8-424-2787
Maggie	Demil	Hayward/Fremont	(510) 675 -6904 (8-434)	8-434-6671	Stacy M. Montalvo 8-434-6909
Marcia	Dravis	Sacramento	(916) 973-6463 (8-426)	8-426-6222	Kay Smith 8-426-7032
Kathleen	Fineberg	Milpitas, Mountain View, Campbell, Santa Clara, Homestead	(408) 851 -4145 (8-401)	8-401-4119	
Deborah	Raymond	San Francisco – Acting DONP	(415) 833 -4515 (8-493)	8-493-4515	Oscar Roqueni 8-493-8054
Marge	Geary	So. Sacramento	(916) 688 -2446 (8-429)	8-429-2978	Susie Gabriel 8-429-6060
Felicia	Green	Richmond	(510) 307 -240 (8-425)	8-425-2427	Laurie K Wilson 8-425-2751
Susan	Helvick	Sacramento/Roseville			
Cathy	McCool	Santa Rosa	(707) 571 -4252 (8-442)	8-442-4554	Kelly Dixon 8-442-4876
Monica	M-Johnson	Gilroy	(408) 848 -4627 (8-444)	8-444-4605	
Jerri	Molteni	Santa Teresa	(408) 972 -6810 (8-440)	8-440-7718	Julie Barraza 8-440-6325
Mary F.	Nelson	Novato	(415) 444 -7595 (8-443)	8-443-7506	
Patricia J.	Newberry	Regional Scope of Practice Leader	(510) 987 -4116 (8-427)	8-427-5089	Lilia M Williams 8-427-2602
Shelia	Patterson	Manteca/Tracy	(209) 839 -3213 (8-402)	8-402-3218	Josie Fipps 8-402-3211
Nancy	Pilkington	Stockton	(209) 476 -5701 (8-455)		
Josette	Purkey	North Valley Capital Service Area	(916) 973 8-426- 6252	8-426-6019	
Wendy	Quan	Oakland---AMGA/DONP	(510) 752 -6164 (8-492)	8-492-6852	Valerie Adams 8-492-6160
Vincent	Reed	San Rafael	(415) 444 -2544 (8-441)	8-441-2492	Mary Burnett 8-441-2217
Henri	Smith	So. San Francisco	(650) 742 -2444 (8-436)	8-436-2634	Rachelle C. Wilson 8-436-3088

Lily	Tang	Fresno	(559) 448 -4494 (8-454)	8-454-5470	Linda L. Hoffdahl 8-454-3125
Terrie	Tomlinson	Modesto	(209) 557 -6172 (8-496)	8-496-6070	Christi McGuire 8-496-6512
Mary Jo	Williams	Regional Director of TPMG Nursing and Clinical Practice	(510) 987-3647 (8-427)	8-427-5089	Lilia M Williams 8-427-2602
Anita	Zuniga	Executive Director, Patient Care Services North	(510) 987 -4502 (8-427)	8-427-5288	Lorna E. King 8-427-4791
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Lynne	Baker	Napa/Solano	(707) 651-2023 (8-460)	8-460-2757	Elizabeth G. Smith 8-460-3463
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Maggie	Demil	Hayward/Fremont	(510) 675 -6904 (8-434)	8-434-6671	Stacy M. Montalvo 8-434-6909
Marcia	Dravis	Sacramento	(916) 973-6463 (8-426)	8-426-6222	Kay Smith 8-426-7032
Kathleen	Fineberg	Milpitas, Mountain View, Campbell, Santa Clara, Homestead	(408) 851 -4145 (8-401)	8-401-4119	
Deborah	Raymond	San Francisco – Acting DONP	(415) 833 -4515 (8-493)	8-493-4515	Oscar Roqueni 8-493-8054
Marge	Geary	So. Sacramento	(916) 688 -2446 (8-429)	8-429-2978	Susie Gabriel 8-429-6060
Felicia	Green	Richmond	(510) 307 -240 (8-425)	8-425-2427	Laurie K Wilson 8-425-2751
Susan	Helvick	Sacramento/Roseville			
Cathy	McCool	Santa Rosa	(707) 571 -4252 (8-442)	8-442-4554	Kelly Dixon 8-442-4876
Monica	M-Johnson	Gilroy	(408) 848 -4627 (8-444)	8-444-4605	
Jerri	Molteni	Santa Teresa	(408) 972 -6810 (8-440)	8-440-7718	Julie Barraza 8-440-6325
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Lily	Tang	Fresno	(559) 448 -4494 (8-454)	8-454-5470	Linda L. Hoffdahl 8-454-3125
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