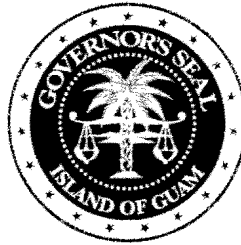


EDDIE BAZA CALVO
Governor



RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

FEB 08 2013

Honorable Judith T. Won Pat, Ed.D.
Speaker
I Mina'trentai Dos Na Liheslaturan Guåhan
155 Hesler Street
Hagåtña, Guam 96910

Office of the Speaker
Judith T. Won Pat, Ed. D.
Date 2/11/13
Time 11:43 AM
Received by Faith
32-13-107

RE: Board Appointment

Dear Speaker Won Pat:

By virtue of the authority vested in me pursuant to the Organic Act of Guam and the local laws applicable to the following position, I am pleased to transmit the following appointment and supporting documents for:

APPOINTEE: **William E. Stanley II**
POSITION: **Member, Guam Board of Allied Health Examiners**
TERM LENGTH: **Three (3) years**

The appointment is subject to the consent of *I Liheslaturan Guåhan*. Please schedule a hearing at your earliest convenience.

Senseramente,

EDDIE BAZA CALVO

2013 FEB 11 AM 11:49


Enclosure

0107

EDDIE BAZA CALVO
Governor



RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

JAN 25 2013

Mr. William E. Stanley II
P.O. Box 7538
Tamuning, Guam 96931

RE: Board Appointment

Dear Mr. Stanley:

Thank you for your commitment to serve the people of Guam. The Calvo Tenorio administration is facing unprecedented challenges, both near and long-term. The task ahead of us will require the collective efforts of the best minds who will have the courage to make tough decisions for the good of all our people. I hereby appoint you to serve in the Calvo Tenorio administration as:

Member, Guam Board of Allied Health Examiners

This appointment is subject to confirmation by *I Liheslaturan Guåhan* and is effective upon your confirmation. Please contact the Office of the Governor at 472-8931-6 should you have any further questions regarding this appointment.

Senseramente,



EDDIE BAZA CALVO



OFFICE OF THE GOVERNOR
GUAM

The following is information required for submission to the Speaker of *I Liheslaturan Guåhan* in accordance with 4 G.C.A. § 2103.5 of the Guam Code Annotated.

1. Citizenship: USA

2. DOB: [REDACTED] Age: 54

3. Residential Address (NOT mailing address):

[REDACTED ADDRESS]

4. Email Address: edstan@guam.net / ed.stanley@takecare.asia.com

5. Have you ever been convicted of a crime? Yes No

If yes, please explain:

6. Have you ever been declared mentally incompetent by any court? Yes No

7. Have you ever been found **not** guilty or **not** punishable in any criminal proceedings by reason of insanity? Yes No

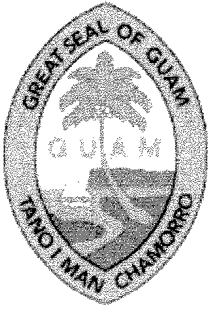
If yes, please explain:

8. Have you ever been confined to a mental institution? Yes No

If yes, please explain:

[Signature]
SIGNATURE

3 Jan 13
DATE



Appointment application

TODAY'S DATE:	
POSITION APPLYING FOR:	<input type="checkbox"/> Director <input type="checkbox"/> Deputy Director <input checked="" type="checkbox"/> Boards/Commission <input type="checkbox"/> Other _____

AGENCY/DEPARTMENT/BOARDS/COMMISSION DESIRED: List top 3 choices.

1. Guam Board of Allied Health Examiners
2. _____
3. _____

Would you consider any other positions than listed above? YES NO

GENERAL INFORMATION

NAME: William E. Stanley II

MAILING ADDRESS:

HOME PHONE: _____ **WORK PHONE:** _____ **CELL/PAGER:** _____

SOCIAL SECURITY NUMBER: _____

LICENSES:	TYPE	EXPIRATION DATE
<u>Guam Board of Allied Health</u>	<u>Physician Assistant</u>	<u>31 Dec 2014</u>
<u>Kentucky Board of Medical Lic</u>	<u>Physician Assistant</u>	<u>31 Mar 2013</u>
<u>National Certification of P.A.</u>	<u>Physician Assistant</u>	<u>31 Dec 2014</u>

BACKGROUND INFORMATION

List your prior Government of Guam Appointments and dates of service:

Government of Guam Appointment	Dates of Service
<u>Guam Board of Allied Health Examiners</u>	<u>July 07 - July 10</u>
_____	_____
_____	_____
_____	_____

Cont'd.







List all prior other government service excluding Government of Guam:

Other Government Appointment

Dates of Service

REFERENCES

List three (3) character and family references (name, address, & telephone number):

NAME	ADDRESS	PHONE
1. <u>Walter Stratton</u>		
2. <u>Branda Perez Sanchez</u>		
3. <u>Roger Crouthamel</u>		

EDUCATION

Education (Circle highest grade completed & degree)

High School: 9 10 11 12 College: 1 2 3 4 A B S Post-Grad: MBA JD MA MS PhD

Location: Cool City W.V. School Attended: University of Kentucky School Attended: _____
Location: Lexington KY Location: _____
Concentration: Physician Assistant Concentration: _____
Degree: BHS - PAS Degree: _____
Attended From: 1996 to 2000 Attended From: _____ to _____

Other Degrees or Certificates:

TRAINING

Cont'd.

Include professional institutes, seminars, and on-the-job training attended with date:

INSTITUTE/SEMINARS/ON-THE-JOB

DATE

INSTITUTE/SEMINARS/ON-THE-JOB	DATE

AWARDS

List all educational, professional, civic awards, & recognition for public service:

PROFESSIONAL INVOLVEMENT

List involvement on a local/national/international level, list organizations, activities participated in, offices held:

<i>Special Olympics - Guam Medical Support</i>

COMMUNITY/CIVIC INVOLVEMENT

List organizations, activities participated in, offices held:

PUBLICATIONS & PRESENTATIONS

List published articles, papers delivered at professional meetings:

MILITARY SERVICE

List type of discharge, branch, rank at discharge, current status, record of any court marshals or non-judicial punishment under the Uniform Code of Military Justice, & special distinctions & honors. Please attach copy of DD214.

*U.S. Army 1976 - 1996 Retired Sergeant First Class
Expert Field Medical Badge, Bronze Star, Multiple Achievement medals*

EMPLOYMENT HISTORY

EMPLOYMENT EXPERIENCE: Please begin with your present or last positions you have held for the past ten years. Account for all periods of employment including military service, volunteer work, self employment and periods of unemployment in separate blocks. Use separate blocks if your duties and responsibilities changed while working for the same employer. For volunteer work, write the word "Volunteer" in the salary section for that block. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and kinds of employees you supervised. If more space is needed, please use supplemental form attached. Your answers may be verified with former employers.

1	Employer: <i>Takecare Asia-Pacific</i>	From: <i>1 May 2002</i> To: <i>Present</i>
Address: <i>548 South Marine Corps Drive</i>		<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time
City: <i>Tamuning</i> State: <i>Guam</i> Zip: <i>96913</i>	Average hours worked per week: <i>40</i>	
Name of Supervisor: <i>Marylou Duly MD</i>	Starting Salary: <i>\$64,000</i> per year	
Your Title: <i>Physician Assistant</i>	Ending Salary: <i>\$90,000</i> per year	
Duties & Responsibilities:	<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other	
<i>Examine and treat patients presenting with acute or chronic illness or injury in the urgent care department. Order and interpret lab and imaging studies, supervise care provided by ancillary staff; Prescribe and administer medications. Consult with supervising physicians as needed. Provide patient care instructions to patients and families.</i>		
May we contact your previous employer: <input checked="" type="radio"/> YES <input type="radio"/> NO	Reason(s) for Leaving:	
<i>No services for 2 weeks still employed</i>		
2	Employer: <i>Twin Lakes Regional Medical Center</i>	From: <i>Sep 2000</i> To: <i>Feb 2002</i>
Address: <i>Litchfield Ky</i>		<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time

Cont'd.

City:	State	Zip	Average hours worked per week: 60
Name of Supervisor: Darren Lytle M.D.			Starting Salary: 48000 per Year
Your Title: Physician Assistant			Ending Salary: 52000 per Year
Duties & Responsibilities: Same as Above			<input type="radio"/> Resigned <input type="radio"/> Discharged <input checked="" type="radio"/> Other
<p><i>Examine and treat patients with acute and chronic illness and injury presenting in Emergency Department. Order and interpret lab and imaging studies, supervise care provided by ancillary staff, prescribe and administer medication. Consult with supervising physicians as needed. Provide patient care instructions to patients and families.</i></p>			
May we contact your previous employer: <input checked="" type="radio"/> YES <input type="radio"/> NO			Reason(s) for Leaving:
What did you NOT like about your job? Substance Abuse			Position Closed
3	Employer: Veterans Administration		From: Jan 97 To: Aug 98
Address: Irked Army Community Hospital			<input type="radio"/> Full-Time <input checked="" type="radio"/> Part-Time
City: Ft Knox State KY Zip			Average hours worked per week: 20
Name of Supervisor: David Cline M.D.			Starting Salary: 5.50 per hr
Your Title: VA Work-Study Staff Augmentee			Ending Salary: per
Duties & Responsibilities:			<input checked="" type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<p><i>Veterans Administration Work-Study Augmentees are placed in an area similar to their major study. In the emergency department, I provided nursing care as directed by Physicians, Physician Assistants, Nurses and Corpsmen. I obtained histories and vital signs, cleaned wounds, splinted fractures, drew blood samples, started IV infusions and closely observed Nurses and Physicians in higher level patient care.</i></p>			
May we contact your previous employer: <input checked="" type="radio"/> YES <input type="radio"/> NO			Reason(s) for Leaving:
What did you NOT like about your job?			Increased student load, moving into Senior Medical Program
4	Employer: United Parcel Service		From: Nov 1996 To: Jan 1997
Address:			<input type="radio"/> Full-Time <input checked="" type="radio"/> Part-Time
City: Louisville State KY Zip			Average hours worked per week: 30

Cont'd.

Name of Supervisor:	Starting Salary: 6.50 per hr
Your Title: <i>Second Laborer</i>	Ending Salary: per
Duties & Responsibilities:	<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<i>Receiving, unloading, sorting, routing and re-shipping parcels at the United Parcel Service Hub at Louisville International Airport.</i>	
May we contact your previous employer: <input checked="" type="radio"/> YES <input type="radio"/> NO	Reason(s) for Leaving:
What did you NOT like about your job? <i>working outside at night in cold weather</i>	<i>Second Employment</i>

5 Employer: <i>Agape Services</i>	From: <i>Aug 96</i> To: <i>Jan 97</i>
Address:	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time
City: State Zip	Average hours worked per week: <i>40</i>
Name of Supervisor:	Starting Salary: <i>5.75</i> per hr
Your Title: <i>Home Care Worker</i>	Ending Salary: <i>5.75</i> per hr
Duties & Responsibilities:	<input checked="" type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<i>Worked in group homes in the community for special needs adult clients. Assisted clients with personal hygiene, housekeeping, meal preparation, medications, recreation, and activities of daily living.</i>	
<i>(Much Like Gunc Men)</i>	
May we contact your previous employer: <input checked="" type="radio"/> YES <input type="radio"/> NO	Reason(s) for Leaving:
What did you NOT like about your job? <i>Lack of Support Services</i>	<i>Hired by VA work study program.</i>

Explain any periods of unemployment longer than thirty days: _____

I was essentially unemployed from Aug 1996 to Sep 2000 while attending full time coursework at University of Kentucky and Elizabethtown Community College pursuing my Physician Assistant degree. In truth I had a few part-time seasonal jobs to supplement my income.

I was full-time employed by the U.S. Army from Oct 1976 - Oct 1996.

MANAGEMENT EXPERIENCE

A	Have you ever managed a Business, Department or an entire organization? <input checked="" type="radio"/> YES <input checked="" type="radio"/> NO If YES, did you report to a Board of Directors? <input type="radio"/> YES <input checked="" type="radio"/> NO
	If your answer is NO, please select the management position/title you held: <input type="radio"/> Lead <input type="radio"/> Administrator <input type="radio"/> Deputy Director <input type="radio"/> Supervisor <input type="radio"/> Superintendent <input type="radio"/> Assistant General Manager <input type="radio"/> Manager <input type="radio"/> Director (under a GM/CEO, President) <input type="radio"/> Vice President
B	Number of years of service in the highest ranking management position you have held. (Please check one of the following) <input type="radio"/> under 1 year <input type="radio"/> 9+ - 15 years <input type="radio"/> 1+ - 3 years <input type="radio"/> 15+ - 20 years <input checked="" type="radio"/> 3+ - 5 years <input type="radio"/> 20+ and up <input type="radio"/> 5+ - 9 years
C	Sector of Organization you served with the most years. <input checked="" type="radio"/> GOVERNMENT: <input type="radio"/> Local <input checked="" type="radio"/> Federal <input type="radio"/> PRIVATE <input type="radio"/> OTHER: _____

SUPERVISORY

Cont'd.

A	Total number of employees in the organization/department you have managed: <input type="radio"/> 50 and under <input type="radio"/> 101 – 250 <input type="radio"/> 501 and up <input checked="" type="radio"/> 51 – 100 <input type="radio"/> 251 – 500
	Average number of staff who reported directly to you: <input checked="" type="radio"/> Under 25 <input type="radio"/> 201 – 300 <input type="radio"/> 501 and up <input type="radio"/> 26 – 50 <input type="radio"/> 301 – 400 <input type="radio"/> 51 – 200 <input type="radio"/> 401 – 500
	Are you knowledgeable of the local and federal labor laws? <input type="radio"/> YES <input type="radio"/> NO

PERFORMANCE RATING

A	Was the organization/department you managed "profitable" or did your organization perform as formally planned? <input type="radio"/> YES <input type="radio"/> NO
	Variance from projected income: <input type="radio"/> Below plan <input type="radio"/> Met plan <input type="radio"/> Above plan
	Variance from projected expenses: <input type="radio"/> Below plan <input type="radio"/> Met plan <input type="radio"/> Above plan

OTHER ABILITIES

A	Have you ever participated in a strategic planning process? <input checked="" type="radio"/> YES <input type="radio"/> NO
	If YES, please select one of the following to describe your participation. <input type="radio"/> Facilitated <input type="radio"/> Directed <input checked="" type="radio"/> Implemented
	Do you have any experience with: Restructuring an organization <input checked="" type="radio"/> YES <input type="radio"/> NO Process Improvement <input checked="" type="radio"/> YES <input type="radio"/> NO Re-engineering <input type="radio"/> YES <input checked="" type="radio"/> NO Total Quality Management <input checked="" type="radio"/> YES <input type="radio"/> NO
	Have you ever participated in formal negotiations with another organization? <input type="radio"/> YES <input checked="" type="radio"/> NO
	If YES, check the boxes describing your role: <input type="checkbox"/> Observer <input type="checkbox"/> Assistant <input type="checkbox"/> Chief Negotiator <input type="checkbox"/> Advisor/Consultant
	Have you been involved in policy making process? <input checked="" type="radio"/> YES <input type="radio"/> NO
	If YES, please check the boxes which best describes your role: <input type="checkbox"/> Management <input checked="" type="checkbox"/> Board and/or Commission <input type="checkbox"/> Legislation (includes lobbying process)

TECHNOLOGY

A	Have you been involved in promoting the use of Technology in your organization? <input checked="" type="radio"/> YES <input type="radio"/> NO
	Please select all items which describes your involvement: <input type="checkbox"/> Sponsor <input type="checkbox"/> Development <input type="checkbox"/> Planning <input type="checkbox"/> Design <input type="checkbox"/> Coordination <input checked="" type="checkbox"/> Implementation

GRANTS

	Have you been involved in applying, administering, awarding Grants? <input type="radio"/> YES <input checked="" type="radio"/> NO
--	---

Please check the boxes which best describes your involvement:

- Aide
- Researchers
- Writer
- Administrator
- Reviewer
- Funder

SKILLS

Indicate appropriate letter for your skill level:

C=Course only F-Fair G-Good E= Excellent

Windows Software:	Skill Level (C-F-G-E)	Version	Skill Level (C-F-G-E)	Version
MS Word	None	<u>G</u>	WordPerfect	None
Excel	None	<u>G</u>	Presentation	None
PowerPoint	None	<u>F</u>	Quattro Pro	None
			Lotus	None

GENERAL

Summarize and explain any experience and/or skills which you feel would be beneficial to employers: Explain:

I enjoy working with others sharing skills and information to provide health care to the people of our island.

Of the jobs you have held, which did you like best? Why?

My current job enables me to become friendly with patients and follow their successes

What do you feel are your outstanding strengths?

I like to help people and will go to great lengths to do so

What do you feel are your primary weaknesses?

I truly want to help people and will sometimes do so even at the expense of staff and resources

What gives you the most satisfaction in your work?

Helping people and seeing positive results

What is your concept of success?

Making a good living while helping others, enhancing the lives of my community.

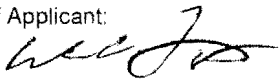
Please write any additional information that you would like us to know about you (e.g. hobbies)

I come to Guam over 10 yrs ago on a 2-year contract. we love it here and intend to make this our home.

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any misrepresentation or omission is sufficient to disqualify me for employment or may result in a discharge if employed. I authorize my former employers, schools, government agencies and other entities to give any information (including fact or opinion) they may have regarding me, whether or not it is on their record. I hereby release them and the company from all liabilities as a result of furnishing and receiving this information. I understand that any offer of employment is subject to satisfactory references. I understand and agree that I may be required to submit to pre-employment drug test and post-offer medical examination as part of my application for employment with the offer of employment conditioned on the result of such test and examination. I also understand and agree that at any time during my employment, I may be required to submit to a drug test and/or a medical examination. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the organization I am applying to. If employed, I agree to abide by my employer's policies and recognize that this application is not intended in any way to create an employment contract.

Signature of Applicant:



Date:

3 JAN 13

Your application will be placed in our active application files for twelve months. If you are not employed within six months but still wish to be considered for a specific opening, please contact the Governor's Office to inform us of the specific opening for which you wish to be considered.



STATEMENT OF FINANCIAL INTERESTS

TO: Governor Eddie Baza Calvo
Ricardo J. Bordallo Governor's Complex
Adelup, Guam 96910

FROM: William C. Stanley

Social Security #: [REDACTED]

- I have no financial interest in any business
- I do have interest(s) in the following business(es):

Name and address of business interest:	Type and amount of interest

William C. Stanley
Signature (sign in ink)

3 JAN 13
Date



STATEMENT OF TAX LIABILITIES

TO: Governor Eddie Baza Calvo
Ricardo J. Bordallo Governor's Complex
Adelup, Guam 96910

FROM:

William E. Stanley Jr

Social Security #:



- I have no delinquent or past-due tax liabilities
- I do have delinquent or past due liabilities as follows:

Name and address of business interest:

Type and amount of interest

WES
Signature (sign in ink)

3 JAN 13
Date

Cont'd.

Submit

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

BOOK

18 PAGE 488

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) STANLEY, WILLIAM EDGAR II		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. [REDACTED]	
4.a. GRADE, RATE OR RANK SFC	4.b. PAY GRADE E7	5. DATE OF BIRTH (YYMMDD) [REDACTED]		6. RESERVE OBLIG. TERM. DATE Year 00 Month 00 Day 00	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY BECKLEY, WEST VIRGINIA		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) RHODELL, WEST VIRGINIA			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND US ARMY READINESS GROUP - DENVER, CO			8.b. STATION WHERE SEPARATED FORT KNOX, KENTUCKY 40121-5000		
9. COMMAND TO WHICH TRANSFERRED USAR CON GP (RETIRED) ARPERCEN 9700 PAGE BLVD, ST LOUIS, MO 63132				10. SGLI COVERAGE Amount: \$200,000.00	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 91B440000 MEDICAL SPECIALIST--19 YRS--11 MOS-- //11B4H0000 INFANTRYMAN--12 YRS--7 MOS// NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. Date Entered AD This Period	79	07	27
		b. Separation Date This Period	96	10	31
		c. Net Active Service This Period	17	03	04
		d. Total Prior Active Service	02	09	15
		e. Total Prior Inactive Service	00	01	04
		f. Foreign Service	07	10	29
		g. Sea Service	00	00	00
		h. Effective Date of Pay Grade	93	09	01
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) BRONZE STAR MEDAL//ARMY COMMENDATION MEDAL//ARMY ACHIEVEMENT MEDAL (4TH OLC)//ARMY GOOD CONDUCT MEDAL (6TH AWARD)//NATIONAL DEFENSE SERVICE MEDAL//SOUTHWEST ASIA SERVICE MEDAL (3 BRONZE STARS)//NCO PROFESSIONAL DEVELOPMENT RIBBON (ADVANCED LEVEL)//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON (2ND AWARD)//EXPERT FIELD MEDICAL BADGE//CON'T IN BLOCK 18					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) MEDICAL SPECIALIST CRS, 8 WEEKS, DEC, 1976//PRIMARY LEADERSHIP CRS, 3 WEEKS, JUN, 1980//NUCLEAR, BIOLOGICAL & CHEMICAL DEFENSE NCO CRS, 2 WEEKS, DEC, 1980//GERMAN HEADSTART CRS, 1 WEEK, JUN, 1981//US ARMY RECRUITER CRS, 5 WEEKS, DEC, 1983//GERMAN HEADSTART CRS, 1 WEEK, MAR, 1987//EQUAL OPPORTUNITY REPRESENTATIVE CRS, 2 WEEKS, DEC, 1988//CON'T IN BLOCK 18					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			X	Yes	
				X	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
18. REMARKS IMMEDIATE REENLISTMENTS THIS PERIOD: 790727-860629; 860630-910825; 910826-961031//BLOCK 13: - DRIVER AND MECHANIC BADGE, DRIVER-W//US ARMY GOLD RECRUITER BADGE WITH ONE SAPPHIRE ACHIEVEMENT STAR//KUWAIT LIBERATION MEDAL//KUWAIT LIBERATION MEDAL (K)//EXPERT QUALIFICATION BADGE, M-16 RIFLE//EXPERT QUALIFICATION BADGE, .45 CAL PISTOL//EXPERT QUALIFICATION BADGE, M9MM PISTOL//BLOCK 14: ADVANCED NCO CRS, 8 WEEKS, DEC, 1992//INSTRUCTOR TRAINING CRS, 1 WEEK, SEP, 1-994//SUBJECT TO ACTIVE DUTY RECALL BY THE SECRETARY OF THE ARMY//EXTENSION OF SERVICE WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT//SERVICE IN SWA 19 DEC 1990 TO 28 APR 1991// MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE.// DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN THE DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS.// NOTHING FOLLOWS//					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 255 NORTH LORRAINE STREET RADCLIFF, KENTUCKY 40160			19.b. NEAREST RELATIVE (Name and address - include Zip Code) ROWENA K. BLEVINS-STANLEY, ADDRESS SAME AS BLOCK 19A		
20. MEMBER REQUESTS COPY 6 BE SENT TO KY		DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) THOMAS W. MERTZ JR., 657, DAC, CHIEF, TC	
21. SIGNATURE OF MEMBER BEING SEPARATED <i>William E. Stanley</i>					

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)	
23. TYPE OF SEPARATION RETIREMENT	24. CHARACTER OF SERVICE (Include) HONORABLE
25. SEPARATION AUTHORITY AR 635-200, CHAP 12	26. SEPARATION CODE RBD
28. NARRATIVE REASON FOR SEPARATION SUFFICIENT SERVICE FOR RETIREMENT	
29. DATES OF TIME LOST DURING THIS PERIOD NONE	

STATE OF KENTUCKY SCT,
COUNTY OF HARDIN
I, DAVID L. LOGSDON, CLERK OF SAID COUNTY COURT, HEREBY CERTIFY THAT THE FOREGOING INSTRUMENT HAS BEEN DULY RECORDED IN [initials]
BOOK **18** PAGE **488** IN MY SAID OFFICE.
DAVID L. LOGSDON, CLERK
BY *Anna Drangos* D.C.



**GUAM BOARD OF ALLIED
HEALTH EXAMINERS**

123 Chalan Kareta Mangilao, Guam 96913

CERTIFIES THAT

WILLIAM E. STANLEY

IS LICENSED TO PRACTICE **PHYSICIAN ASSISTANT**
IN GUAM.

EXPIRATION DATE: 12/31/14 LICENSE NO. PA-50
Mamie Balajadia
MAMIE BALAJADIA, EdD
CHAIRMAN

COPY



GUAM ELECTION COMMISSION

Kumision Eleksion Guåhan

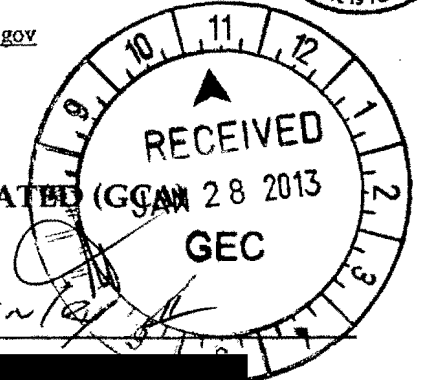
P.O. Box BG • Hagåtña, Guam 96932

Tel: (671) 477-9791/2 • Fax: (671) 477-1895

E-Mail: vote@gec.guam.gov Website: www.gec.guam.gov



FINANCIAL DISCLOSURE ACT CHAPTER 13, TITLE 4, GUAM CODE ANNOTATED (GCAN 28 2013)



Name:

William E. Stanton

Mailing Address:



Name of Board or Commission:

Guam Board of Allied Health Examiners

Term of Office:

?

STATEMENT OF DISCLOSURE OF CONFLICTS OF INTEREST FOR GOVERNMENT BOARD OR COMMISSION MEMBER

Public Law 24-91, Section 13104.1 of Title 4, Guam Code Annotated, requires that notwithstanding any other provision of Public Law, all appointees to Boards and Commissions of the Government of Guam shall be required to disclose and submit a report containing only information where conflicts of interest or possible conflicts of interest exists at the time of appointment. Or as may be expected to exist during their tenure of service on the Board or Commission to which they have been appointed. For purposes of this Section, conflicts of interest shall be defined under the provisions of Section 15205 of Title 4, Guam Code Annotated. Please refer to said statute for further particulars.

Please answer the following:

1. Do you have any present conflicts of interest or expect any conflicts of interest to exist during your tenure of service on the Board or Commission in which you presently serve?

Yes []

No [x]

2. If so, please provide full disclosure below.

I declare under penalty of perjury pursuant to the laws of Guam, that the above Statement of Disclosure of Conflicts of Interest is true and accurate pursuant to Section 13104.1, Title 4, Guam Code Annotated.



Signature of Board/Commission Member

3 Jan 13

Date



OFFICE OF THE GOVERNOR
GUAM

AFFIDAVIT

I, **WILLIAM E. STANLEY II**, being first duly sworn, deposes and sayeths:

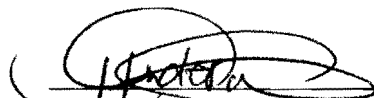
1. That I have read and reviewed the information contained in the attached Nomination Letter from the Governor of Guam.
2. That the matters contained in the Nomination Letter and all attachments thereto are true and correct.
3. That this affidavit is made for the purpose of complying with the requirements of 4 GCA §2103.5.

I declare under penalty of perjury that the foregoing is, to the best of my knowledge, true and correct.



WILLIAM E. STANLEY II

SUBSCRIBED AND SWORN TO before me this 29th day of January,
2013.



Notary Public



JOYCE HERRERA ANDERSON
NOTARY PUBLIC
In and for Guam, U.S.A.
My Commission Expires: April 06, 2013
145 S. Mariposa Ct. Lig. Terr. Dededo, Guam 96929



**Government of Guam
 GUAM POLICE DEPARTMENT
 RECORDS & IDENTIFICATION SECTION
 P.O. Box 23909
 Guam Main Facility, Guam 96921**



January 8, 2013

SUBJECT: CRIMINAL HISTORY RECORD

NAME:	William Edgar STANLEY, II		
DATE OF BIRTH:	██████████	FINGERPRINT #:	NONE
██████	The individual has no record of criminal conviction(s) in GPD files that are subject to Guam law and rules and regulations of the Department.		

*****NOTHING FOLLOWS*****

THIS INFORMATION MAY BE LIMITED TO A LOCAL CRIMINAL OFFENSE ONLY AND IS NOT INTENDED FOR USE FOR ANY LOCAL, STATE, OR FEDERAL LAW ENFORCEMENT AGENCY. THIS CLEARANCE DOES NOT REFLECT ARREST(S) PENDING ADJUDICATION.

[Handwritten mark]

By Direction: BARBIE

[Handwritten signature]

**FRED E. BORDALLO, JR.
 CHIEF OF POLICE**

The absence of an original GUAM POLICE seal invalidates this police clearance.
 REVISED: 07/12/2011



SUPERIOR COURT OF GUAM

Guam Judicial Center • 120 West O'Brien Drive • Hagåtña, Guam 96910

Telephone (671) 475-3370
Fax (671) 477-1500

RICHARD B. MARTINEZ
Clerk of Courts

Name: WILLIAM EDGAR STANLEY II

SS#: ID# GUAM DL#: [REDACTED] Date of Birth: [REDACTED]

CERTIFICATE OF SEARCH

The undersigned Clerk hereby certifies the following results of a diligent search of the records of this Court:

Criminal Cases:

- A. No Case Found.
- B. 1. Criminal Case No.
- 2. Criminal Case No.
- 3. Criminal Case No.
- 4. Criminal Case No.
- 5. Criminal Case No.

Criminal Record: Page of

Civil Cases:

- A. No Case Found
- B. 1. Civil Case No.
- 2. Civil Case No.
- 3. Civil Case No.
- 4. Civil Case No.
- 5. Civil Case No.

Civil Record: Page of

Request for further information may be addressed at the Records Division of the Superior Court of Guam, Guam Judicial Center, 120 West O'Brien Drive, Hagatna, Guam. Hours of operation are Monday – Friday, 8:00 a.m. to 5:00 p.m. Closed Saturday, Sunday and local/federal holidays. Court Clearances are Non-Refundable.

Dated: 01/08/2013

RICHARD B. MARTINEZ
Clerk of Courts

BY: ANIKA J. JOHNSTON
Deputy Clerk

Prepared By: DMN



The absence of an original Court Seal invalidates this document