

EDDIE BAZA CALVO  
Governor



RAY TENORIO  
Lieutenant Governor

*Office of the Governor of Guam*

MAR 13 2013

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

32-13-187  
Office of the Speaker  
Judith T. Won Pat, Ed. D.  
Date 3/14/13  
Time 3:45 PM  
Received by [Signature]

RE: Agency Appointment

Dear Speaker Won Pat:

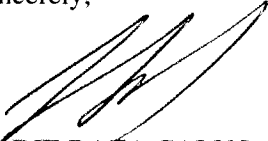
By virtue of the authority vested in me pursuant to the Organic Act of Guam and the local laws applicable to the following position, I am pleased to transmit the following appointment and supporting documents for:

APPOINTEE: Rey M. Vega

POSITION: Director, Department of Mental Health and Substance Abuse

The appointment is subject to the advice and consent of I Liheslaturan Guahan. Please schedule a hearing at your earliest convenience.

Sincerely,

  
EDDIE BAZA CALVO

Enclosure

2013 MAR 14 PM 3:59

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EDDIE BAZA CALVO  
Governor

RAY TENORIO  
Lieutenant Governor

*Office of the Governor of Guam*

JAN 18 2013

Mr. Rey Vega  
P.O. Box 2966  
Hagatna, Guam 96932


Dear Mr. Vega:

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:

**Director, Department of Mental Health and Substance Abuse**

This appointment is effective January 16, 2013 and subject to the advice and consent of I Liheslaturan Guahan. Please contact the Office of the Governor at 472-8931 for further processing.

*Senseramente,*

  
EDDIE BAZA CALVO  
Governor of Guam



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: PHILIPPINES

2. DOB: [REDACTED] Age: 57

3. Residential Address (NOT mailing address):

[REDACTED]  
[REDACTED]

4. Email Address: [REDACTED]

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:

\_\_\_\_\_  
\_\_\_\_\_

Raym. Vg  
SIGNATURE

1-22-2013  
DATE



# Appointment application

TODAY'S DATE:

JAN 27, 2013

POSITION APPLYING FOR:

- Director  
 Deputy Director  
 Boards/Commission  
 Other \_\_\_\_\_

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

1. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
- 2.
- 3.

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

## GENERAL INFORMATION

NAME:

REY M. VEGA

MAILING ADDRESS:

CITY

STATE

ZIP

HOME PHONE:

WORK PHONE:

CELL/PAGER:

SOCIAL SECURITY NUMBER:

LICENSES:

TYPE

EXPIRATION DATE

Driver's License

Operator

10-2017

## BACKGROUND INFORMATION

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

Government of Guam Appointment

Dates of Service

~~DATE~~  
Interim Hospital Administration  
(GHIA)

Feb 2011 -  
Sept 2012

List all prior other government service excluding Government of Guam:

Other Government Appointment

Dates of Service

<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>

### REFERENCES

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

NAME	ADDRESS	PHONE
1. <u>John Ilao</u>		
2. <u>Dr. Larry Lizama</u>		
3. <u>CHRISTINE TUQUERO</u>		

### EDUCATION

Education (Circle highest grade completed & degree)

High School: 9 <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	College: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> BS <input checked="" type="checkbox"/>	Post-Grad: MBA <input type="checkbox"/> JD <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> PhD <input type="checkbox"/>
Location: <u>PHILS.</u>	School Attended: <u>University of the East</u>	School Attended: <u>Cebu Doctors College of Medicine</u>
	Location: <u>Manila, PH</u>	Location: <u>Cebu City, Cebu Ph.</u>
	Concentration: _____	Concentration: _____
	Degree: <u>B.S.</u>	Degree: <u>Doctor of Medicine</u>
	Attended From: <u>1973</u> to <u>76</u>	Attended From: <u>1978</u> to <u>83</u>

Other Degrees or Certificates:

### TRAINING

- Performance Improvement / Quality Assurance
- Risk Management

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

INSTITUTE/SEMINARS/ON-THE-JOB	DATE
_____	_____
_____	_____
_____	_____
_____	_____

**AWARDS**

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

SUPERVISOR OF THE QUARTER GMH

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL INVOLVEMENT**

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

AMERICAN CANCER SOCIETY : BOARD OF DIRECTORS 1993

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMUNITY/CIVIC INVOLVEMENT**

List organizations, activities participated in, offices held:

Filipino Community : San Nicolas Pangasinan Families Association

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PUBLICATIONS & PRESENTATIONS**

Cont'd.

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.

None

**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: <u>DEPT OF MENTAL HEALTH AND SUBSTANCE ABUSE</u>	From: <u>Sept 10, 2012</u> To: <u>Jan 17, 2013</u>
Address: <u>790 GOV CAMARUO ROAD</u>		<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time
City: <u>TAMUNING</u> State: <u>GUAM</u> Zip: <u>96913</u>	Average hours worked per week: <u>40</u>	
Name of Supervisor: <u>WILFRED APLABUE (Oct 11, 2012)</u>	Starting Salary: _____ per	
Your Title: <u>DEPUTY DIRECTOR</u>	Ending Salary: _____ per	
Duties & Responsibilities:	<input type="radio"/> Resigned <input type="radio"/> Discharged <input checked="" type="radio"/> Other	
<u>ASSIST IN PLANNING + DEVELOPMENT OF PROGRAMS (SERVICE)</u>		
<u>ASSIST IN BUDGET PREPARATION</u>		
<u>DEVELOPMENT + PLANNING OF STRATEGIC GOALS + OBJECTIVES</u>		
<u>REPRESENT DMHSA DIRECTOR IN OTHER AGENCY MEETINGS</u>		
<u>NEGOTIATE CONTRACTS.</u>		
<u>EVALUATES DMHSA COMPLIANCE PD API + both local + federal regulatory agencies.</u>		
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?		
2	Employer: <u>GUAM MEMORIAL HOSPITAL</u>	From: <u>2-18-2011</u> To: <u>Sept 7, 2012</u>
Address: <u>250 GOV. CAMARUO ROAD</u>		<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time

Cont'd.

City: <u>TAMUNING</u> State <u>GU</u> Zip <u>96913</u>		Average hours worked per week:	
Name of Supervisor: <u>GMH BOARD OF TRUSTEES</u>		Starting Salary: \$ _____ per _____	
Your Title: <u>Interim Hospital Administrator</u>		Ending Salary: \$ <u>115,000</u> per <u>annum</u>	
Duties & Responsibilities:		<input type="radio"/> Resigned <input type="radio"/> Discharged <input checked="" type="radio"/> Other	
<u>Exercise full control of hospital operation.</u> <u>Serves as Hospital Promeract Officer</u> <u>Ensures compliance to local &amp; federal regulatory agencies</u> <u>Develops Strategic Plan for the hospital</u> <u>Plan, develop + implement new services + programs</u> <u>Negotiate contracts.</u>			
May we contact your previous employer: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Reason(s) for Leaving: <u>As Interim Administrator</u>	
What did you NOT like about your job? <u>Ø</u>		<u>until GMH has permanent CEO</u>	
<b>3</b> Employer: <u>Schnabel International</u>		From: <u>Nov 2006</u> To: <u>Feb 2011</u>	
Address: <u>125 N. Marine Corps Drive</u>		<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	
City: <u>Tamuning</u> State <u>Gu</u> Zip <u>96913</u>		Average hours worked per week: <u>40</u>	
Name of Supervisor: <u>Eduardo Ilao (CEO)</u>		Starting Salary: _____ per _____	
Your Title: <u>General Manager</u>		Ending Salary: \$ <u>189,000</u> per <u>annum</u> .	
Duties & Responsibilities:		<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other	
<u>Direct + coordinate daily operations</u> <u>Coordinate company's financial + budget activities</u> <u>Review financial statement quarterly</u> <u>Negotiates + approves contracts, MOU + MOA</u>			
May we contact your previous employer: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Reason(s) for Leaving: <u>New opportunities</u>	
What did you NOT like about your job?		<u>with Government of Guam.</u>	
<b>4</b> Employer: <u>GUAM MEMORIAL HOSP</u>		From: <u>1985</u> To: <u>2006</u>	
Address: <u>850 Col Camacho Road</u>		<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	
City: <u>Tamuning</u> State <u>Gu</u> Zip <u>96913</u>		Average hours worked per week: <u>40</u>	



Cont'd.

Name of Supervisor: <u>Dr. Dawna Lujan</u>	Starting Salary: <u>\$128,000</u> per <u>year</u>
Your Title: <u>Quality Management Admin.</u>	Ending Salary: <u>\$156,000</u> per <u>annum</u>
Duties & Responsibilities:	<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<u>Plan, direct activities of Quality Management Department, with direct supervision of QA, Risk Management, Utilization Management &amp; Infection Control.</u> <u>Develop &amp; implement Hospital-wide Performance Improvement.</u> <u>Direct &amp; supervise Medical Staff Quality Improvement.</u> <u>Assist legal Counsel in medical mal-practice + general business compliance to regulatory agencies.</u>	
May we contact your previous employer: <input checked="" type="radio"/> YES <input type="radio"/> NO	Reason(s) for Leaving: <u>CBHA, CMS, JCI, EPA</u>
What did you NOT like about your job? <u>none</u>	<u>Moved to work in private sector (Military Build up)</u>

<b>5</b> Employer: <u>GAH</u>	From: <u>2001</u> To: <u>2003</u>
Address:	<input type="radio"/> Full-Time <input type="radio"/> Part-Time
City: _____ State _____ Zip _____	Average hours worked per week: _____
Name of Supervisor:	Starting Salary: _____ per _____
Your Title:	Ending Salary: _____ per _____
Duties & Responsibilities:	<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<u>Detached appointment as Assistant Administrator of Prog. Services and Assist Administrator of Administrative services</u>  <u>* Please refer to attached resume.</u>	
May we contact your previous employer: <input checked="" type="radio"/> YES <input type="radio"/> NO	Reason(s) for Leaving: <u>Detached Assignment Only.</u>
What did you NOT like about your job? <u>none</u>	

Explain any periods of unemployment longer than thirty days: \_\_\_\_\_

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**MANAGEMENT EXPERIENCE**

A	Have you ever managed a Business, Department or an entire organization? <input checked="" type="radio"/> YES <input type="radio"/> NO
	If YES, did you report to a Board of Directors? <input checked="" type="radio"/> YES <input 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 checked="" type="radio"/> 1-3 years <input type="radio"/> 15+ – 20 years	
<input type="radio"/> 3+ – 5 years <input type="radio"/> 20+ and up	
<input checked="" 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 type="radio"/> Federal
<input type="radio"/> PRIVATE	
<input type="radio"/> OTHER: _____	

**SUPERVISORY**

A	Total number of employees in the organization/department you have managed:		
	<input type="radio"/> 50 and under	<input type="radio"/> 101 – 250	<input checked="" type="radio"/> 501 and up
	<input 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 checked="" 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 checked="" type="radio"/> YES	<input type="radio"/> NO	
	Variance from projected income: <input type="radio"/> Below plan <input checked="" type="radio"/> Met plan <input type="radio"/> Above plan		
Variance from projected expenses: <input type="radio"/> Below plan <input checked="" 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 checked="" type="radio"/> Facilitated <input type="radio"/> Directed <input 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 checked="" type="radio"/> YES <input type="radio"/> NO
If YES, check the boxes describing your role:			<input type="checkbox"/> Observer <input checked="" type="checkbox"/> Assistant <input type="checkbox"/> Chief Negotiator <input checked="" 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 checked="" type="checkbox"/> Management <input 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 checked="" type="checkbox"/> Planning <input type="checkbox"/> Design <input checked="" type="checkbox"/> Coordination <input checked="" type="checkbox"/> Implementation

### GRANTS

A	Have you been involved in applying, administering, awarding Grants?	<input checked="" type="radio"/> YES <input type="radio"/> NO
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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>P</u>	WordPerfect	None
Excel	None	<u>F</u>	Presentation	None
PowerPoint	None	<u>F</u>	Quattro Pro	None
		<u>F</u>	Lotus	None

### GENERAL

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

More than 20 years of in Government of Guam.  
The last 3 years holding Executive positions.

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

Healthcare Industry (Hospital + Mental Health) because of my educational background. I feel very comfortable.

What do you feel are your outstanding strengths?

Team Player + Open-minded. I am a very "positive" person who likes to work with people (staff).

What do you feel are your primary weaknesses?

Sometimes I feel that I wasn't too assertive.

What gives you the most satisfaction in your work?

Working with staff achieve stated goals.

What is your concept of success?

Win-Win situation

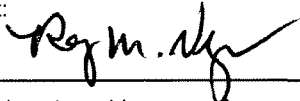
Cont'd.

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

**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:

2/6/2013

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: REY M. VEGA

Social Security #: [REDACTED]

*Rey M. Vega*  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


*Rey M. Vega*  
Signature (sign in ink)

1 / 22 / 2013  
Date



# STATEMENT OF TAX LIABILITIES

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

FROM: REY M. VEGA

Social Security #: [REDACTED]

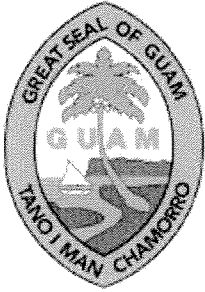
*Rey M. Vega*  
 I have no delinquent or past-due tax liabilities  
 I do have delinquent or past due liabilities as follows:

Name and address of business interest:	Type and amount of interest
_____	_____
_____	_____
_____	_____
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*Rey M. Vega*  
Signature (sign in ink)

1 / 22 / 2013  
Date

Cont'd.



## SUPPLEMENTAL Appointment Application

Employer:
Duties & Responsibilities:



Cont'd.

**Submit**

**Rey M. Vega**

Telephone No. [REDACTED] (w) [REDACTED] (H)

Email: [REDACTED]

---

**Current Employer: Department of Mental Health and Substance Abuse: September 10, 2012**

Position Held: Deputy Director subsequently appointed to Director position.

**Previous Employer: Guam Memorial Hospital Authority. February 18, 2011-July 19, 2012**

Position Held: Hospital Administrator/ CEO. Interim Administrator appointed by the Governor, the Honorable Eddie Baza Calvo, by virtue of his Organic Power.

Exercise full control of the operation of the hospital and directly reports to the Board of Trustees.

Serves as the Hospital's Procurement Officer and prepares and submits budget for the Hospital.

Ensures Hospital's compliance to both federal and local regulatory agencies such as Health and Human Services, Centers for Medicare and Medicaid Services and MIP, and OSHA, etc.

Plans, organizes, coordinates and controls the operation of all services under the general direction of the Board.

Negotiates contracts with external parties, including third-party payor, vendors and other contracting parties.

**Previous Employer: Johndel International, Inc., dba JMI-Edison**

**JMI-EDISON (JMI)** well established, reputable Guam company incorporated since 1986 with proven expertise and deep experience in the procurement, installation, maintenance, and repair of a wide variety of equipment used in the industrial, healthcare, institutional, and commercial sectors. JMI specializes in working with unique, high-technology projects requiring a comprehensive understanding and application of engineering principles, such as, medical systems (i.e. Magnetic Resonance Imaging, Computed Tomography Scanners, Catheterization Laboratory, X-Ray Systems, Picture Archiving & Communication System (PACS), Computed Radiography (CR), etc.), industrial systems (i.e. gantry cranes, continuous emissions monitoring systems, building automation system, pumping systems, power generators, etc.), as well as, hotel and restaurant systems.

**Title/Position: General Manager: November 2006 to February 11, 2011**

Direct and coordinate the daily operations. Formulate policies and procedures and manages day to day operations. Oversees daily activities of products sales and services.

Coordinate company's financial and budget activities to fund operations.

Determine staffing requirements, and interview, hire and train new employees.

Review financial statements quarterly, sales and activity reports and identify areas for cost containment and program improvement.

Negotiates and Approves Contracts, Memorandum of Understanding/Agreement, Distributorship and Representative Agreement.

**Prior Work History:**

Employer: Guam Memorial Hospital Authority

**Title/Position: Quality Management Administrator: May 1995 to Oct 31, 2006.**

Critical Tasks:

Plans, direct, coordinates activities of Quality Management Department with direct supervision of 4 sections: Quality Assurance, Risk Management, Infection Control and Utilization Management.

Develop and implement Hospital-wide Performance Improvement Plan.

Directs and supervises Medical Staff Quality Improvement activities. Acts as liaison between CMS QIO and Fiscal Intermediaries and local and state/federal regulatory agencies.

Assist legal counsel in medical mal-practice settlement and award determination.

Ensure hospital compliance to regulatory and accrediting agencies such as Center for Medicare and Medicaid Services, JCAHO, OSHA and EPA.

**Detailed Appointment:**

**Position: Assistant Administrator, Professional Support Services. August 2001 to April 30, 2003.**

Report directly to Chief Executive Officer/Hospital Administrator. Mr. William McMillan CHE

Administratively responsible for the operations of all ancillary services and responsible for planning, administering, directing and coordinating the delivery of ancillary services that include Radiology Department, Respiratory Care, Rehabilitative Services, Dietary Services, Social Services, Pastoral Care Services, Pharmacy Department and Education department.

**Position: Assistant Administrator, Administrative Services: March 2000-August 2001.**

Reports directly to Chief Executive Officer/Hospital Administrator: Davina Lujan MD

Provide administrative direction for the development and implementation of programs and services of Facility Maintenance Department, Materials (Supply) Management, Department, Guest Relations Office, Personnel Services Department, Safety and Security Department, Communications Center, Environmental Services and Planning Department.

Administer hospital-wide programs in accordance with hospital accreditation standards established by regulatory agencies such as Center for Medicare and Medicaid Services and Joint Commission on Accreditation of Healthcare Organization.

Direct the development and administration of the Hospital's Strategic and Organizational Plan. Assist the Associate Administrator, operations in the review and evaluation of all hospital programs in accordance with changing healthcare concepts.

Representative member of Government of Guam Negotiating Team for Group Health Insurance Coverage.

**Risk Management Program Officer: August 1990 to March 1994.**

Directly responsible for the hospital-side risk management activities which include risk identification, investigation and evaluation and risk-prevention program on a day to day basis. Manages hospital and professional liability claims and interfaces with hospital legal counsel. Oversees hospital medical mal-practice program.

**Utilization Review Coordinator: March 1990 to July 1990 and March 1994 to April 1995.**

Involved in the concurrent reviews of both in-patient and out-patients admission in accordance with established criteria for appropriate admission and continued stay.

Conduct post discharged audit of all hospital charges.

Ensure compliance by department on existing policy and procedure for both local and federal regulatory agencies.

Monitors and evaluates over-utilization and under-utilization of hospital services.

Assist in the establishment of hospital Charge Master (fee schedules).

Education: Bachelor of Arts 1976  
University of the East  
Manila, Philippines

Doctor of Medicine 1983  
Cebu Doctors College of Medicine  
Cebu City, Philippines

Post-Graduate Internship Program, 1983  
Baguio General Hospital, Philippines

Resident-Physician, 1987

## Philippines

### License, Certification and Affiliation:

Philippine Medical Board 1986  
American Society of Healthcare Risk Management member 1993 (inactive)  
Certified Professional in Utilization Review 2000 (inactive)  
Certificate of Recognition: Franklin Covey Signature Program 2006

### References:

1. Mr. Eduardo R. Ilao, PE  
President, JMI-Edison
2. Mr. Franklin Arriola  
Chief of Staff  
Governor Eddie Calvo's Office  
Adelup Complex, Hagatna, Guam, 96910
3. Dr. David Shimizu  
Former Guam Senator: 21<sup>st</sup>, 22<sup>nd</sup> and 29<sup>th</sup> Guam Legislature.



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



January 18, 2013

**SUBJECT: CRIMINAL HISTORY RECORD**

<b>NAME:</b>	Rey M. VEGA		
<b>DATE OF BIRTH:</b>	██████████	<b>FINGERPRINT #:</b>	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.*

**By Direction: BARBIE**

**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: REY M VEGA

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.

### 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.

Criminal Record: Page of

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: January 18, 2013

**RICHARD B. MARTINEZ**  
Clerk of Courts

BY:   
**LORRAINE C CRUZ**  
Deputy Clerk

Prepared By: JJAP



The absence of an original Court Seal invalidates this document



OFFICE OF THE GOVERNOR  
GUAM

**AFFIDAVIT**

I, **REY M. VEGA**, 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.

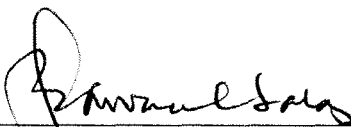
2. That the matters contained in the Nomination Letter and all attachments thereto are true and correct.

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.

  
\_\_\_\_\_  
REY M. VEGA (SIGNATURE)

SUBSCRIBED AND SWORN TO before me this 6<sup>th</sup> day of Feb. 2013,  
2013.

  
\_\_\_\_\_  
Notary Public

**BARBARA C. SALAS**  
NOTARY PUBLIC  
In and for Guam, U.S.A.  
My Commission Expires: Dec. 20, 2014  
P.O. Box 20162 GMF Barrigada, Guam 96921