

EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam.

MAY 08 2015

33-15-0430

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

Office of the Speaker
Judith T. Won Pat, Ed.D

Date: 05-11-15
Time: 10:30 AM
Received By: [Signature]

RE: Board Appointment

Dear Madame Speaker:

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: Dr. Ryan M. Claros, DTP
- POSITION: Physical Therapist Representative, Guam Board of Allied Health Examiners
- TERM LENGTH: Three (3) years

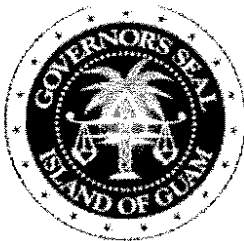
2015 MAY 11 PM 12:41

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

Senseramente,

EDDIE BAZA CALVO

0430



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Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

MAY 08 2015

Dr. Ryan M. Claros, DTP



Dear Dr. Claros:

Thank you for your commitment to serve the people of Guam. The Calvo-Tenorio administration continues to face 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 below as:

**Physical Therapist Representative, Guam Board of Allied Health
Examiners**

Length of term: Three (3) years

This appointment is subject to the advice and consent of *I Liheslaturan Guåhan*. Please contact the Office of the Governor at 472-8931 should you have any questions.


Senseramente,



EDDIE BAZA CALVO


P.O. Box 2950 • Hagatna, Guam 96932

Tel: (671) 472-8931 • Fax: (671) 477-4826 • governor.guam.gov • calendar.guam.gov

 Eddie Baza Calvo

 @eddiebazacalvo

 @governorcalvo

 governorofguam

DOC No. 33GL-15-0430



OFFICE OF THE GOVERNOR
GUAM

Boards & Commissions Nomination Information

The following information is required for submission to the Speaker of *I Liheslaturan Guahan* in accordance with Title 4, Guam Code Annotated Section 2103.5 and Section 13104.1:

NOMINEE INFORMATION

Last Name **CLARUS** First **RYAN ROBERT** M.I. **M** Date **4/5/2015**
 Address [REDACTED] Apartment/Unit #
 City [REDACTED] State **GUAM** ZIP **96913**
 Phone [REDACTED] E-mail Address [REDACTED]
 Position to which Appointment is Made **BOARD MEMBER, GUAM ALLIED BOARD**
 Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

EDUCATION

High School **FATTEZ DUENAS MEMORIAL H.S.** City/State **MANBILAO, GUAM**
 From **1995** To **1998** Did you graduate? YES NO Degree **H.S. DIPLOMA**
 College **SAN DIEGO STATE UNIVERSITY** City/State **SAN DIEGO, CA**
 From **2004** To **2006** Did you graduate? YES NO Degree **B.S. KINESIOLOGY, FITNESS, NUTRITION AND HEALTH**

EDUCATION

Graduate School	SAN DIEGO STATE UNIVERSITY	City/State	SAN DIEGO, CA
From	2007 To 2009	Did you graduate?	YES <input checked="" type="checkbox"/> NO
Other Degree	UNIVERSITY OF SAINT AUGUSTINE FOR HEALTH SCIENCES	City/State	SAN MARCOS, CA
From	2010 To 2012	Did you graduate?	YES <input checked="" type="checkbox"/> NO
		Degree	M.S EXERCISE PHYSIOLOGY DOCTORATE OF PHYSICAL THERAPY

EMPLOYMENT HISTORY

(1) Present Employer	UNIVERSITY OF GUAM	Position	ASSISTANT PROFESSOR
Address	HAGA, GUAM	Dates Held	8/24/13- PRESENT
(2) Previous Employer	CUSTOM FITNESS, LLC	Position	DIRECTOR OF PROGRAMMING AND REHABILITATIVE SERVICES
Address	ANIGUA, GUAM	Dates Held	5/10/13- PRESENT
(3) Previous Employer	RANICITO PHYSICAL THERAPY	Position	STAFF PHYSICAL THERAPIST
Address	MENIFEE, CA	Dates Held	9/20/2012 - 11/30/2012
(4) Previous Employer	RANICITO PHYSICAL THERAPY	Position	PT LICENSE APPLICANT
Address	MENIFEE, CA	Dates Held	7/14/2012 - 9/19/2012
(5) Previous Employer	CALIFORNIA PIZZA KITCHEN	Position	SERVIER/BARTENDER
Address	SAN DIEGO, CA	Dates Held	10/1/2003 - 5/1/2012

PRIOR GOVERNMENT OF GUAM SERVICE

Agency	Phone
Address	
Job Title	From: To

PRIOR GOVERNMENT OF GUAM SERVICE

Agency Phone
Address
Job Title From: To

PRIOR GOVERNMENT SERVICE (EXCLUDING GOVERNMENT OF GUAM)

Agency Phone
Address
Job Title From: To

Agency Phone
Address
Job Title From: To

TRAINING

Institute/Seminars/On-the-Job Training: Date
PHYSICAL THERAPIST INTERN, E & L ASSOCIATES 10/17/2011 - 12/16/2011
PHYSICAL THERAPIST INTERN, PLACITO PT 8/5/2011 - 10/07/2011
PHYSICAL THERAPIST INTERN, LOTONWOOD COMM 3/21/2011 - 5/06/2011
CROSSFIT LVL 2 & GYMNASTICS CERTIFICATION 2012
UNIVERSITY OF SAINT AUGUSTINE CONFERENCE OPERATOR 2012
E1, E2, S1, S2, S3, S4, HFI

AWARDS

List all educational, professional, civic awards, and recognition for public service:
HONORS - D-PT, PROGRAM
PEAKS LIST - 2003, 2005, 2006
GUAM CANCER CARE, -KIDS FOR THE CURE ACTIUM PARTNER
GOOE AND NCD - FUNCTIONAL FITNESS PROVIDER
CHILDREN'S HEALTHY LIVING - ACTIVITY PARTNER
HEAD START HEALTH FAIR. PARTNER

PROFESSIONAL INVOLVEMENT

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

MEMBER, AMERICAN PHYSICAL THERAPY ASSOCIATION
MEMBER, NATIONAL SPORTS AND CONDITIONING ASSOCIATION
MEMBER, GUAM CHAMBER COMMERCE
MEMBER, GUAM YOUNG PROFESSIONALS
STAFF, GUAM NATIONAL OLYMPIC COMMITTEE MEDICAL TEAM

COMMUNITY / CIVIC INVOLVEMENT

List organizations, activities, participated in, offices held

GUAM WEIGHTLIFTING FEDERATION, INTERIM PRESIDENT
GUAM RUGBY FOOTBALL UNION MEDICAL STAFF
FATHER DUENAS MEMORIAL HIGH SCHOOL - RUGBY PHYSIO/ASST. COACH
GUAM MEN'S VOLLEYBALL TEAM TRAINING STAFF

PUBLICATIONS AND PRESENTATIONS

List any published articles, papers delivered at professional meetings, etc.:

- IS active sweating during heat acclimation required for improvements in peripheral sweat gland function.
- Nat secretion rate increases proportionally more than Nat reabsorption rate with increases in sweat rate.

MILITARY SERVICE (PLEASE ATTACH FORM DD-214)

Branch	From	To
Rank at Discharge	Type of Discharge	

OTHER INFORMATION

(1) Have you ever been found guilty of a felony in any court, whether within or without the United States?

YES

NO

If so, please specify in detail:

Address of the court: _____

Date of Conviction: _____

Specific infraction committed: _____

(2) Have you ever been declared mentally incompetent by any court, whether within or without the United States?

YES

NO

If so, please specify in detail the reasons and facts related to such declaration:

(3) Have you ever been found not guilty or not punishable in any criminal proceedings by reason of insanity?

YES

NO

(4) Have you ever been confined to a mental institution for any reason?

YES

NO

If so, please specify in why the appointing authority believes you that you are not suffering from any mental illness or affliction:



Statement of Financial Interests
(Required by 4 G.C.A. § 13104.1)

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

FROM: RYANI R.M. CLAROS

- 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
CUSTOM FITNESS, LLC.	PARTNER - 25%

Signature

Date 4/5/2015

AFFIDAVIT / DECLARATION UNDER PENALTY OF PERJURY

I, the undersigned, do hereby depose and say that: (1) I have read and reviewed the information contained in the attached Appointment/Nomination letter from the Governor of Guam; (2) that the matters contained in the Appointment/Nomination letter, together with all attachments thereto, are true and correct and that I am competent to testify to said matters; and (3) that this Declaration is made for the purpose of complying with the requirements of 4 G.C.A. Section 2103.5.

I declare under penalty of perjury under the laws of Guam (4 G.C.A. Section 4308) that the foregoing is true and correct.

Signature

A handwritten signature in black ink, appearing to be the initials 'PQ' with a stylized flourish.

Date

4/5/2015



SUPERIOR COURT OF GUAM

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

Telephone (671) 475-3370
Fax (671) 472-2856

DANIELLE T. ROSETE
Clerk of Courts

Name: **RYAN ROBERT M. CLAROS**

SS#:

ID#



Date of Birth:



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 **1** of 1

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, Hagatña, 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: 05/04/2015

DANIELLE T. ROSETE
Clerk of Courts

BY: **TAMMY L. PINAULA**
Deputy Clerk



The absence of an original Court Seal invalidates this document

Prepared By: TLP



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



April 24, 2015

SUBJECT: CRIMINAL HISTORY RECORD

NAME:	Ryan CLAROS		
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*****

AS OF THE ABOVE DATE, 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.

By Direction: sdquintanilla

FRED E BORDALLO, JR.
 Chief of Police

The absence of an original GUAM POLICE seal invalidates this police clearance.
 REVISED 07/12/11