## Lowndes County Board/Agency Appointee Information Sheet - Submission #48

Date Submitted: 4/19/2019

Date:	Board/Agency Applying For:  Hospital Authority of Valdosta and Lowndes County, GA  First Name			
4/17/2019				
Last Name				
Napier	Elsie Cason		***************************************	
Street Address			City/State/Zip	
			Valdosta, GA 31601	
Phone Number	Email Address		ess	······································
				ANALOS MANAGORAS (M. ).
Occupation				
Retired Deputy Director	District Program Manager, I	Public Health, South H	ealth District	
Professional Experience				
Certified Family Nurs	e Practitioner (for over 25 y	ears) 2. Administratio	n, Public Health Focus (Eight Years)	
Knowledge & Skills				Actual service Accumulation and the service of the
			sing skills for past 30 years and Leadership nmunity will compliment the Board.	ρ skills
What knowledge or skills appointed?	do you possess that would	contribute to the Board	d/Agency to which you are requesting to be	<b>Э</b>
Please list the Board/A	gency that you have been	or are currently a me	mber of:	
	Health Advisory Board 2. Touth Georgia Nurse Practiti		d 3. Advisory Board for Department of Fa	amily and