EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor Of Guam

JAN 25 2017

GL # 34-18-1449
Speaker Benjamin J.F. Cruz

JAN 25 2018
Time: 2:23 [ ] AM [ ] PM File No. 34-1442
Received By: Elena

Honorable Benjamin J.F. Cruz
Speaker
I Mina'trentai Kuåttro Na Liheslaturan Guåhan
Guam Congress Building
163 Chalan Santo Papa
Hagåtña, Guam 96910

RE: Board Appointment

Dear Mr. 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. Keith M. Horinouchi
POSITION:	Nutritionist Representative, Guam Board of Allied Health Examiners
TERM LENGTH:	**Three (3) years**
TERM SERVED:	From date of confirmation plus 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

1449

2018 JAN 25 PM 3:28

EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor Of Guam.

JAN 2[illegible] 2018

Dr. Keith M. Horinouchi
[redacted]

Dear Dr. Horinouchi:

Thank you for your commitment to serve the people of Guam. The Calvo-Tenorio administration continues to face challenges, both near and long-term. Facing these challenges requires the collective efforts of the best minds who 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:

Nutritionist Representative,
Guam Board of Allied Health Examiners
Term Length: Three (3) years
Term served: From date of confirmation plus 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

OFFICE OF THE GOVERNOR
GUAM

Nomination and Appointment 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:

NOMINEE INFORMATION

Last Name Horinouchi First Keith M.I. M. Date 1-17-18

Mailing Address [redacted] Apartment/Unit #

City [redacted] State [redacted] ZIP [redacted]

Phone [redacted] E-mail Address [redacted]

Position to which Appointment is Made Guam Board of Allied Health Examiners

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 PUC Preparatory School City/State Angwin, California

From 1970 To 1974 Did you graduate? YES ☑ NO ☐ Degree Diploma

College La Sierra University City/State Riverside, California

From 1974 To 1979 Did you graduate? YES ☑ NO ☐ Degree BS Psychology

EDUCATION

Graduate School	Loma Linda University			City/State	Loma Linda, California		
From	1979	To	1982	Did you graduate?	YES ☑	NO ☐	Degree DrPH, MPH
Other Degree				City/State			
From		To		Did you graduate?	YES ☐	NO ☐	Degree

EMPLOYMENT HISTORY

(1) Present Employer	Dr Horinouchi Wellness Clinic	Position	Lifestyle & Nutrition Medicine Specialis
Address	226 C/D Chalan San Antonio, Tam	Dates Held	January 2012 to present
(2) Previous Employer	Guam SDA Clinic	Position	Lifestyle & Nutrition Medicine Specialis
Address	388 Ypao Road, Tamuning	Dates Held	December 1996 to December 2011
(3) Previous Employer	WellCare Hawaii	Position	Lifestyle & Nutrition Medicine Specialis
Address	Kona, Hawaii	Dates Held	September 1995 to December 1996
(4) Previous Employer	Department of Health, State of Hawaii	Position	Hospital Administrator
Address	Kauai and Kona Hawaii	Dates Held	November 1986 to September 1995
(5) Previous Employer	Riverside San Bernardino Indian Heal	Position	Health Promotion Specialist
Address	Banning, California	Dates Held	February 1983 to November 1986

PRIOR GOVERNMENT OF GUAM SERVICE

Agency	N/A	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 Community Hospitals Division, Dept of I Phone

Address Waimea, Kauai and Kealakekua, Hawaii

Job Title Administrator From: 12/1986 To 1/1996

Agency Phone

Address

Job Title From: To

TRAINING

Institute/Seminars/On-the-Job Training: Date

AWARDS

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

Recognition from Guam legislature for serving on the Diabetes Coalition for 8 years as chair

Guam SDA Clinic 15 years of service

Numerous recognitions for community talks and lectures

PROFESSIONAL INVOLVEMENT

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

Guam diabetes control coalition, NCD coalition, PEACE committee - chairs

Kauai board of ethics committee, board of Kauai chamber, board of rural health council

Kauai Hawaiian diet program board, Board of trustee of the Kokee Natural History Museum

Hawaii State-wide Health Coordinating Council, Hawaii State Health Planning and Development

COMMUNITY / CIVIC INOVLEMENT

List organizations, activities, participated in, offices held

Guam American Cancer Association

SDA Health Director and coordinator of medical mission trip throughout Micronesia

Many local health lectures to community, non profit and clubs

PUBLICATIONS AND PRESENTATIONS

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

Numerous health presentation including the Guam Medical Association, other conferences

Palau Women's Health Conference, 2017, keynote lecture

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: Keith Horinouchi

☐ 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
Dr Horinouchi Wellness Clinic	Wellness clinic, 100% ownership

Keith Horinouchi
Signature

1-18-18
Date

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 Keith V [signature] Date 1-18-18

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

January 19, 2018

SUBJECT: CRIMINAL HISTORY RECORD

NAME:	**Keith Masao HORINOUCHI**		
DATE OF BIRTH:	[redacted]	**FINGERPRINT#:**	**NONE**
■	**The individual has no record of criminal conviction(s) of any crime and disposition as indicated in GPD files.**		

******************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.

By Direction: dcp

The absence of an original GUAM POLICE seal invalidates this police clearance.
REVISED 08/03/16

JOSEPH I. CRUZ
Chief of Police

Doc. No. 34GL-18-1449.

SUPERIOR COURT OF GUAM

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

Telephone (671) 475-3370/475-3449
Fax (671) 472-2856

DANIELLE T. ROSETE
Clerk of Court

Name: KEITH MASAO HORINOUCHI

SS#: ID# GU D/L# [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. [X] 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 1 of 1

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 1 of 1

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: 01/18/2018

DANIELLE T. ROSETE
Clerk of Court

BY: JOHN J DIEGO
Deputy Clerk

Prepared By: JJD

The absence of an original Court Seal invalidates this document