

Personal Data Record Form

Profile

FOR PUBLIC INFORMATION

All appointments to City Boards and Commissions are made by the City Council through the Executive Secretary for Boards and Commissions. **APPLICANTS MAY ONLY APPLY FOR ONE VACANCY AT A TIME.** Please complete this application in its entirety. Your application will be forwarded to the City Council. Fill in all applicable blanks on the form. Incomplete applications will not be forwarded to City Council. All applicants are encouraged to contact the Council members and introduce themselves.

New Applicant or Current Member

☒ Current Member

Sylvia A. Jones  
First Name Last Name

[Redacted]  
Email Address

Date of Birth

[Redacted]

Place of Birth

[Redacted]

Home Address

[Redacted] [Redacted]  
Street Address Suite or Apt  
[Redacted] [Redacted] 22304  
City State Postal Code

[Redacted] [Redacted]  
Primary Phone Alternate Phone

Virginia Hospital Center Practice Manager  
Employer Job Title

Applicants may only apply for ONE board/commission/committee at a time.

Which Boards would you like to apply for?

Public Health Advisory Commission: Submitted

Type of Position/Role

Citizen Member

Demographics

Do you currently live in the City of Alexandria?

☒ Yes ☐ No

If yes, how long?

4 Years

Have you ever attended a meeting of the Board or Commission for which you are applying?

☒ Yes ☐ No

Have you ever served the City of Alexandria in any capacity?

☒ Yes ☐ No

If yes, please explain

Citizen Member of Emergency Medical Services Council

Interests & Experiences

## Statement of Interest/Why You Should Be Appointed

---

As a millennial, citizen of Alexandria, and experience with working with community members and health professionals as it relates to the COVID-19 pandemic, and many years of experience in difficult weather and situations, I am driven and motivated to become a part of the Public Health Advisory Commission. I have completed the Alexandria City Academy program in 2019. My experiences, which drive me, can be beneficial to the Council. These experiences include: 1.) Working with community members and managing health professionals that have been exposed to coronavirus which has an impact on their well-being. 2.) Living much of my life in a humid subtropical climate, with rivers, marshes and bayous, repeated severe hurricanes (such as Hurricanes Andrew 1992, Katrina in and Rita 2005, Humberto 2007, Ike 2008, Irene 2011), showers and thunderstorms which often spawn tornadoes, numerous tropical storms and tropical depressions, and periods of both drought and flood. 3.) Being exposed to unhealthy air or widespread air pollutants that can be seen as putting citizens at risk for premature death and other serious health effects. 4.) Working in the emergency room of the only one level designated trauma center in the area serving my former community with the highest level of care for trauma injury, 5) being considered the voice of a local radio station, and currently working as manager in a 28 employee primary care Center, 6) Traveling to over 25 countries, and 100 cities worldwide and learning about their cultures, and 7.) My education experience which include a Health Care Administration undergraduate degree and a Master of Business Administration. Being a member of the Commission is the best place for me to pursue my interests and goals that I hope to achieve for the community. I would like to provide the leadership, coordination, resources and innovative thinking to meet the challenges of protecting the public's interest. This can be done by advancing, discussing, and researching ideas and issues. Specially I would: 1) be a member of a more active Council. 2.) provide a varied and representative perspective on the health problems facing our community. 3.) provide support for staff's technical judgment and help to build a constituency of advocates in a variety of arenas that may cut across several lines of authority. 4.) help to identify new data sources, professional input, and their potential applicability to the assessment process. 5.) Assisting with the provision of and access to a sufficient, stable, healthy, and safe, and well-trained workforce to help in pandemics, and everyday emergencies, large-scale incidents, epidemics, and natural disasters.

## Are you currently a member of a City Board, Commission, Committee or Authority?

---

☒ Yes ☐ No

## If yes, please list the board:

---

Emergency Medical Services Council

## How many terms have you served on this board?

---

1

## If you have served more than two consecutive terms on this board, please state the specific qualifications you possess which merit consideration for continued service:

---

N/A

## Have you applied for a position on a City Board, Commission, Committee or Authority in the last six months?

---

☐ Yes ☒ No

## If yes, please state the names of the boards for which you have applied

---

---

Upload a Resume

**Are you now paid by the City of Alexandria?**

---

☐ Yes ☒ No

**If yes, please state your department, job title, and describe your duties:**

---

**Do any of your immediate relatives or business associates now serve the City of Alexandria in any capacity?**

---

☐ Yes ☒ No

**If yes, please explain:**

---

**Attendance Requirements: Sec. 2-4-7 of the City Code requires appointees to attend at least 75% of the yearly committee meetings. Absences may be excused because of personal illness or serious illness of members of the immediate family, death of a family member, unscheduled business trips and emergency work assignments only. All other absences are recorded as unexcused. In light of the aforementioned statement, will you be able to attend at least 75% of the regular meetings of the board which you may be appointed?**

---

☒ Yes ☐ No

**If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867?**

---

☒ Yes ☐ No

**EDUCATIONAL BACKGROUND (Please list certificates, diplomas, degrees, seminars, etc.):**

---

Alexandria City Academy Program completed in 2019, Master of Business Administration, Healthcare Concentration (05/2012) Fort Hays State University, Hays, Kansas, Bachelor of Science, Health Service Administration (12/2008) Our Lady of the Lake College, Baton Rouge, Louisiana, Certificate for Preventive Child Abuse (04/2015) New Jersey Department of Children and Families

**SUMMARY OF WORK AND PRACTICAL EXPERIENCE (Please list titles and duties for the past five years):**

Practice Manager Virginia Hospital Center - McLean, VA November 2021 to Present Provides operation management of the department, revenue cycle management, supervision of staff, facility management, and support to physicians. Practice Manager Liv by Advantia Health - Washington, DC January 2021 to August 2021 • Lead the successful opening and operations of Advantia Health's flagship practice with Ob-Gyn, Primary Care, and Mental Wellness services. • Responsible for the opening and daily operations of Liv including oversight and management of all administrative staff, budgeting, coordinating with and reporting to Advantia to meet Company performance objectives, maximizing the productivity of the medical services providers, and implementing new service lines. • Maintained the highest National Performance Measures (NPS) score of 97 and higher in the company. • Achieved goals and targets projected over two years within the first 5 months of opening. • Established annual clinic budget and monitored profit and loss, including overseeing operating expenses and purchasing, reimbursement and collection activities, and working with practice staff, providers, and Advantia Corporate to identify billing and revenue opportunities. Practice Manager MedStar Medical Group - Washington, DC June 2016 to January 2021 • Manage the day-to-day business operations of 15 direct staff reports including RN Clinical Manager, Medical Assistants, Patient Service Representatives, and Schedulers in an 8 provider multi-specialty clinic that generates more than 18,000 visits annually. Work closely with Medical and Administrative Directors in preparing and presenting benchmark statistics for financial reimbursement, cost and value analysis, billing, purchasing, and operational management. Develop and manage budgets for the clinic totaling more than \$4.2M. Develop, analyze, and implement business plans for short and long term strategic growth by collaborating with Marketing to strategically grow overall practice and provider volumes and with IT • Specialists to ensure clinic workflow optimization and streamlining to reduce inefficiency. Provided management coverage for MedStar Clinic sites as needed. Help support the startup of the MedStar World Bank and Fort Lincoln locations. Assist, mentor, and provide guidance for multiple managers onboarding into the MedStar Health system. • Achievements: Beat Budget by 50%. Increased Patient Satisfaction Scores. Certificate of Appreciation for Safety Reporting.

**REFERENCES (Please list names and addresses of four references that you have contacted and support your application).**

**Non-Discrimination Data Supplemental Questions**

By submitting this application electronically, I hereby certify that all information contained herein is true and complete and that the transaction will be subject to the Virginia Uniform Electronic Transactions Act..

SUBMISSION OF THIS PAGE IS VOLUNTARY

Confidential - NOT FOR PUBLIC INFORMATION

Non-Discrimination Data Supplemental Questions  
For Applications to City Boards, Commissions, and Committees

Completion of this section is **VOLUNTARY**. When completed, the section is separated and redacted from your application prior to the application's submission to City Council. **COUNCIL AND STAFF DO NOT USE THIS FORM IN DETERMINING APPOINTMENTS.** Information provided in this section is treated confidentially and the information is forwarded to the Alexandria Office on Human Rights for compilation of statistics. One responsibility of the Human Rights Commission (HRC) is to track whether the diversity in our City's population is reflected in appointments made to boards, commissions, committees and authorities; the HRC does this using only data supplied on this form. The HRC reports statistics only to Council.

The HRC's main role is to ensure discrimination does not occur in our city based on race, color, sex, religion, ancestry, national origin, marital status, familial status, age, sexual orientation or disability with respect to housing, employment, public accommodations, health and social services, education, credit or city contracts.

Date of Application

Ethnicity

Gender

Sexual Orientation

For what Board, Commission, Committee, or Authority are you applying?

Do you live in the City of Alexandria?

Do you have Disability?

If yes, briefly describe the disability?

How did you learn of the vacancy for which your applying?

Personal Data Record Form

Profile

FOR PUBLIC INFORMATION

All appointments to City Boards and Commissions are made by the City Council through the Executive Secretary for Boards and Commissions. **APPLICANTS MAY ONLY APPLY FOR ONE VACANCY AT A TIME.** Please complete this application in its entirety. Your application will be forwarded to the City Council. Fill in all applicable blanks on the form. Incomplete applications will not be forwarded to City Council. All applicants are encouraged to contact the Council members and introduce themselves.

New Applicant or Current Member

☒ New Applicant

Dawn Sibanda  
First Name Last Name

[Redacted]  
Email Address

Date of Birth  
[Redacted]

Place of Birth  
[Redacted]

Home Address

[Redacted]		[Redacted]	
Street Address		Suite or Apt	
[Redacted]		[Redacted]	
City		State	22314
		Postal Code	
[Redacted]	[Redacted]		
Primary Phone	Alternate Phone		

Employer Job Title

Applicants may only apply for ONE board/commission/committee at a time.

Which Boards would you like to apply for?

Public Health Advisory Commission: Submitted



## Type of Position/Role

Citizen Member

---

## Demographics

Do you currently live in the City of Alexandria?

☒ Yes ☐ No

If yes, how long?

2.5 years

Have you ever attended a meeting of the Board or Commission for which you are applying?

☐ Yes ☒ No

Have you ever served the City of Alexandria in any capacity?

☐ Yes ☒ No

If yes, please explain

---

## Interests & Experiences

Statement of Interest/Why You Should Be Appointed

To Whom It May Concern: I am writing to express my interest in becoming a citizen member of the Public Health Advisory Commission for the City of Alexandria. My husband and I moved to the area a couple of years ago and the City felt like home. We lived in the Eisenhower East neighborhood but recently purchased a property in Potomac West. As a healthcare professional who has practiced in a few states in different capacities I am interested in becoming involved and contributing to the City. I currently practice as a pediatric hospitalist but I have a background in pharmacy and public health. The last 2 years of a global health crisis have truly highlighted the importance and the role that public health plays in keeping cities and communities safe. While my focus has been on direct patient care, I am interested in contributing to the health of the community that I live in and leveraging my experiences to help keep my community healthy. Sincerely, Dawn Sibanda 7012003057 dawn.sibanda@gmail.com

Are you currently a member of a City Board, Commission, Committee or Authority?

☐ Yes ☒ No

If yes, please list the board:

How many terms have you served on this board?

---

If you have served more than two consecutive terms on this board, please state the specific qualifications you possess which merit consideration for continued service:

---

Have you applied for a position on a City Board, Commission, Committee or Authority in the last six months?

---

☐ Yes ☒ No

If yes, please state the names of the boards for which you have applied

---

---

Upload a Resume

Are you now paid by the City of Alexandria?

---

☐ Yes ☒ No

If yes, please state your department, job title, and describe your duties:

---

Do any of your immediate relatives or business associates now serve the City of Alexandria in any capacity?

---

☐ Yes ☒ No

If yes, please explain:

---

**Attendance Requirements: Sec. 2-4-7 of the City Code requires appointees to attend at least 75% of the yearly committee meetings. Absences may be excused because of personal illness or serious illness of members of the immediate family, death of a family member, unscheduled business trips and emergency work assignments only. All other absences are recorded as unexcused. In light of the aforementioned statement, will you be able to attend at least 75% of the regular meetings of the board which you may be appointed?**

---

☒ Yes ☐ No

If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867?

---

☒ Yes ☐ No

**EDUCATIONAL BACKGROUND (Please list certificates, diplomas, degrees, seminars, etc.):**

---

Bachelor of Pharmaceutical Sciences, 2005 Doctor of Pharmacy, 2007 Master of Public Health, 2011 Doctor of Medicine, 2016 Pediatric Residency 2016-2019

**SUMMARY OF WORK AND PRACTICAL EXPERIENCE (Please list titles and duties for the past five years):**

Pediatric Resident Doctor 2016-2019 Seattle Washington, Anchorage Alaska and Bethel Alaska. I practiced both in the hospital and outpatient setting providing both treatment and preventative health services to children. I provided care in urban, rural and remote settings.

**REFERENCES (Please list names and addresses of four references that you have contacted and support your application).**

**Non-Discrimination Data Supplemental Questions**

By submitting this application electronically, I hereby certify that all information contained herein is true and complete and that the transaction will be subject to the Virginia Uniform Electronic Transactions Act..

**SUBMISSION OF THIS PAGE IS VOLUNTARY**

**Confidential - NOT FOR PUBLIC INFORMATION**

**Non-Discrimination Data Supplemental Questions  
For Applications to City Boards, Commissions, and Committees**

Completion of this section is **VOLUNTARY**. When completed, the section is separated and redacted from your application prior to the application's submission to City Council. **COUNCIL AND STAFF DO NOT USE THIS FORM IN DETERMINING APPOINTMENTS.** Information provided in this section is treated confidentially and the information is forwarded to the Alexandria Office on Human Rights for compilation of statistics. One responsibility of the Human Rights Commission (HRC) is to track whether the diversity in our City's population is reflected in appointments made to boards, commissions, committees and authorities; the HRC does this using only data supplied on this form. The HRC reports statistics only to Council.

The HRC's main role is to ensure discrimination does not occur in our city based on race, color, sex, religion, ancestry, national origin, marital status, familial status, age, sexual orientation or disability with respect to housing, employment, public accommodations, health and social services, education, credit or city contracts.

**Date of Application**

Ethnicity

Gender

Sexual Orientation

None Selected

For what Board, Commission, Committee, or Authority are you applying?

Do you live in the City of Alexandria?

Do you have Disability?

If yes, briefly describe the disability?

How did you learn of the vacancy for which your applying?