
Name of Council Member

Endorsement

CONTESTED APPOINTMENTS

Public Health Advisory Commission

(2-year term)

1 Physician practicing in the City, nominated by the Medical Society of Northern Virginia

Michael Trahos*
(residency waiver required)

Claudia Tellez, Executive Director,
Medical Society of Northern VA

*incumbent

Gloria Sitton

From: Claudia Téllez <ctellez@msnva.org>
Sent: Monday, June 07, 2021 8:47 AM
To: Gloria Sitton
Cc: Susana Martins
Subject: Re: Recommendation for board reappointment for Dr. Michael Trahos

Good morning Gloria,
Thank you for reaching out and yes absolutely, I hereby confirm.

Claudia Téllez | Executive Director
MSNVA | MSNVA Foundation
MSNVA.org/join

P: 703.934.8818 | Twitter: [@tellezc1](https://twitter.com/tellezc1)

From: Gloria Sitton <Gloria.Sitton@alexandriava.gov>
Date: Monday, June 7, 2021 at 8:43 AM
To: Claudia Téllez <ctellez@msnva.org>
Subject: Recommendation for board reappointment for Dr. Michael Trahos

Good morning!

My name is Gloria Sitton and I am the City Clerk for the City of Alexandria.

Dr. Michael Trahos has reapplied to the City of Alexandria's Public Health Advisory Commission as the representative for the Medical Society of Northern Virginia. Would it be possible for you to confirm that the Medical Society is okay with him continuing as your representative on that Commission? You may simply respond to this email as confirmation. I am attaching a copy of his redacted application for you to reference. If you have any questions, you may contact me at gloria.sitton@alexandriava.gov. Thanks!

Gloria Sitton
City Clerk and Clerk of Council
City of Alexandria, Virginia
703-746-4550 (office)
gloria.sitton@alexandriava.gov



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

Michael C.

First Name

Trahos

Last Name

Email Address

Date of Birth**Place of Birth****Home Address**

Street Address

Suite or Apt

City

State

22042

Postal Code

Primary Phone

Alternate Phone

Trahos Medical Enterprises
PLLC

Employer

Physician/Sole Member-
Manager

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

Michael C. Trahos

Type of Position/Role

Practicing Physician Representative

Demographics

Do you currently live in the City of Alexandria?

☐ Yes ☐ No

If yes, how long?

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

EMERGENCY MEDICAL SERVICES COUNCIL - 1992

Interests & Experiences

Statement of Interest/Why You Should Be Appointed

As stated below, I am in my 38th year of active medical practice in the City of Alexandria. I have a deep connection with the city, having lived my entire childhood and teenage life in the City of Alexandria, and having been a graduate of T.C. Williams HS in 1974. I am very versed on the healthcare issues facing the city and would like the opportunity to continue being the practicing physician member on the PHAC.

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

☐ Yes ☐ No

If yes, please list the board:

PUBLIC HEALTH ADVISORY COMMISSION

How many terms have you served on this board?

3 TERMS - 6 YEARS

Michael C. Trahos

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:

As stated below, I am in my 38th year of active medical practice in the City of Alexandria. I have a deep connection with the city, having lived my entire childhood and teenage life in the City of Alexandria, and having been a graduate of T.C. Williams HS in 1974. I am very versed on the healthcare issues facing the city and would like the opportunity to continue being the practicing physician member on the PHAC.

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.):

See attached Curriculum Vitae.

Michael C. Trahos

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

I am board certified in Family Medicine and Geriatric Medicine, with a declared specialty of Internal Medicine with the Commonwealth of Virginia Board of Medicine. As of July 1, 2021, I began my 38th year of active medical practice in the City of Alexandria. I currently hold 4 medical school clinical professorships, the most notably that of Assistant Clinical Professor of Family Medicine with the Georgetown University School of Medicine for the past 35 years. I currently serve as an At-Large Physician Representative on the Fairfax (County) Health Care Advisory Board, via original nomination by former Chairman Sharon Bulova, with re-nomination by current Chairman Jeffery McKay, and with unanimous approval of the Fairfax County Board of Supervisors.

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

[REDACTED]

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

[REDACTED]

Ethnicity

[REDACTED]

Gender

[REDACTED]

Sexual Orientation

[REDACTED]

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

[REDACTED]

Do you live in the City of Alexandria?

[REDACTED]

Do you have Disability?

[REDACTED]

If yes, briefly describe the disability?

[REDACTED]

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

[REDACTED]