

Prosper West San Antonio Other University Health System - CEO	Application No: No: 20220909171529_12970
ELIGIBILITY	
PROFILE	
Prefix	Ms.
Last Name	De La Haya
First Name	Theresa
Middle Name	
Suffix	
Preferred Name	Terri
Title	Senior Vice President
Are you a City of San Antonio resident?	Yes
San Antonio Resident Length - Years	63
In which City Council District do you reside?	08
How many years have you lived in the City Council District where you reside?	31
Address Type?	Residence
Address	
City	San Antonio
State	TX
Zip	78249
Phone Type?	Business
Phone number	
Phone 2 Type?	Cell
Phone 2 number	
Address 2 Type?	Business
Address 2	4202 Medical Drive
City 2	San Antonio
State 2	TX
Zip 2	78249
eMail	
Employer	University Health System
Job Title	Senior Vice President
Occupation	RN/Health Care Administrator
Board/Commission/Committee Name	Prosper West San Antonio~Other~University

	Health System - CEO~04
DEMOGRAPHIC INFORMATION	
The City of San Antonio strives for boards and commissions to be representative of our diverse community. Providing the following demographic information is voluntary, and will only be used for statistical and reporting purposes.	
Race/Ethnicity (Please select all that apply):	Hispanic/Latino/a
Gender:	Female
Age:	55 to 64
Do you identify as a sexual minority (such as lesbian, gay, bisexual, queer, etc.)?	No
QUESTIONS	
If this board position requires residency within Bexar County, the City of San Antonio city limits or within a particular council district, do you meet those residency requirements?	Yes
Do you or any of your immediate family members or any businesses that you or they own currently have any direct or indirect financial interest in any contract(s) with the City, including subcontracts?	No
Will you or any of your immediate family members or any businesses that you or they own seek a contract(s) with the City in the foreseeable future?	No
Do you or any of your immediate family members or any businesses that you or they own have any financial interest, direct or indirect, in any sale to the City of any land, materials, supplies, or service?	No
Will you or any of your immediate family members or any businesses that you or they own seek or take part, either directly or indirectly, in any sale of land, materials, supplies, or service to the City in the foreseeable future?	No
Does your employer or an employer of your immediate family members have a contract with the City?	No
Do you or any of your family members currently serve or in the past year served as an administrative aide to a Councilmember?	No
Do you currently serve in any elected or appointed public government office?	No
Are you a member and/or officer and/or employee of any boards, commissions, corporations, non-profit entities, agencies, or other entities?	Yes
Give the title and dates of any position which you have held in such organization:	Bexar County Health Collaborative YMCA
Do you receive any compensation for service on this entity(ies)?	No
Do you intend to seek election or appointment to any public office or board or commission in the foreseeable future?	No
Have you ever been hired for a position with the City of San Antonio?	Yes
List the department(s) and date(s):	San Antonio Metropolitan Health District 1984 to 1986 and 1988 to 1990
Reason for leaving City employment:	Better Job Opportunity
Describe your Educational history.	Bachelors in Science

	Masters in Public Health
Describe your Professional History & Certification designations (Current and historical).	Santa Rosa 1982 - 1984 Metropolitan Health District 1984 - 1986 and 1988 - 1990 Bexar County Juvenile Detention Center 1986 - 1988
Describe your Volunteer Experience & Community Service	Served on several Community Boards UTHSC at San Antonio School of Nursing School Guadalupe Center Hispanic Chamber of Commerce San Antonio Chamber of Commerce
Please provide a brief narrative outlining your reasons for seeking appointment to this board or commission:	Vested interest personally and professionally to support the West Side of San Antonio and see it Prosper
APPLICATION SIGN-OFF	
As a board, commission, or committee member, you will be asked to adhere to: Code of Ordinances, City of San Antonio, Part II, Chapter 2, Article IX, Sec.2-534. All board and commission members must file a Financial Disclosure Report with the Office of the City Clerk upon appointment, and annually thereafter, throughout the member's term. Failure to file a Financial Disclosure Report within the time required by the City's Ethics Code will be considered an automatic removal.	
I understand that if any member of the public makes a request for information included in this Application for Appointment, most of the information must be disclosed under the Public Information Act. I understand that the City of San Antonio will attempt to maintain the confidentiality of highly private matters by seeking an Attorney General's opinion in accordance with the Public Information Act. I understand that it may not be legally possible to maintain the confidentiality of such information, and I hereby release the City of San Antonio, and its agents, employees and officers, from any and all liability whatsoever if the information must be released pursuant to the Public Information Act or any other law requiring its release.	Acknowledged
I recognize that I am an applicant for Prosper West San Antonio~Other~University Health System - CEO~04, as a City of San Antonio board or commission that is more than advisory in nature. As a city officer, I understand that I, my immediate family members, and any business in which I and/or they hold a 10% or greater ownership interest will be prohibited from seeking or accepting contracts with the city for the duration of my service on this board. I further understand that this restriction will extend with regard to many types of discretionary contracts for a period of one year after leaving city service.	Acknowledged
OATH: I have read and understand the guidelines set out in this application. The foregoing statements are true, accurate, and complete. I agree that any	Acknowledged

misrepresentation or omission of facts may result in my disqualification for appointment.	
Enter Your Name	Theresa De La Haya
Date of submission	9/9/2022
The Texas Public Information Act provides that each government official may choose whether to allow the public access to the information in the custody of the City that contains your home address, home telephone number, or reveals whether you have family members. Please note that this does not apply to business addresses, which are subject to public disclosure. If an open records request is filed requesting to view or obtain records that contain your personal information, the City will take steps to protect your personal information as authorized by the Texas Public Information Act, but only if you have elected to protect personal information.	
I want the public to have access to my Home Address.	No
I want the public to have access to my Home Telephone Number.	No
I want the public to have access to my Social Security Number	No
I want the public to have access to my Emergency Contact Information.	No
I want the public to have access to my Family Information.	No
Please attach any additional information, such as a current resume, using the Attachments panel at the bottom of this page.	