BOARD APPLICATION FORM
YELLOWSTONE COUNTY, MONTANA

NAME: Michael Temporal HOME PHONE: (406) 876-4634

ADDRESS: 717 Beartooth Circle WORK PHONE: (406) 238-2900

CITY: Laurel STATE: MT ZIP: 59044

BUSINESS OR JOB: Family Medicine / Geriatric Medicine Physician / Billings Clinic

E-MAIL ADDRESS: Mtemporal514@gmail.com

BOARD OR COMMISSION APPLIED FOR: Allies in Aging Board of Directors

Please describe your experience or background that you believe qualifies you for service on this Board or Commission (attach additional sheets if needed):

30yrs of clinical practice in primary care and geriatrics with focus on healthy aging and chronic disease management across the continuum from health and wellness to palliative care. Practice settings have included home visits, assisted living, nursing home and hospice care in addition to hospital and office setting. Have worked on the BOLD early diagnosis of dementia project, and previous board experience with Big Sky Senior Services Alzheimers Association of Montana.

Why do you wish to serve on this Board or Commission?

Help build programs and services that allow senior adults to thrive and maintain quality of life in the spirit of aging successfully. Provide medical perspective to the variety of solutions for maintaing seniors in their communities. I have a passion for working with elder citizens and finding solutions and advocating for older populations.

Additional information that you feel is pertinent (attach additional sheets if needed):

Following a family medicine residency, I completed a 2 year fellowship in geriatric medicine at UCLA. Experienced in comprehensive geriatric assessment and have worked with innovative community based programs including Program for All Inclusive Care (PACE), and continuing care retirement communities. I have led quality initiatives in delivering value based care, CMS programs including Medicare Advantage plans and Accountable Care Org

Signature 10/05/2026 Date

Return application to: Board of County Commissioners
P.O. Box 35000
Billings, MT 59107-5000

OFFICE USE ONLY:

APPOINTED: YES____ NO____ DATE _____

TERM EXPIRATION DATE: _____

(Circle one)

ORIGINAL APPOINTMENT REAPPOINTMENT TERM NO: _____