

**SIXTH JUDICIAL CIRCUIT 2012 APPLICATION TO PROVIDE SERVICES AS A  
GUARDIANSHIP EXAMINING COMMITTEE MEMBER OR DEVELOPMENTAL DISABILITIES  
EXAMINING COMMITTEE MEMBER**

Please provide the following information as a part of the application and verification process to provide service as a member of a Guardianship Examining Committee or a Developmental Disabilities Examining Committee. This application must be completed in its entirety if you wish to be considered for appointment.

To provide service as a member of a Guardianship Examining Committee complete **Section A** in its entirety. To provide service as a member of a Developmental Disabilities Examining Committee complete **Section B** in its entirety.

**DEADLINE: MONDAY, FEBRUARY 6, 2012 at 5:00 P.M.**

**\*NOTE--ALL CURRENT Guardianship Examining & Developmental Disabilities Examining Committee Members must reapply, except for physicians and psychiatrists who do NOT need to reapply. If selected, contracted services with the Court will begin April 1, 2012.\***

**Applicant Information:**

Name: \_\_\_\_\_ Florida Department  
of Health License# \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Business # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ **(MUST BE PROVIDED)**

**Please check all of the following that apply:**

- I have good moral character.
- I agree to submit to a law enforcement records check.
- I agree to enter into a contract to serve as a Guardianship Examining Committee or Developmental Disabilities Examining Committee services member for the Sixth Judicial Circuit.
- I have familiarized myself with the Administrative Order No. 2007-017, and all other Administrative Orders concerning the Guardianship Examining Committee and Developmental Disabilities Examining Committee and agree to provide services in accordance with those Administrative Orders.
- I will notify the Chief Judge of any formal complaint filed against me by the Florida Department of Health, and any other licensing authority & of any non-confidential consent agreements entered with the licensing authority.
- I do not have any conflict of interest, including any employment or business relationship or involvement in any other situation in which regard for my private interest would tend to lead to disregard of my duties as a Guardianship Examining Committee or Developmental Disabilities Examining Committee Member.

**Section A:**

I am applying to provide service as a **Guardianship Examining Committee Member** in:

- West Pasco       East Pasco       Pinellas County

**Check each of the following that apply: I am a**

- Fla. licensed Physician       Gerontologist       Fla. licensed Social Worker
- Fla. licensed Psychiatrist       Fla. licensed Registered Nurse       Person with an advanced degree in Gerontology
- Fla. licensed Psychologist       Fla. licensed Nurse Practitioner       Other person with the knowledge, skill, experience, training or education to provide competent evaluations.

**Check one of the following that apply:**

Since April 1, 2010, I have completed the four hours of initial training as required by Section 744.331(3)(d), Fla. Stat. on *(date)* \_\_\_\_\_.

**OR**

I have completed the four hours of initial training before April 1, 2010, and I have since completed the two hours of continuing education as required by Section 744.331(3)(d).

**OR**

I will complete the required initial training no later than four months after my initial appointment to a Guardianship Examining Committee as required by Section 744.331(3)(c), Fla. Stat., and will **notify** Court Counsel's Office when the training is completed.

**Section B:**

I am applying to provide service as a **Developmental Disabilities Examining Committee Member** in:

- West Pasco       East Pasco       Pinellas County

**Check each of the following that apply: I am/have a**

- Florida licensed Physician       Masters in Social Work       Masters in Special Education  
 Florida licensed Psychologist       Masters in Vocational Rehabilitation Counseling

Failure to maintain professional qualifications while performing services for the Sixth Judicial Circuit may result in removal of the examiner from all Sixth Circuit court-appointed lists for a minimum of three years.

**A résumé must be included with this application.** If applying to serve on the Guardianship Examining Committee, the résumé should address your experience with conducting examinations of alleged incapacitated parties. If applying to serve on the Developmental Disabilities Examining Committee, the résumé should address your experience with the diagnosis, evaluation, and treatment of persons with mental retardation and autism.

I certify that the answers given above are true and complete. I understand that false or misleading information given in my application or résumé, or any omission of information requested will be grounds for refusal of appointment or dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**YOUR COMPLETED APPLICATION AND PAPERWORK MUST BE RECEIVED  
IN THE COURT COUNSEL'S OFFICE NO LATER THAN 5:00 P.M., MONDAY,  
FEBRUARY 6, 2012. PLEASE SUBMIT TO THE FOLLOWING LOCATION:**

Sixth Judicial Circuit / Office of Court Counsel  
501 1<sup>st</sup> Avenue North, Suite 1000  
St. Petersburg, FL 33701

***NOTE: to delivery your paperwork in person, you must pre-arrange delivery by calling (727) 582-7424  
– we may not accept certified mail deliveries or facsimiles.***