

**THIRTEENTH JUDICIAL CIRCUIT APPLICATION TO PROVIDE SERVICES FOR  
GUARDIANSHIP EXAMINING COMMITTEES**

*(New Additional Physician Members for 2020)*

The following documents must be submitted to be considered for appointment:

- 1.) This original copy of your application, completed in its entirety;
- 2.) Your résumé (as specified on the second page of this application);
- 3.) A readable copy of your valid Florida Driver's License or State Identification Card; and
- 4.) A completed Confidential Notice of Social Security Number (which follows the application), so that a criminal background check can be completed electronically. Your Social Security Number and the results of the background check will be maintained by the Court in a confidential file.

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.

Applicant Information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

Business Address

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

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

E-mail Address \_\_\_\_\_

Please check the following that apply:

*(All four boxes must be checked in order to be deemed qualified as a member of the Examining Committee)*

- I have good moral character.
- I have familiarized myself with Administrative Order Nos. S-2007-088 (*Guardianship Examining Committee Fees*) and S-2018-021 (*Guardianship Procedures*) and I agree to provide services in accordance with these administrative orders. I also agree to familiarize myself with any future administrative orders concerning Guardianship Examining Committees and I agree to provide services in accordance with any such future administrative orders.
- I have the skills and ability to competently perform the types of examinations required in the categories for which I am applying.
- I will notify the Chief Judge of any formal complaint filed by the Florida Department of Health or any other medical licensing authority, and of any non-confidential consent agreements entered into between the licensing authority and myself.

**Check all qualifications that apply:**

- Florida licensed Physician     Florida licensed Psychiatrist     Florida licensed Psychologist
- Gerontologist                       Florida licensed Registered Nurse                       Florida licensed Nurse Practitioner
- Person with an advanced degree in gerontology
- Other person with the knowledge, skill, experience, training or education to provide expert evaluations of alleged incapacity, as outlined in my résumé.

**Indicate the status of your training required by § 744.331(3)(d).**

I have completed the required four hours of initial training on \_\_\_\_\_(date).

**OR**

I have not completed the four hours of required initial training, but I have served on Guardianship Examining Committees in another judicial circuit for more than five years and I hereby request a waiver of the initial training requirement. (If you check this box, please ensure your resume indicates the five or more years of service required before a waiver may be given)

**OR**

I have not completed the (minimum of) four hours of required initial training, but I agree to complete that training, which I understand is available on DVD, however it must be returned and execute and submit the required affidavit of completion to the Thirteenth Circuit, no later than 4 months after my initial appointment, stating that I have completed that training.

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

**A résumé must be included with this application.** The résumé should address your experience with conducting examinations of alleged incapacitated parties.

I certify that the answers given herein 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

**RETURN ALL PAGES OF THIS APPLICATION A.S.A.P. to:**

**ATTN: Andrea Bethea, Elder Justice Center  
800 E. Twiggs Street, Room 481  
Tampa, FL 33602  
or [elder@fljud13.org](mailto:elder@fljud13.org)**

**CONFIDENTIAL NOTICE OF SOCIAL SECURITY NUMBER**

*Submitted in conjunction with application to provide services for Guardianship  
Examining Committees, to permit the completion of an electronic background check.*

Name: \_\_\_\_\_

S.S.N. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_