



QUESTIONNAIRE

for the

FLORIDA DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
COUNCIL MEMBER APPOINTMENTS

Division of
Medical Quality Assurance

MQA

For the Florida Department of Health's Appointment Office, Division of Medical Quality Assurance, 4052 Bald Cypress Way, Bin C00, Tallahassee, Florida 32399-3255, Telephone: (850) 245-4224 www.doh.state.fl.us

(The information from this page has been requested and will be used exclusively the Florida Department of Health).

1. Council of Interest:
2. Position: Professional Member Consumer Member
3. Profession:
4. Area of Specialty:
5. Occupation (exact title):

The following information is requested for the purpose of demographic statistics and is not requested for the purpose or discrimination on any basis.

6. Do you require special accommodations? Yes No

If yes, please explain:

7. Sex: Male Female
8. Race: White African-American Hispanic
 American Indian/Alaskan Indian Asian/Pacific Islander Other

9. Do you now, or have you within the last three (3) years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or had restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s) relevant policies and practices, and state whether you intend to continue as a member if you are appointed by the State Surgeon General, Department of Health. Yes No

If yes, please explain:

Applicant's Signature and Date

Qualifying Information

Name:

Last	First	Middle

Residence Address:

Street		
City	State	Zip Code

Business Address:

Street		
City	State	Zip Code

Preferred Mailing Address: Residence Business

Telephone:

Residence	Business
Mobile	Preferred Contact Number

Email:

Personal:	
Business:	

Preferred Email Address: Personal Business

Education:

Highest level of education attained:

Military Service:

Are you or have you ever been a member of the armed forces of the United States?

Yes No (If "Yes," please provide):

Dates of service:

Branch or component:

Date and type of discharge:

Citizenship Information:

Social Security Number (Required):

Are you a United States citizen?

Yes No (If "No," please explain):

Are you a naturalized citizen:

Yes No (If "Yes," please provide):

Date of naturalization:

Since what year have you been a continuous resident of Florida?

Are you a registered Florida voter?

Yes No (If "Yes," please provide):

County of registration:

Current party affiliation:

Council Membership:

If required by law or administrative rule, will you file financial disclosure statements?

Yes No (If "No," please explain):

Do you fully understand the scope and commitment of council membership?

Yes No (If "No," please explain):

Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed?

Yes No (If "Yes," please explain):

Questions and Information

Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid).

Yes No (If "Yes," please explain):

Have you ever been employed by any state, district, or local governmental agency in Florida?

Yes No (If "Yes," please identify):

Employing Agency:

Your Position:

Period of Employment:

Employing Agency:

Your Position:

Period of Employment:

State your experiences and interests or elements of your personal history that qualify you for this appointment.

Identify all association memberships and association offices held by you that relate to this appointment.

Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government?

Yes No (If "Yes," please explain):

Have you ever been elected or appointed to any public office in this state?

Yes No (If "Yes," please provide):

Level of Government:

Office Title:

Date of Election:

Term of Office:

If your service was on a board(s), commission(s), or councils(s):

How frequently were meetings held?

If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reason(s) for your absence(s):

Meetings Attended:

Meetings Missed:

Reason for Absence:

Has probable cause ever been found that you were in violation of Part III, Chapter 112, Florida Statutes, the Code of Ethics for Public Officers and Employees?

Yes No (If "Yes," please provide):

Date:

Nature of Violation:

Disposition:

Have you ever been suspended from any office by the Governor of the State of Florida?

Yes No (If "Yes," please provide):

Title of Office:

Reason for Suspension:

Date of Suspension:

Result: Reinstated Removed Resigned

Have you previously been appointed to any office that required confirmation by the Florida Senate?

Yes No (If "Yes," please provide):

Title of Office:

Term of Appointment:

Confirmation Results: Confirmed Not Confirmed Withdrawn

Have you held or do you hold an occupational or professional license or certificate in the State of Florida?

Yes No (If "Yes," please provide):

Title:

Number:

Issue Date:

If any disciplinary action, including but not limited to, a fine, probation, suspension, revocation, disbarment has ever been taken against you by the issuing authority, please describe:

Type:

Date:

Action Taken:

Have you, or business(es) of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment?

Yes No (If "Yes," please provide):

Name of Business:

Your Relationship to the Business:

Business Relationship to the Agency:

Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years?

Yes No

Did you receive any compensation other than reimbursement for expenses?

Yes No

Name the agency or entity you lobbied for and the principal(s) you represented?

Agency Lobbied:

Principal Represented:

Agency Lobbied:

Principal Represented:

Have you ever represented any client in any action against the Department of Health or any of its subdivisions within the last five (5) years?

Yes No (If "Yes," please explain):

List three (3) persons who have known you well within the past five (5) years. Include a current, complete address and telephone number:

Name: _____

Mailing Address: _____

Telephone Number: _____

Name: _____

Mailing Address: _____

Telephone Number: _____

Name: _____

Mailing Address: _____

Telephone Number: _____



CERTIFICATION

STATE OF FLORIDA, COUNTY OF _____

Before me, the undersigned Notary Public of Florida, personally appeared _____

who, after being duly sworn, says:

- (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions;
- (2) that the information contained in said answers is complete and true; and
- (3) that he/she will, as an appointee, fully support the Constitution of the United States and the State of Florida.

Signature of Applicant-Affiant

Sworn to and subscribed before me this _____ day of _____, 20

Signature of Notary Public

(Print, type or stamp commissioned name of Notary Public)

My commission expires: _____

- Personally Known
- Produced Identification

Type of Identification Produced: _____

(Seal)

