



SEVENTEENTH JUDICIAL CIRCUIT OF FLORIDA

SEVENTEENTH JUDICIAL CIRCUIT INDEPENDENT CONTRACTOR APPLICATION GUARDIANSHIP EXAMINING COMMITTEE

Name: _____

Address: _____

Telephone: _____ Fax: _____ Mobile: _____

E-mail Address: _____

State of Florida License or Board Certification Number: _____

Are you in good standing with your licensing board? _____

Languages spoken: _____

Please check the following that apply:

- Licensed Psychiatrist
 - Licensed Psychologist
 - Registered Nurse
 - Licensed Social Worker
 - Advanced degree in Gerontology from accredited institution of higher education
 - Other person with knowledge, skill, experience, training, or education to provide expert evaluations of alleged incapacitated individuals, as outlined in resume:
- Licensed Physician*
 - Gerontologist
 - Nurse Practitioner

*For licensed physicians, please select relevant field of specialty:

- Developmental Disabilities
- Geriatrics
- Hospice/palliative care
- Gerontology
- Chronic Mental Illness
- Other: _____

Describe your familiarity with section 744.331, Florida Statutes:

Please check the following requirements that you have completed:

- I have familiarized myself with all Seventeenth Judicial Circuit Administrative Orders concerning the Guardianship Examining Committee, including Administrative Orders 2019-50-PRC and Number 2019-16-PRC, and have reviewed the Seventeenth Judicial Circuit's Local Procedures for the Probate Division.

- I will notify the Chief Judge of the Seventeenth Judicial Circuit of any formal complaint filed against me by the Florida Department of Health or any other medical licensing authority that is not confidential pursuant to Florida law, and of any non-confidential consent agreements entered into between the licensing authority and me.

- I have completed the required 4-hour initial training course as required by section 744.331(3)(d), Florida Statutes, on the following date/location: _____

(If you have not completed the statutorily required training, upon execution of a contract following an offer and acceptance to the Examining Committee, you must register and complete the training within four (4) months. You will not be eligible to receive court-ordered appointments until such time as you complete the training.

- I am aware that there may be times when I am required to conduct an examination outside of Broward County (e.g., Miami-Dade, Palm Beach) and I am willing to travel on those instances to perform the examination.

Please attach a copy of:

- (1) Your most recent license and certificate (if applicable)
- (2) Your curriculum vitae or resume (resume should include experience with conducting examinations of alleged incapacitated individuals, if any)
- (3) Your certificate of completion for the required initial training course (if already completed) or proof of registration

Applicant's Signature

Date

Printed Name