



State of Florida
 Fourteenth Judicial Circuit
**Court Appointed Examining
 Committee Member Application**

Return to:
 Court Administration
 P.O. Box 1089
 301 McKenzie Avenue
 Panama City, FL 32402

GUARDIANSHIP EXAMINING COMMITTEES

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The Guardianship Examining Committee consists of qualified professionals and lay persons who help the court determine the legal capacity of alleged incapacitated persons. The task of the examining committee is to determine whether or not a person is incapacitated and the level of incapacity of that person with respect to specific rights. Florida Guardianship law outline the qualifications and duties of the examining committee. The Chief Judge is responsible for selecting and compiling a list of qualified individuals to serve on the examining committee.

Individuals seeking to become a member of the Examining Committee must submit a completed application along with a resume of experience. Committee members must meet the qualification and training requirements provided by Florida Law.

APPLICANT INFORMATION **Date:**

Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Email Address:		Social Security #
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain?		

EDUCATION

High School		State	
From	To	Did you graduate?	Degree
College		State	
From	To	Did you graduate?	Degree
Other		State	
From	To	Did you graduate?	Degree
LICENSES HELD:			

PLEASE CHECK COUNTIES WHERE APPLICANT WILL ACCEPT COURT APPOINTMENTS

BAY ()	CALHOUN ()	GULF ()
HOLMES ()	JACKSON ()	WASHINGTON ()

QUALIFICATIONS

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Each examining committee consist of three members. One member must be a psychiatrist or other physician. The remaining members must be either a psychologist, gerontologist, another psychiatrist, or other physician, a registered nurse, nurse practitioner, licensed social worker, a person with an advanced degree in gerontology from an accredited institution of higher education, or other person who by knowledge, skill, experience, training, or education may, in the court's discretion, advise the court in the form of an expert opinion.

Please Check all qualifications that apply:

Physician/Psychiatrist ()

Licensed Psychologist ()

Gerontologist ()

Registered Nurse/Nurse Practitioner ()

Licensed Social Workers ()

Other person who by knowledge, skill, experience, training, or education may, in the court's discretion, advise the court in the form of an expert opinion () Please describe your knowledge, skill, experience, training, or education:

TRAINING

Members of the examining committee must complete a minimum of 4 hours of APPROVED initial training. The person must complete 2 hours of APPROVED **continuing education** during each 2-year period after the initial training. The Court accepts online-training courses offered by the Florida Guardianship Association at [http:// www.floridaguardians.com](http://www.floridaguardians.com) and other training approved by the Statewide Public Guardianship Office.

Please Check all that apply:

() I have completed the required training on _____ (date).

() I have not completed the four hours required training, but will complete training within three months and file a certificate of completion with the court.

() I will complete the required two training every two years as required by Florida law.

ACKNOWLEDGMENTS Please Check all that apply:

() I will notify the Chief Judge of any formal complaints filed with any professional licensing agency against me for any reason.

() I have/will familiarize myself with Florida Incapacity Statute 744.3201 & 744.331.

() I understand that I will be compensated as follows: \$400 per case for physicians/ psychiatrists and \$250 per case for other committee members.

() I am a person of good moral character

CERTIFICATION AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date

Approval

APPROVED on _____ 20_____ Chief Judge _____