

**FIFTEENTH JUDICIAL CIRCUIT’S APPLICATION TO PROVIDE MENTAL HEALTH SERVICES IN PROBATE/GUARDIANSHIP OR DEVELOPEMENTAL DISABILITIES COMMITTEE EVALUATIONS**

Please complete the following application to provide service as a Mental Health Expert for Probate/Guardianship or Developmental Disabilities Committee Member. This application must be completed in its entirety if you wish to be considered for appointment. **A resume must be included with this application.** Your resume should address your experience with conducting examinations of alleged developmentally disabled individuals.

**Applicant Information:**

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

Business Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Business#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Fax#: \_\_\_\_\_

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

**Please check off if you have completed the following requirements:** (NOTE: *Application cannot be considered until the following requirements have been fulfilled.*)

- I will notify the Chief Judge of the Fifteenth Judicial Circuit of any formal complaint filed against me 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 me.
- I have familiarized myself with Administrative Order No. 6.301 (as amended), and all other Fifteenth Circuit Court Administrative Orders concerning the Guardianship Examining Committee and/or Developmental Disabilities Examining Committee and agree to provide services in accordance with those Administrative Orders.
- I have completed the 4 hour initial training course as required by Florida Statute 744.331(3)(d) on the following date/location: \_\_\_\_\_  
\_\_\_\_\_ (NOTE: If you have not attended this class, please visit <http://www.floridaguardians.com/education/> If you have registered for the class, please provide proof of registration showing that it will be taken within 4 months of this application’s date. If you have completed the class, please provide Certificate of Completion.)

**Please check the following that apply:**

- SECTION A, GUARDIANSHIP COMMITTEE:** I am applying to provide service as a Guardianship Examining Committee Member \_\_\_\_\_  
Initials

**Check all that apply:**

- Florida Licensed Physician       Florida Licensed Psychiatrist       Florida Licensed Psychologist
- Florida Licensed Registered Nurse       Florida Licensed Nurse Practitioner       Gerontologist
- Person with a Ph.D. in relevant field: (please list relevant field : \_\_\_\_\_)

- Florida Licensed Master's Level Practitioner in relevant field approved by the Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling Board of the Florida Medical Quality Assurance Services (please list relevant field: \_\_\_\_\_)
- 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 resume. (Layperson) \_\_\_\_\_

**Please check the following that apply:**

- SECTION B, DEVELOPMENTAL DISABILITIES COMMITTEE:** I am applying to provide service as a Developmental Disabilities Committee Member \_\_\_\_\_  
Initials

**Check all that apply:**

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

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**For either Guardianship Committee or Developmental Disabilities Committee, check all that apply:**

- I will **NOT** accept Juvenile appointments.
- I will **NOT** accept emergencies.
- I will **NOT** evaluate at the jail.
- I am able to conduct examinations in the following additional languages: \_\_\_\_\_

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

**RETURN ALL PAGES OF THIS APPLICATION TO:**

Court Administration, Expert Witness Services  
Fifteenth Judicial Circuit  
205 North Dixie Highway, Suite 5.1709  
West Palm Beach, FL 33401