



Twentieth Judicial Circuit Registry of Expert Witnesses

Chief Judge's List of Qualified Persons to be Members of an Examining Committee



Personal Name: _____

Physical Address:

E-mail/Internet Address:

Phone/Fax/Mobile: _____

Entity Name/Tax ID: _____

I. Please read, complete, and initial the following:

 I am qualified under Fla. Stat. §744.331(3)(a) to serve as a member of a guardianship examining committee.

I have completed the minimum of 4 hours of initial training, as developed by the Statewide Public Guardianship Office.

I have attached an up-to-date and accurate curricula vitae, as specified in AOSC17-12.

I will complete 2 hours of continuing education during each 2-year period after the initial training.

I will only accept appointments to examine, and serve with, persons with which I have no relation or association.

I will submit reports within 15 days after appointment.

I will not accept appointments as a guardian for a person who was the subject of my examination.

II. Indicate your Qualification(s) and Locations that you Agree to be Appointed:	Lee	Collier	Charlotte	Hendry	Glades
1) Psychiatrist					
2) Other Physician					
3) Psychologist					
4) Gerontologist					
5) Registered Nurse					
6) Nurse Practitioner					
7) Licensed Social Worker					
8) Person with Advanced Degree in Gerontology					
9) Other Person Approved by the Court to Provide Expert Opinion					

III. Declaration:

I hereby apply to have my name placed on the List of Qualified Persons to be Members of an Examining Committee. I will accept appointments as set forth above, and I hereby declare that I meet the minimum qualifications for service as set forth under Fla. Stat. §744.331. I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me from service, and may be grounds for removal from the list at a later date. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

Signature

Date: _____

Professional License Number(s)

IV. Affidavit of Examining Committee Training

STATE OF FLORIDA
COUNTY OF

Before me, the undersigned authority, personally appeared _____ (“Affiant”),
who swore or affirmed that:

Pursuant to Section 744.331(3)(d) of the Florida Statutes, Affiant visually and aurally reviewed the education examining committee training recorded onto video/DVD as offered by the Administrative Office of the Courts for the Twentieth Judicial Circuit.

STATE OF FLORIDA
COUNTY OF _____

THE FORGOING INSTRUMENT was acknowledged before me personally appeared _____,
who is personally known to me _____ or has produced identification _____ (type of identification: _____).
Sworn to and subscribed before me on this _____ day of _____, 20____.

NOTARY PUBLIC

Submit original to: **Office of the Chief Judge**
1700 Monroe Street
Fort Myers, Florida 33901

And, Fax or E-mail copy to: Attn: Court Innovations -Fax: (239) 533-1796; E-mail: efishbeck@ca.cjis20.org