

APPLICATION FOR APPOINTMENT – Martin County Industrial Development Authority – Please Print

Check One: ☐ Mr. ☒ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

RECEIVED

By Donna Gordon at 12:40 pm, Sep 02, 2025

Name: Jodi W. Miller

Residence Address: 8340 SW Sundance Circle Stuart, FL 34997

Street - City - Zip Code

Mailing Address: _____

(if different)

Street - City - Zip Code

Commission District in which you reside: 4^{dg} Staff will complete.

 Are you a registered voter in Martin County? ☒ Yes ☐ No

Are you available year-round to attend meetings? ☒ yes ☐ no If **no**, what months **are** you available?

Telephone numbers: daytime: 407-810-0984 alternate: _____ alternate: _____

Area Codes are considered 772 unless you note otherwise.

EMAIL: jodiwhitten@hotmail.com

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred, been placed on probation, received a suspended sentence or forfeited bail in connection with any offense (except minor traffic violations)? Please show all convictions, including driving while intoxicated (DUI) convictions. ☐ yes ☒ no If yes, please provide the following information:

TYPE OF OFFENCES: _____

DATES: _____

PLACES (city/state): _____

SENTENCES OR FINES: _____

A conviction record does not necessarily disqualify you for consideration. Factors such as age at time of offense, nature of violation, and rehabilitation will be considered.

EDUCATION/EXPERIENCE: A resume is recommended to be attached containing this and any other information that would be helpful to the Board in evaluating your application. Resume or letter of qualifications attached? ☒ yes ☐ no

Education: Master of Science, Psychology and Counseling, Troy University 1999

Bachelor of Science, Psychology, UCF 1997

→ CONTINUED →

Employment Experience: Psychotherapist, Private Practice '09-present

Psychosocial Representative, Orlando Health '99-

Other experience you feel would be helpful to the Board in making this appointment: _____

Founding Member and current board member of The Enchanter Foundation

Community Experience and Affiliations: Volunteered for ORCA, Indian River wellness project.

Member of the Greater Stuart Area Panhellenic

Other County Boards/Committees/Task Forces on which you have served: _____

This opportunity would mark my first county
volunteer position

Do you or any member of your immediate family work for Martin County or do you or a company that you are an officer or employee of have an existing contract with Martin County? If yes, please explain:

No

REFERENCES: Please list two references:

Sharon Lippens, neighbor of 5 years 732-925-2622 Mary Kostick, friend and fellow resident 772-285-8586

- Applicant may be required by State Law and County Ordinance to file a Financial Disclosure Statement as part of the appointment process.
- Florida law prohibits an advisory board member from doing business with its agency (the County). Sections 112.313(3) and (7), Florida Statutes. However, upon full disclosure by the Applicant, the conflict may be waived at the discretion of the Board of County Commissioners by a supermajority vote. Section 112.313(12), Florida Statutes.

→ Signature:

Jodi W. Hall

Date: 8/25/25

Applications must be filed with Martin County Administration, 2401 SE Monterey Road, Stuart, Florida 34996 **by Friday, August 29**, 2025. All information submitted becomes public record. If you have any questions, please call (772) 221-1352 or send email to dgordon@martin.fl.us.

JODI W. MILLER

8340 SW Sundance Circle Stuart, FL 32771 · 407-810-0984

JodimillerLMHC@hotmail.com · www.linkedin.com/in/jodi-miller-2337819 · www.counselingassociatesoflakemary.co

LICENSURE LICENSED MENTAL HEALTH COUNSELOR

ACTIVE THROUGH MAY 2025

LICENSE NUMBER MH 7387

STATE OF FLORIDA

EDUCATION REVERSE CHRONOLOGY

DECEMBER 1999

MASTER OF SCIENCE, COUNSELING AND PSYCHOLOGY

TROY UNIVERSITY, (PREVIOUSLY TROY STATE UNIVERSITY,) ORLANDO, FL

MAY 1997

BACHELOR OF SCIENCE, PSYHOLOGY

EXPERIENCE REVERSE CHRONOLOGY

NOVEMBER 2018 – PRESENT

PSYCHOTHERAPIST, COUNSELING ASSOCIATES OF LAKE MARY

APRIL 2012 – NOVEMBER 2018

PSYCHOTHERAPIST, CENTER FOR PSYCHIATRY AND BEHAVIORAL HEALTH

AUGUST 2011 - APRIL 2012

PSYCHOTHERAPIST, OFFICE OF DR. VEDA VYAS, MD CHILD & ADULT PSYCHIATRY

MAY 2006 – JULY 2011

PSYCHOTHERAPIST, ORLANDO PSYCH GROUP

NOVEMBER 2003 – MARCH 2006

OUTPATIENT COUNSELOR, NEMOURS CHILDRENS CLINIC, DIVISION OF HEMATOLOGY AND ONCOLOGY

DECEMBER 2001 – MARCH 2006

OUTPATIENT COUNSELOR, NEMOURS CHILDRENS CLINIC, DIVISION OF BEHAVIORAL PEDIATRICS

DECEMBER 1999 – MAY 2006

PATIENT & FAMILY COUNSELOR, ARNOLD PALMER MEDICAL CENTER, ORLANDO HEALTH

MAY 1999 – DECEMBER 1999 UNITS: L&D; PEDIATRIC ONCOLOGY; PALLIATIVE; ACUTE AND PICU.

COUNSELOR INTERN, B.E.T.A SHELTER & SCHOOL FOR WOMEN AND CHILDREN

- Primarily Utilizing Cognitive Behavioral Therapy
- In-Network Provider for Multiple Insurance Plans
- Self-Insured with Malpractice Insurance
- Certified Clinical Trauma Professional
- Online Scheduling for Private Clients
- Bi-annual Continuing Education