

APPLICATION FOR APPOINTMENT – Martin County Health Facilities Authority – **Please Print**

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

RECEIVED

By Donna Gordon at 11:21 am, Mar 05, 2019

Name: Teena White

Incumbent

Residence Address: 2311 SW Essex Ct, Palm City, FL 34990

Street/City/Zip Code

Mailing Address: _____

(if different)

Street/City/Zip Code

Commission District in which you reside: 5 ^{5^{dg}} If left blank, Staff will complete.

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

Telephone numbers: 1st: 215-1625

alternate: _____

alternate: _____

Area Codes are considered 772 unless you note otherwise.

EMAIL: twhite@irsc.edu

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. The Martin County Board of County Commissioners retains the right to remove, at will, any appointee to a Board or Committee with or without cause.

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: Doctorate- University of Florida

Employment Experience: Indian River State College, VNA, Carehere, Martin Health Systems

→ CONTINUED →

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

Have served on the Martin County Health Facilities Authority since 2011 as Treasurer and currently
as the co-chair.

Community Experience and Affiliations: Martin County Healthy Start-Immediate Past President, Martin
County School Board Calendar Advisory Committee, Florida State Public Affairs Committee-Human Trafficking Chair

Other County Boards/Committees/Task Forces on which you have served: Martin County Health Facilities
Authority, Martin County Library Board of Trustees, Martin County Affordable Housing Advisory Committee

Do you or any member of your immediate family work for Martin County or hold a position that might
conflict with your duties for this Board/Committee/Task Force? If yes, please explain: No

REFERENCES: Please list two references:

Bob Makemson-631-5897

Marsha Makemson-631-5898

- Applicants may be required by State Law and County Ordinance to file a Financial Disclosure Statement as part of the appointment process.
- Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true. (Pursuant to Section 92.525 Florida Statutes, falsifying this application is a Third Degree Felony punishable by up to five years imprisonment and up to a \$5,000 fine.)
- Florida law prohibits an advisory board member from doing business with its agency (The County). Section 112.313(3) and (7), Fla. Stat.

→ Signature: Teena White DNP, ARNP

Date: 3/4/19

Applications must be filed with Martin County Administration, 2401 SE Monterey Road, Stuart, Florida 34996 **by Friday, March 8, 2019**. All information submitted becomes public record. If you have any questions, please call (772) 221-1352 or send email to dgordon@martin.fl.us.