



NICA Participant Application

Florida Birth-Related Neurological Injury Compensation Association

Complete this form in its entirety and return to the Florida Department of Financial Services (DFS)
Email address provided: Appointments@MyFloridaCFO.com

Or you may choose to print and mail to: Florida Department of Financial Services
Chief Financial Officer Jimmy Patronis
Attn: Internal Affairs
200 East Gaines Street
Tallahassee, Florida 32399-0301

Contact DFS at (850) 413-2850 with any questions or concerns.

Personal Information

- Name: _____ Gender: Male Female
- Have you ever been known by any other name? Yes No
 - If yes, give your other name(s) and explain: _____
- Spouse's Name: _____
- Email Address: _____
- Provide the email address you prefer correspondence, regarding this application, be sent:

- Describe yourself within one or more of the categories below. This information is requested pursuant to Section 760.80, Florida Statutes. Access the statute online: <https://www.flsenate.gov/Laws/Statutes/2019/760.80>
 AA: African American AI: Asian Indian Asian: Asian American C: Caucasian American
 H: Hispanic American N: Native American U: Unknown Physically Disabled
- Birth Date: _____ Birthplace (City, State, Zip): _____
- As of what date have you been a continuous resident of Florida? _____
- Are you a U.S. Citizen? Yes No Naturalized Citizen Date of Naturalization: _____
- Are you registered to vote in Florida? Yes No County of Registration: _____
- Party Affiliation: _____
- Are you or have you ever been a member of the armed forces of the United States? Yes No
- Dates of Service: _____ Branch or Component: _____
- Date and Type of Discharge: _____ Served in Combat? Yes No

Contact Information

- Residential Street Address: _____
- Residential City, State, Zip: _____
- Residential PO Box: _____
- Residential Phone: _____ Mobile: _____

- Business Street Address: _____
- Business City, State, Zip: _____
- Business PO Box: _____
- Business Phone: _____ Business Email: _____

NICA Participation

- List the number of years as a NICA participant: _____

Provide the requested information for your current and past employers within the last 5 years

- Employer 1: _____
- Employer Address: _____
- Type of Business: _____
- Occupation/Job Title: _____
- Dates of Employment: _____

- Employer 2: _____
- Employer Address: _____
- Type of Business: _____
- Occupation/Job Title: _____
- Dates of Employment: _____

- Employer 3: _____
- Employer Address: _____
- Type of Business: _____
- Occupation/Job Title: _____
- Dates of Employment: _____

- Employer 4: _____
- Employer Address: _____
- Type of Business: _____
- Occupation/Job Title: _____
- Dates of Employment: _____

- Employer 5: _____
- Employer Address: _____
- Type of Business: _____
- Occupation/Job Title: _____
- Dates of Employment: _____

Skills and Professional Experience

- List any of your skills and professional experience relevant to being appointed to the NICA Board of Directors:

Education

- High School: _____
- Postsecondary Institutions (Name & Location, Dates Attended, Certificate/Degree Earned): _____

Special Qualifications

- List any of your special qualifications you consider relevant to being appointed to a board, commission, council, or committee, including any type of licensure or certification you hold (Type/name of license/certificate number, granting agency, date granted): _____

- Names of civic, professional, or political organizations to which you belong (name of organization, office(s) held, membership start date): _____

- Give any additional information you consider relevant to your appointment to a board, commission, council, or committee: _____

Ethical Disclosure

- If required by law or administrative rule, will you file financial disclosure statements? Yes No
- Have you been a registered lobbyist, or have you lobbied, at any level of government at any time during the past four years? Yes No
 - If yes, other than reimbursements for expenses, please provide - Agency Lobbied, Principal(s) Represented, Date(s), Compensation Received: _____

- Have you or any business with which you are or have been affiliated as an owner, officer, or employee ever held any contractual dealings during the last four years with any state, district, or local governmental agency in Florida? Yes No
 - If yes, please provide - Business Name, Relationship to Business, Agency, Business' Relationship to Agency: _____

- Have members of your immediate family [spouse, child, parent(s), sibling(s)] or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four years with any state, district, or local governmental agency in Florida? Yes No
 - If yes, please provide - Business Name, Family Member's Relation to You, Family Member's Relation to Business, Agency, Business' Relation to Agency: _____

- Has probable cause ever been found that you were in violation of Part III, Chapter 12, Florida Statutes, or the Code of Ethics for Public Officers and Employees? Yes No
 - If yes, please provide - Date, Nature of Violation, Disposition: _____

- Have you ever been suspended from any office by the Governor of the State of Florida? Yes No
 - If yes, please provide - Title of Office, Date of Suspension, Reason for Suspension, Result (Reinstated/Removed): _____

- Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law or ordinance? (Exclude traffic violations for which a fine of \$150 or less was paid.) Yes No
 - If yes, please provide - Date, Place, Nature of Violation, Disposition: _____

• Have you ever been refused a fidelity, surety, performance, or other bond? Yes No

○ If yes, please provide - Type of Bond, Insurer of Bond, Date, Reason(s) Given: _____

• Do you know of any reason you would not be able to attend fully to the duties of the office or position to which you may be appointed? Yes No

○ If yes, please explain: _____

Public Service

• Are you currently or have you ever been elected to any public office in Florida? Yes No

○ If yes, please provide – Office Title, Date of Election, Term of Office, Level of Government: _____

• Have you ever been appointed to a public office in Florida? Yes No

○ If yes, please provide – Office Title, Date of Appointment, Term of Office, Level of Government: _____

○ If your service was on an appointed board, commission, council, or committee, how frequently were meetings scheduled? _____

• Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes No

○ If yes, please provide – Office Title, Term of Appointment, Result of Confirmation: _____

• Have you ever been employed by any state, district, or local government agency in Florida? Yes No

○ If yes, please provide – Position, Employing Agency, Dates of Employment: _____

References

• **Reference 1:**

- **Name:** _____
- **Address:** _____
- **Phone:** _____

• **Reference 2:**

- **Name:** _____
- **Address:** _____
- **Phone:** _____

• **Reference 3:**

- **Name:** _____
- **Address:** _____
- **Phone:** _____

• **Do you certify that the above statements are true?** Yes No

• **Do you authorize DFS to verify the information given?** Yes No

• **If selected for appointment, do you agree to voluntarily submit your Social Security Number, and your Driver's License Number?**

Yes No

Applicant's Signature: _____ **Date:** _____