

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT of 2

<p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 606-5300 or by e-mail at CobleC@leoncountyfl.gov Applications will be discarded if no appointment is made after two years.</p>			
Name: Lawrence D. "Dan" Kaelin, M.D.		Date: 1-31-11	
Home Phone: 668-5681	Work Phone: 877-8539	Email: lkaelin@vsaf.com	
Occupation: Vascular Surgeon	Employer: Vascular Surgery Associates		
Please check box for preferred mailing address.			
<input checked="" type="checkbox"/> Work Address: 2631 Centennial Blvd. Suite 100			
City/State/Zip: Tallahassee, FL 32308			
<input type="checkbox"/> Home Address: 3304 Charleston Road			
City/State/Zip: Tallahassee, FL 32309			
Do you live in Leon County? <input checked="" type="checkbox"/> Yes No If yes, do you live within the City limits? <input checked="" type="checkbox"/> Yes No			
Do you own property in Leon County? <input checked="" type="checkbox"/> Yes No If yes, is it located within the City limits? <input checked="" type="checkbox"/> Yes No			
For how many years have you lived in and/or owned property in Leon County? <u>16</u> years			
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference			
1st Choice: <u>Community Health Coordinating Committee</u> 2nd Choice: _____			
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:			
Culture and Arts <input type="checkbox"/> Environmental/ Growth Management <input type="checkbox"/> Health Care <input checked="" type="checkbox"/> Human Relations <input type="checkbox"/>			
Human Services <input type="checkbox"/> Housing <input type="checkbox"/> Library Services <input type="checkbox"/>			
Other Areas _____			
Have you served on any previous Leon County committees? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If Yes, on what Committee(s) have you served? _____			
How many days per month would you be willing to commit for Committee work? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more			
And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more			
What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Early in the Day <input type="checkbox"/> Night			
(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals.			
Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Age: <u>51</u> Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
District _____			
Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 606-5300 or e-mail at CobleC@leoncountyfl.gov			

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

Please see Resume. I am a physician in practice, actively involved in the Capital Medical Society and the medical community in general. I have a strong interest in moving our medical community forward, in terms of transition to electronic medical records and community wide connectivity. I am also well aware of access to care issues. I volunteer in the "We Care Network".

References (you must provide at least one personal reference who is not a family member):

Name: Karen Wendland Telephone: 877-9018
 Address: 1204 Miccosukee Rd. Tallahassee, Fl 32308

Name: Matt Gilbert Telephone: 878-2494
 Address: 160 Patale Dr. Tallahassee, Fl 32308

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE FOLLOWING QUESTIONS, YOU MUST COMPLETE THE ORIENTATION PUBLICATION www.leoncountyfl.gov/bcc/committees/training.asp BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

- Have you completed the Orientation? Yes No
- Are you willing to complete a financial disclosure form and/or a background check, if applicable? Yes No
- Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? Yes No If yes, from whom? _____
- Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? Yes No
- Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? Yes No If yes, please explain _____
- Do you or your employer, or your spouse or child or their employers, do business with Leon County? Yes No If yes, please explain Services to Leon County EMS through Big Bend Health
- Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? Yes No If yes, please explain _____

All statements and information provided in this application are true to the best of my knowledge.

Signature: _____