ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

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.

Name: Alma B. Littles, M.D. | Date: 12/3/2010

Home Phone:(850) 627-1121 | Work Phone:(850) 644-5905 | Email: alma.littles@med.fsu.edu

Occupation: Senior Associate Dean for Medical Education and Academic Affairs | Employer: The Florida State University College of Medicine

Please check box for preferred mailing address.

☒ Work Address: 1115 West Call Street
Tallahassee, FL 32306-4300

City/State/Zip:

☐ Home Address

City/State/Zip:

Do you live in Leon County? ☐Yes ☒ No If yes, do you live within the City limits? ☐Yes ☐ No
Do you own property in Leon County? ☐Yes ☒ No If yes, is it located within the City limits? ☐Yes ☐ No

For how many years have you lived in and/or owned property in Leon County? _____ years

Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference

1st Choice: Community Health Coordinating Committee 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 ___ Environmental/ Growth Management ___ Health Care ___ Human Relations ___
Human Services ___ Housing __ Library Services __
Other Areas _____

Have you served on any previous Leon County committees? ☒Yes ☐ No

If Yes, on what Committee(s) have you served? HealthCare Advisory Board

How many days per month would you be willing to commit for Committee work? ☒ 1 ☐ 2 to 3 ☐ 4 or more
And for how many months would you be willing to commit that amount of time? ☐ 2 ☐ 3 to 5 ☒ 6 or more
What time of day would be best for you to attend Committee meetings? ☐ Day ☒ 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: ☐ Caucasian ☒ African American ☐ Hispanic ☐ Asian ☐ Other
Sex: ☐ Male ☒ Female Age: 50 Disabled? ☐ Yes ☒ 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 attached CV.

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

Name: Dr. Daniel Van Durme Telephone: (850) 645-1539

Address: 1115 West Call Street, Tallahassee, FL 32306-4300

Name: Dr. Curtis Stine Telephone: (850) 644-0523

Address: 1115 West Call Street, Tallahassee, FL 32306-4300

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 Neighborhood Health System and FSU College of Medicine Affiliations
Do you or your employer, or your spouse or child or their employers, do business with Leon County? ☒ Yes ☐ No
If yes, please explain FSU and Leon County
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: [signature]

Please return Application
by mail: Christine Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, FL 32301

by email: coblec@leoncountyfl.gov