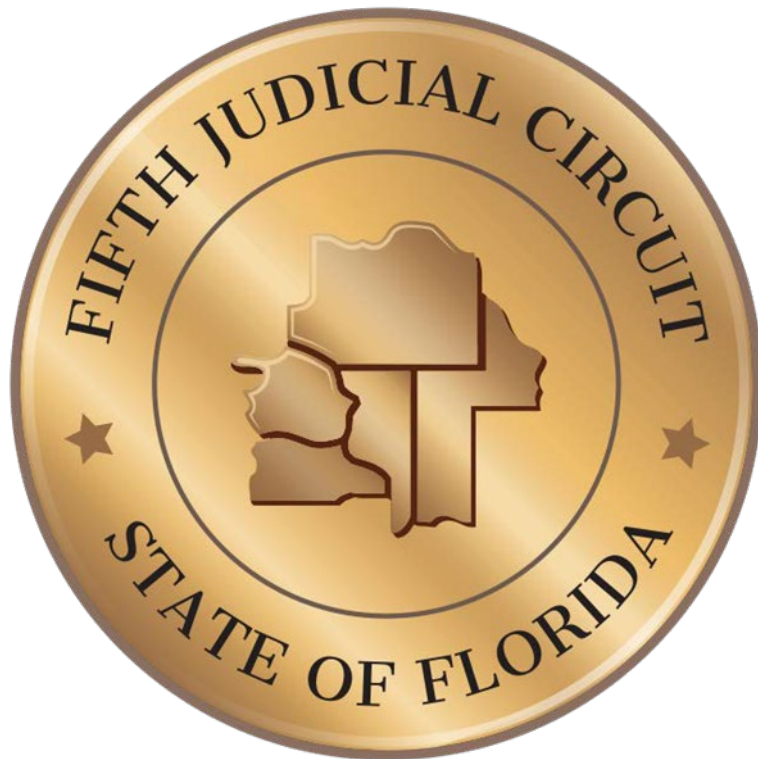
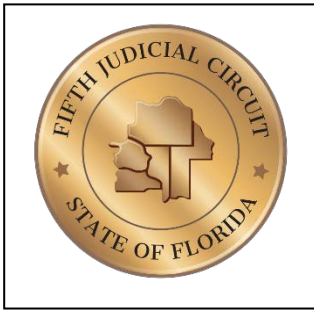


**FIFTH JUDICIAL CIRCUIT OF FLORIDA
APPLICATION FOR INCLUSION IN THE
FIFTH JUDICIAL CIRCUIT ELDERCARING
COORDINATOR REGISTRY**



FIFTH JUDICIAL CIRCUIT OF FLORIDA APPLICATION FOR INCLUSION IN THE FIFTH JUDICIAL CIRCUIT ELDERCARE COORDINATOR REGISTRY



**INSTRUCTIONS: ANSWER ALL QUESTIONS
ACCURATELY, USING DARK INK. PLEASE PRINT
CLEARLY OR TYPE.**

DATE _____

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE _____
(Home) (Work) (Cellular)

EMAIL ADDRESS _____ DATE OF BIRTH _____
(Month) (Day) (Year)

OCCUPATIONAL/PROFESSIONAL LICENSES OR CERTIFICATIONS:

FLORIDA MEDIATOR CERTIFICATION NUMBER: _____

DATE OBTAINED _____ RENEWAL DATE _____

OTHER PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATIONS:

TYPE _____



CRIMINAL HISTORY:

ANSWERING YES TO ANY OF THE FOLLOWING QUESTIONS WILL NOT NECESSARILY DISQUALIFY YOU FROM BEING ADDED TO THE ELDERCARE COORDINATOR REGISTRY OF THE FIFTH CIRCUIT. EACH CASE IS CONSIDERED INDIVIDUALLY. YOU MAY USE ADDITIONAL SPACE ON THE REVERSE OF THIS APPLICATION TO COMPLETE YOUR EXPLANATIONS.

ALL ELDERCARE COORDINATORS MUST PASS A LEVEL-TWO FINGERPRINT BASED BACKGROUND CHECK

HAVE YOU EVER BEEN ARRESTED FOR A FELONY OR A MISDEMEANOR INVOLVING MORAL TURPITUDE?

_____ YES _____ NO

IF YES, PLEASE LIST ANY OFFENSE FOR WHICH YOU HAVE BEEN CONVICTED OR ADJUDICATION WAS WITHHELD, OR ANY CHARGE AGAINST YOU CURRENTLY:

OFFENSE _____ DATE _____

COUNTY _____ STATE _____

OFFENSE _____ DATE _____

COUNTY _____ STATE _____

DISCLOSURE OF POSSIBLE CONFLICTS:

TO THE BEST OF YOUR KNOWLEDGE ARE YOU OR ANY OF YOUR FAMILY MEMBERS NOW INVOLVED AS A PARTY, A WITNESS, OR THROUGH ANY OTHER CONNECTION WITH ANY SUIT OR LITIGATION BEFORE ANY COURTS OF THE FIFTH JUDICIAL CIRCUIT?

_____ YES _____ NO

IF YES, PLEASE EXPLAIN:



STATUTORY REQUIREMENTS:

I CERTIFY THAT I MEET AT LEAST ONE OF THE FOLLOWING PROFESSIONAL REQUIREMENTS: *(Place initials in the space provided for all that apply)*

- ___ I AM A LICENSED AS A MENTAL HEALTH PROFESSIONAL UNDER CHAPTER 491 OF THE FLORIDA STATUTES AND HOLD AT LEAST A MASTER’S DEGREE IN THE PROFESSIONAL FIELD OF PRACTICE;
- ___ I AM A LICENSED AS A PSYCHOLOGIST UNDER CHAPTER 490 OF THE FLORIDA STATUTES;
- ___ I AM A LICENSED AS A PHYSICIAN UNDER CHAPTER 458 OR CHAPTER 459 OF THE FLORIDA STATUTES;
- ___ I AM A LICENSED AS A NURSE UNDER CHAPTER 464 AND HOLD AT LEAST A MASTER’S DEGREE;
- ___ I AM CERTIFIED BY THE FLORIDA SUPREME COURT AS A FAMILY MEDIATOR AND HOLD AT LEAST A MASTER’S DEGREE;
- ___ I AM A MEMBER IN GOOD STANDING OF THE FLORIDA BAR; OR
- ___ I AM A PROFESSIONAL GUARDIAN AS DEFINED IN S. 744.102(17) OF THE FLORIDA STATUTES AND HOLD AT LEAST A MASTER’S DEGREE.

I CERTIFY THAT I HAVE COMPLETED ALL OF THE FOLLOWING: *(Signify by placing initials in the space provided)*

- ___ THREE YEARS OF POST-LICENSURE OR POST-CERTIFICATION PRACTICE;
- ___ A FAMILY MEDIATION TRAINING PROGRAM CERTIFIED BY THE FLORIDA SUPREME COURT; AND
- ___ AN ELDERCARE COORDINATOR TRAINING PROGRAM CERTIFIED BY THE FLORIDA SUPREME COURT.

THE TRAINING MUST TOTAL AT LEAST 44 HOURS AND MUST INCLUDE ADVANCED TACTICS FOR DISPUTE RESOLUTION OF ISSUES RELATED TO AGING, ILLNESS, INCAPACITY, OR OTHER VULNERABILITIES ASSOCIATED WITH ELDER, GUARDIANSHIP, AND INCAPACITY LAW AND PROCEDURES AND LESS RESTRICTIVE ALTERNATIVES TO GUARDIANSHIP; PHASES OF ELDERCARE COORDINATION AND THE ROLE AND FUNCTIONS OF AN ELDERCARE COORDINATOR; THE ELDER’S ROLE WITHIN ELDERCARE COORDINATION; FAMILY DYNAMICS RELATED TO ELDERCARE COORDINATION; ELDERCARE COORDINATION SKILLS AND TECHNIQUES; MULTICULTURAL COMPETENCE AND ITS USE IN ELDERCARE COORDINATION; AT LEAST 6 HOURS OF THE IMPLICATIONS OF ELDER ABUSE, NEGLECT, AND EXPLOITATION AND OTHER SAFETY ISSUES PERTINENT TO THE TRAINING; AT LEAST 4 HOURS OF ETHICAL CONSIDERATIONS PERTAINING TO THE TRAINING; USE OF TECHNOLOGY WITHIN ELDERCARE COORDINATION; AND COURT-SPECIFIC ELDERCARE COORDINATION PROCEDURES.

PENDING CERTIFICATION OF A TRAINING PROGRAM BY THE FLORIDA SUPREME COURT, THE ELDERCARE COORDINATOR MUST DOCUMENT COMPLETION OF TRAINING THAT SATISFIES THE HOURS AND THE ELEMENTS PRESCRIBED IN THIS SUB-SUBPARAGRAPH.



BACKGROUND: *(Signify by placing your initials in the space provided)*

____ I HAVE NOT BEEN A RESPONDENT IN A FINAL ORDER GRANTING AN INJUNCTION FOR PROTECTION AGAINST DOMESTIC, DATING, SEXUAL, OR REPEAT VIOLENCE OR STALKING OR EXPLOITATION OF AN ELDER OR A DISABLED PERSON.

____ I UNDERSTAND I MUST SUCCESSFULLY COMPLETE A LEVEL 2 BACKGROUND SCREENING AS PROVIDED IN S. 435.04(2) AND (3) UNLESS I AM EXEMPT FROM DISQUALIFICATION UNDER S. 435.07. I WILL SUBMIT A FULL SET OF FINGERPRINTS TO THE COURT OR TO A VENDOR, ENTITY, OR AGENCY AUTHORIZED BY S. 943.053(13).

ADDITIONAL QUALIFICATIONS:

____ I UNDERSTAND THERE MAY BE ADDITIONAL QUALIFICATIONS THE COURT MAY REQUIRE TO ADDRESS ISSUES SPECIFIC TO THE PARTIES.

____ I UNDERSTAND I HAVE AN AFFIRMATIVE DUTY TO COMMUNICATE WITH THE CIRCUIT INCLUDING NOTIFICATION OF AN INTENT TO NO LONGER ACCEPT ELDER CARE COORDINATOR APPOINTMENT

ATTESTATION:

I SWEAR/AFFIRM THE INFORMATION SUPPLIED ON THIS APPLICATION AND ALL DOCUMENTS PROVIDED IS CORRECT.

I UNDERSTAND I MUST NOTIFY THE FIFTH JUDICIAL CIRCUIT IN WRITING WITHIN THIRTY (30) DAYS OF ANY CHANGE IN MY CONTACT INFORMATION, LEGAL NAME CHANGE, CHANGE IN FEES, ANY CRIMINAL CONVICTION, ADJUDICATION, WITHHOLDING OF CONVICTION OR ADJUDICATION, OR ANY CHANGE IN THE STATUS OF A PROFESSIONAL LICENSE OR CERTIFICATION WHICH I CURRENTLY HOLD.

I _____ hereby certify to the veracity of the information
[Print Name]
contained in this application this _____ day of _____, 2021.

[Applicant Signature]

EMAIL APPLICATION:
MARYANN AIYER
ALTERNATIVE DISPUTE RESOLUTION
550 W. MAIN STREET, TAVARES, FL 32778
EMAIL: MAIYER@CIRCUIT5.ORG

