

**ELDERCARING COORDINATOR APPLICATION  
FOR THE FIFTH JUDICIAL CIRCUIT, FLORIDA**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**I. QUALIFICATIONS**

PROFESSIONAL REQUIREMENTS. Check all that apply and insert licensure or certification number(s) and attach verification.

- Licensed as a mental health professional under Chapter 491 and hold at least a master's degree in the professional field of practice # \_\_\_\_\_
- Licensed as a psychologist under Chapter 490 # \_\_\_\_\_
- Licensed as a physician under Chapter 458 or Chapter 459 # \_\_\_\_\_
- Licensed as a nurse under Chapter 464 and hold at least a master's degree # \_\_\_\_\_
- Certified by the Florida Supreme Court as a family mediator and hold at least a master's degree # \_\_\_\_\_
- Member in good standing of The Florida Bar # \_\_\_\_\_
- Professional guardian as defined in section 744.102(17), Florida Statutes, and hold at least a master's degree # \_\_\_\_\_

ELDERCARING COORDINATOR REQUIREMENTS. Check all successfully completed.

- Three years post licensure or post certification practice in any one of the professions listed above.
- Family mediation training certified by the Florida Supreme Court.

Training Provider: \_\_\_\_\_ Date: \_\_\_\_\_

- Eldercaring coordinator training program certified by the Florida Supreme Court.

Training Provider: \_\_\_\_\_ Date: \_\_\_\_\_

- A minimum of 44 hours of training including advanced tactics for dispute resolution of issues related to aging, illness, incapacity, or other vulnerabilities associated with elders, as well as elder, guardianship, and incapacity law and procedures and less restrictive alternatives to guardianship; phases of eldercaring coordination and the role and functions of an eldercaring coordinator; the elder's role within eldercaring coordination; family dynamics related to eldercaring coordination; eldercaring coordination skills and techniques; multicultural competence and its use in eldercaring coordination; at least six hours of the implications of elder abuse, neglect, and exploitation and other safety issues pertinent to the training; at least four hours of ethical considerations pertaining to the training; use of technology within eldercaring coordination; and court-specific eldercaring coordination procedures.

Training Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Training Provider: \_\_\_\_\_ Date: \_\_\_\_\_

## **II. CRIMINAL HISTORY & DISQUALIFICATION**

- (a) Have you ever been convicted of, pled guilty, or pled no contest, regardless of whether adjudication of guilt or imposition of sentence was suspended, deferred, or withheld in relation to any of the following (include traffic crimes, such as DUI, reckless driving, or driving without a valid license, but do not include traffic infractions such as excessive speed):

(1) a felony, misdemeanor of the first degree, or a misdemeanor of the second-degree involving dishonesty or false statement;  Yes  No

(2) a conviction of a similar offense described in question (a)(1) that includes a conviction by a federal, military, or tribal tribunal, including courts-martial conducted by the Armed Forces of the United States;  Yes  No

(3) a conviction of a similar offense described in question (a)(1) that includes a conviction or entry of a plea of guilty or no contest resulting in a sanction in any jurisdiction of the United States or any foreign jurisdiction. A sanction includes, but is not limited to, a fine, incarceration in a state prison, federal prison, private correctional facility, or local detention facility; or  Yes  No

(4) a conviction of a similar offense described in question (a)(1) of a municipal or county ordinance in this or any other state.  Yes  No

(b) Have you ever 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 in this or any other state?  Yes  No

(c) Are you currently NOT in good standing or in clear and active status with any professional licensing authority or certification board to which you are subject?  Yes  No

(d) Have you ever been removed as an eldercaring coordinator based upon disqualification or upon a finding of good cause shown?  Yes  No

If you answered yes to any of the questions, you must provide the following information:

- (1) Copies of all documentation related to the case and its resolution;
- (2) A statement, sworn to be truthful, as to the circumstances surrounding the incident(s);
- (3) A statement describing and a copy of the order, if currently on probation;
- (4) Any effort at rehabilitation; and
- (5) Any other information you believe would be useful in reviewing your application.

### **III. DECLARATIONS**

- I have read and am familiar with section 44.407, Florida Statutes.
- I have read and am familiar with the Florida Guardianship Law (Chapter 744, Florida Statutes) and the Florida Probate Rules, Part III – Guardianship, relevant to eldercaring coordination.
- I have read and am familiar with section 415.1034, Florida Statutes – Mandatory reporting of abuse, neglect, or exploitation of vulnerable adults; mandatory reports of death.
- I have read and am familiar with all statewide forms pertaining to eldercaring coordination.
- I have read and am familiar with the local forms, rules, and procedures used in the circuit I am applying to pertaining to eldercaring coordination.
- I will comply with Americans with Disabilities Act, the Civil Rights Act of 1964, as amended, and any other federal or state law that prohibits discrimination.

### **IV. SUPPORTING DOCUMENTATION CHECK LIST**

Please attach the required documentation and indicate that you have done so.

- 1. Your current professional license(s) and/or proof of Florida Supreme Court family mediator certification;
- 2. If applicable, verification of your master's degree;
- 3. Proof of completion of family mediation training or current Florida Supreme Court certification as a family mediator;
- 4. Proof of completion of 44 hours of eldercaring coordinator training; and
- 5. Documentation of criminal history, if any.
- 6. Any other information that you feel might be relevant when you are considered for appointment to a particular case. This might include a brief description of special training or experience that might enhance your performance as an eldercaring coordinator.

**V. ATTESTATION**

I, \_\_\_\_\_, swear and affirm all of the following: that the information supplied on this application and all documents provided are correct; that to the best of my knowledge, I qualify as an eldercaring coordinator as defined in section 44.407, Florida Statutes; and that I will notify, in writing, the chief judge for this judicial circuit, or designee(s), of the following within 30 days of any of the following events: a) address change; b) legal name change; c) change in fees; d) any criminal conviction; e) disqualifying event under section 44.407(6), Florida Statutes, or f) change in the status of any professional license or certification I currently hold.

I understand that any omissions, falsifications, misstatements, or misrepresentations of the information provided in this application, or in information required to be subsequently provided, may be grounds for disqualification or dismissal. My signature reflects my understanding that I am signing this document under oath under penalty of perjury.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**VI. AUTHORIZATION TO INVESTIGATE AND RELEASE OF INFORMATION**

I, \_\_\_\_\_ (name) authorize the above-named court to conduct a criminal history and background investigation on me. I authorize the release of information and/or documents to this court from the Florida Department of Children and Families/Adult Protective Services; the Florida Department of Law Enforcement; any city, county, state and/or federal law enforcement agencies; any school; and any other entity. I release this court from any and all liability and expense associated with this investigation or release of information and/or documents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**INFORMATIONAL ITEMS**

*The information provided in these items will be used for referral or appointment purposes only and will not be used in the process to determine qualification.*

**A. EXPERIENCE**

COURT APPOINTMENT.

List all judicial circuits in which you are on the roster of qualified eldercaring coordinators: \_\_\_\_\_

ADDITIONAL TRAINING.

Describe any additional training relevant to your services as an eldercaring coordinator: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROFESSIONAL EXPERIENCE.

Present Employment: \_\_\_\_\_

Describe your areas of practice or specialty: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your alternative dispute resolution experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any other professional experience you have that is pertinent to your ability as an eldercaring coordinator, (e.g., work with elders and/or families, parenting coordination): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detail any additional expertise and training that will enhance your ability to address specific issues as an eldercaring coordinator (e.g., elder abuse and exploitation, domestic violence, substance abuse, capacity issues, medical issues related to aging, legal issues, financial issues, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List languages in which you are fluent other than English: \_\_\_\_\_

**B. LOCATION AND LIMITATION**

LOCATION. List any additional office locations where you can provide eldercaring coordination services. \_\_\_\_\_

LIMITATION.

Yes  No Are you willing to work on cases with an active domestic violence injunction or a stay away order?

Yes  No Are you willing to work on cases via audio or audio-visual communication technology for parties who cannot attend meetings in-person?

Yes  No Are you willing to work in a setting other than your office, including the elder’s home or care facility?

State any locations in this circuit in which you are not willing to provide eldercaring coordination services: \_\_\_\_\_

**C. FEE STRUCTURE**

List your hourly rate of compensation as an eldercaring coordinator: \$\_\_\_\_\_

Yes  No Do you charge a retainer fee? If so, state the amount \$\_\_\_\_\_

Yes  No Are you willing to accept pro bono or sliding fee appointments? If so, specify the conditions: \_\_\_\_\_

**THIS COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION MUST BE DELIVERED TO:**

**Chief Judge or designee(s)**

**Fifth Judicial Circuit**

**Stephanie Figueroa, ADR Director,**

**sfigueroa@circuit5.org**

\_\_\_\_\_

# Fifth Judicial Circuit

EMPLOYMENT BACKGROUND CHECK USE ONLY  
REQUEST FOR FINGERPRINTING SERVICES

**NAME:**

Last	First	Middle

**ALIAS NAME(S):**

Nickname and/or Maiden Name(s)		

**PERSONAL INFORMATION:**

Social Security Number	Date of Birth	State of Birth

**CITIZENSHIP:**

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**REASON FOR PRINTS:**

<input type="radio"/> Employee	<input type="radio"/> Contractor	<input type="radio"/> Interpreter	<input type="radio"/> Process Server
<input type="radio"/> Mediator	<input type="radio"/> Intern	<input type="radio"/> Other _____	

**ADDRESS:**

Street Name	PO Box Number

City	State	Zip Code

**PERSONAL IDENTIFIERS:**

<input type="radio"/> MALE	<input type="radio"/> FEMALE	<input type="radio"/> White (non-Hispanic)	<input type="radio"/> Black (non-Hispanic)	<input type="radio"/> Hispanic
		<input type="radio"/> Asian or Pacific Islander	<input type="radio"/> Native American	<input type="radio"/> Other (specify) _____

Sex

Race

<input type="radio"/> Blue	<input type="radio"/> Brown	<input type="radio"/> Gray	<input type="radio"/> Black	<input type="radio"/> Blonde	<input type="radio"/> Brown	<input type="radio"/> Sandy
<input type="radio"/> Green	<input type="radio"/> Hazel		<input type="radio"/> Red/Auburn	<input type="radio"/> Gray	<input type="radio"/> White	<input type="radio"/> Bald

Eye Color

Hair

Height	Weight

ORI  
FL O35015J

**PHONE NUMBER(S):**

Home	Work	Other

\*\*\*\*\*CIRCUIT 5 USE ONLY\*\*\*\*\*

DATE:  FDLE/FBI#  Hotfile#:

Member providing service: \_\_\_\_\_ Contact #: \_\_\_\_\_