



The Children's Trust of Alachua County Application

Name: Dr. Lisa J Denning Tate

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City: Newberry State: FL Zip: 32669

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Section 1 – General Information

List all your places of residence for the last ten (10) years:

Address	City & State	Dates: From / To
25363 NW 1st Ave	Newberry, FL 32669	06/2014-Present
13390 NE 17th Ct.	Trenton, FL 32693	07/2009-06/2014

List all your former and current residences outside of Florida that you have maintained at any time during adulthood:

Address	City & State	Dates: From / To
702 Yorkshire Ct Washington, IL		06/1994-07/2009

Have you ever been convicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150.00 or less was paid.)

Yes No

If "Yes" give details:

Date	Place	Nature	Disposition

Section 2 – Education and Background

High School: Western High School Buda, IL Year Graduated: 1980
(Name) (Location)

List all postsecondary education institutions attended:

Name	Dates	Degree Received	Major Field of Study
Blackhawk College	08/1979-05-1981	ADN	Nursing
University of St. Francis	1991-1993	BA-HCA	Health Care Admin.
University of St. Francis	199-1995	MS HSA	Health Services Admin
University of St. Francis	1992-1995	MBA	Business Admin.
DMH/Bradley University	2004-2009	MSN-Anesthesia	Nursing Anesthesiology
Florida International Univ.	2013-2015	DNP	Anesthesiology

Are you or have you ever been a member of the armed forces of the United States? Yes No

If "Yes" list:

Dates of service: _____

Branch or component: _____

Date & type of discharge: _____

Concerning your current employer and for all of your employment during the last ten years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

Employer's Name & Location	Type of Business	Occupation Title	Period
Veterans Administration Gainesville FL	Hospital	CRNA	02/2016-Current
North FI Reg Hospital	Hospital	CRNA	06/2010-02-2016

Have you ever been employed by any state, district, or local governmental agency in Florida?

Yes No

If yes, identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

Position	Employing Agency	Period of Employment
CRNA	Veterans Administration	02/2016-Current

Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes No

If "Yes", please list:

Currently CRNA at Malcolm Randall VA in Gainesville FL

Have you ever been elected or appointed to any public office in this state? Yes No

If "Yes", state the office title, dates in office, level of government (city, county, district, state, federal), and whether you were elected or appointed (if appointed, by whom):

Office Title	Dates in Office	Level of Government	Election or Appointment

If your service was on an appointed board(s), committee(s), or council(s):

- (1) How frequently were meetings scheduled: _____
- (2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reason(s) for your absence(s).

Meetings Attended	Meetings Missed	Reason for Absence
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Has probable cause ever been found that you were in violation of the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.? Yes No

If "Yes", give details:

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", list:

Title of Office: _____ Reason for Suspension: _____

Date of Suspension: _____ Result: Reinstated ___ Removed ___ Resigned ___

Have you previously been appointed to any office that required confirmation by the Florida Senate?

Yes No

If "Yes", list:

(1) Title of Office: _____

(2) Term of Appointment: _____

(3) Confirmation Result: _____

Have you ever been refused a fidelity, surety, performance, or other bond?

Yes

No

If "Yes", explain:

License/Certificate	Title/Number	Date Issued	Issuing Authority	Disciplinary Action/Date

Do you affirm that your personal and business (if applicable) affairs within Alachua County are in substantial compliance with all county regulatory and taxing authorities' rules and regulations?

Yes

No

Section 3 – References and Experience

State your experiences and interests or elements of your personal history that qualify you for this appointment:

Please list specifically any degree(s), professional certification(s), or designation(s) related to the subject matter of this appointment:

Please list any awards or recognitions you have received relating to the subject matter of this appointment:

Please identify all association memberships and offices (including any business, professional, occupational, civic or fraternal organizations) you have held or hold relating in the last 10 years.

Name of the Association **Role** **Dates of Membership**

Are you currently serving or have you ever served on an Alachua County Advisory Board?

Yes No

If "Yes", please list board(s):

Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you seek appointment? Yes No

If "Yes", explain:

List three persons who have known you well within the past five (5) years. Include a current telephone number. Exclude your relatives.

Name	Organization	Phone Number
Marihelen Wheeler	Alachua County Commission	352-339-1113
Jordan Marlowe	Newberry Mayor	352-339-4670
Mark Clark	City of Newberry Commissioner	352-317-3482

If "Yes", explain:

Name of Business Relationship to You Relationship to Business Business Relationship to Agency

Have you ever had a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? **Yes** **No**

(1) Did you receive any compensation other than reimbursement expenses? **Yes** **No**

(2) Name of agency or entity you lobbied and the principal(s) you represented:

Agency Lobbied

Principal Represented

If you agree, please type or write your initials for each of the following statements:

(1) If appointed, I agree to follow, as applicable to the position, Florida's public records and open meeting laws.

Yes **No**

(2) If appointed, I agree to follow, as applicable to the position, the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.

Yes **No**

(3) I affirm that my personal and business (if applicable) affairs within Alachua County are in substantial compliance with all county regulatory and taxing authorities' rules and regulations.

Yes **No**

Optional: Check the Race/Ethnic Group with which you identify:

(This information helps us provide diversity on our advisory boards.)

<input type="checkbox"/>	African American	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Bi-Racial / Multi-Racial	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Native American	<input type="checkbox"/>	Pacific Islander	<input checked="" type="checkbox"/>	White	<input type="checkbox"/>	Other

I understand that this completed application is the property of Alachua County and I hereby certify that the statements made on this application are true and correct (must be read and checked).

To complete the application, download and save it to your computer, then complete the application and save it again. Once it is complete submit it by email to ttonkavich@alachuacounty.us or fax at 352-264-6703.