

**FIFTEENTH JUDICIAL CIRCUIT'S APPLICATION TO PROVIDE MENTAL HEALTH SERVICES  
FOR ADULT AND JUVENILE COMPETENCY EVALUATIONS**

Please complete the following application to provide service as a Mental Health Expert for competency evaluations. This application must be completed in its entirety if you wish to be considered for appointment. **A resume must be included with this application.** Your resume should address your experience with conducting examinations for competence to proceed.

**Applicant Information:**

Name: \_\_\_\_\_ Florida Department of Health License#: \_\_\_\_\_

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

\_\_\_\_\_  
(City) (State) (Zip Code)

Business#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please check off if you have completed the following requirements:** (NOTE: *Application cannot be considered until the following requirements have been fulfilled.*)

- I will notify the Chief Judge of the Fifteenth Judicial Circuit of any formal complaint filed against me by the Florida Department of Health or any other medical licensing authority, and of any non-confidential consent agreements entered into between the licensing authority and me.
- I have familiarized myself with Administrative Order No. 2.601 (as amended), and all other Fifteenth Circuit Court Administrative Orders concerning Experts and agree to provide services in accordance with those Administrative Orders.

**Please check the following that apply:**

- Florida Licensed Physician                       Florida Licensed Psychiatrist                       Florida Licensed Psychologist
- I have completed the approved Department of Children and Families Forensic Evaluator training (Florida Statute 916.111 and 916.115) on the following date/location: \_\_\_\_\_  
\_\_\_\_\_  
(NOTE: If you have not attended this class, please visit <http://mhlp.fmhi.usf.edu/training/> for information on upcoming trainings. If you have registered for the class, please provide proof of registration. If you have completed the class, please provide Certificate of Completion.)
- I am qualified to perform a malingering examination.
- I am a neuropsychologist or have expertise in brain disorders.
- I will **NOT** accept Juvenile appointments.
- I will **NOT** accept emergencies.
- I will **NOT** evaluate at the jail.
- I am able to conduct evaluations in the following additional languages: \_\_\_\_\_
- I will travel to Belle Glade to conduct evaluations.
- I will travel to the following forensic facilities to conduct evaluations:
  - South Florida Evaluation and Treatment Center       Treasure Coast Forensic Treatment Center

I certify that the answers given herein are true and complete. I understand that false or misleading information given in my application or resume, or any omission of information requested will be grounds for refusal of appointment or dismissal.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

**RETURN ALL PAGES OF THIS APPLICATION TO:**  
Court Administration, Expert Witness Services  
Fifteenth Judicial Circuit  
205 North Dixie Highway, West Palm Beach, FL 33401