THE CITY OF NORTH PORT, FLORIDA
MEDICAL TASK FORCE APPLICATION

NAME:_____

ADDRESS:_____

CITY/TOWN:_____**STATE:**_____**ZIP:**_____

ARE YOU A RESIDENT OF THE CITY OF NORTH PORT:_____

EMAIL ADDRESS:_____

HOME PHONE:_____**BUSINESS PHONE:**_____

CELL PHONE:_____**FAX**_____

EMPLOYER INFORMATION:

EMPLOYER:_____**POSITION:**_____

EMPLOYER ADDRESS:_____

CITY/TOWN:_____**STATE:**_____**ZIP:**_____

EDUCATIONAL BACKGROUND:_____

_____

_____

_____

APPLICANT SIGNATURE:_____

THE CITY OF NORTH PORT IS SEEKING APPLICANTS to serve on a newly created **Medical Hospital Task Force**. Preference will be given to applicants who are also City residents. It is preferred that a majority of the categories be filled by City residents. However, in cases where local residents are unable or unavailable to fill a specific category, applicants who are not City residents will be considered.

MEDICAL HOSPITAL TASK FORCE MEMBERSHIP: (please indicate the membership category for which you are applying. ____Licensed Physician experienced in the Florida Certificate of Need (CON) process; ____CEO (active/retired) from Hospital or Health Care; ____Financial Administrator from the Medical Industry; ____Hospital Development Consultant; ____Expert in Advanced Medical Technology; _____Medical Educator; ____Emergency Medical Director/Physician; ____At-large North Port Residents **Membership in the Medical Hospital Task Force shall end when the Resolution creating the Task Force is repealed.**

POWERS, DUTIES AND RESPONSIBILITES: No later than six (6) months after the first meeting of the Medical Hospital Task Force, the Medical Hospital Task Force shall present a report to the City Commission on their findings which should include: 1. North Port located Regional Hospital demand; 2. Partnerships for hospital CON submission; 3. Establishment of Public/Private partnerships for hospitals; 4. Identify attractors for a hospital; 5. Identify type of hospital needed; 6. Needs for medical providers; 7. Land, ingress/egress, infrastructure needs; 8. Other recommendations

*****PLEASE FORWARD A SIGNED APPLICATION TO THE CITY CLERK IN PERSON, BY FAX: 941-429-7008, OR BY EMAIL: padkins@cityofnorthport.com*** If you have any questions, please contact the City Clerk at 941-429-7056.**