

Alachua County Board of Commissioners
Advisory Board Coordinator
PO Box 2877
Gainesville, FL 32602-2877
Telephone: 264-6904, FAX: 338-7363
Confirmation #:7540

Name of Advisory Board/Committee:

Health Care Advisory Board

Applying For:

Representative - UF Physicians (Must have letter of nomination.)

First Name:

maureen

Middle Initial:

Last Name:

novak

Suffix:

novak

Address:

2522 NW 58TH BLVD

City:

GAINESVILLE

Zip Code:

326068531

E-Mail Address:

novakma@peds.ufl.edu

Home Phone:

352-376-1717

Work Phone:

352-273-8572

Ext:

Occupation:

pediatrician

Place of Employment

UF Health

Education:

Princeton University
Northwestern University School of Medicine

Professional Organizations:

AAP

Age (60 and over):

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

White

Are you a resident of Alachua County?

Yes

If yes, how long?

27 years

If no, what county?

FLORIDA

Are you currently serving or have you ever served on an Alachua County advisory board?

No

If yes, please list board(s):

Civic and Professional Accomplishments/Honors:

multiple education honors

Training or Experience Related to the Appointment:

I am a pediatrician

What contributions do you feel you could make if you were selected for this board?

I think I have a unique lens having worked as a primary care pediatrician in Gainesville for almost 30 years. I have worked with the insured, the undersinsured and the uninsured in this role. I have had role in education of future physicians and pediatricians. I have volunteered at Equal Access Clinic, the Mobile Clinic, the migrant clinic and on multiple international service trips in central america.

Some of the boards and committees appointed by the County Commission are required to comply with Chapter 112, Florida Statutes, the Financial Disclosure Law. If applicable, would you be willing to file the required financial statement?

Yes

Appointees to advisory board/committees are required to attend scheduled meetings as specified in the "Guidelines for Citizen Advisory Boards and Committees".

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

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.

Checked