

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