

Application Form

Disclaimer

Under Florida law, all information, including e-mail, written letters, documents and phone messages, sent to the Alachua County Board of County Commissioners are subject to Public Records law. This includes the sender's e-mail address, home address or phone number if shown in the message, the content of the message and any associated attachments to the mail. If you are exempt from aspects of the public records law pursuant to F.S. 119.071, contact the advisory board coordinator at 352-264-6906 prior to submission of this form.

Please Agree with the Following Statement

I have read the disclaimer above and understand my application is subject to Florida's Public Records Law.

☐ I Agree

Profile

Candice	A.	King
First Name	Middle Initial	Last Name

2620 NW 24th Terrace	
Home Address	Suite or Apt

Gainesville	FL	32605
City	State	Postal Code

candiceking2620@gmail.com
Email Address

Mobile: (352) 222-3766	Home:
Primary Phone	Alternate Phone

ACORN Clinic - retired	Health Administration
Employer	Occupation

Education:

MBA - Michigan State University MAE - Applied Statistics (UF) BA - Psychology (UF)

Professional Organizations:

ACHAB Rural Health Partnership Alachua County Healthcare Safety Net Collaborative Alachua County Community Health Improvement Plan Steering Committee Bradford and Union County Health Advisory Committees

Which Boards would you like to apply for?

None Selected

Candice A. King

What position(s) are you applying for?

Healthcare Professional

Interests & Experiences

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

☒ Yes ☐ No

If yes, please list board(s):

ACHAB - ACORN Clinic designated member

Please list any civic and professional accomplishments/honors, training or experience related to this appointment:

Long time leadership in numerous health positions over 30 year career; service on several boards ranging from: arts organizations, children with disabilities, and healthcare, especially for the underserved; inaugural member of the Community Foundation of North Central Florida's Women's Giving Circle.

What Contributions do you feel you could make if you were selected to this board?

I am passionate about healthcare for all and for identifying and eliminating disparities. I offer my experience and engaged service on the ACHAB in the past and hope to continue to do so in the future.

[Candice_King_BIO_jan_2017.pdf](#)

Upload a Resume

Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. The following information helps track our recruitment and diversity efforts.

Ethnicity

☒ Caucasian/Non-Hispanic

Gender

☒ Female

03/18/1955

Date of Birth

Are you over the age of 60? (Required for some boards)

☒ Yes ☐ No

Are you a resident of Alachua County?

☐ Yes ☒ No

Candice A. King

If you are an Alachua County resident, how long have you lived in the county?

28 years

Supplemental Questions

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 ☐ No

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

Please Agree with the Following Statement

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

☒ I Agree

Please Agree with the Following Statement

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.

☒ I Agree