

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

Jeremy

First Name

Schmidt

Middle Initial

Last Name

Home Address

Suite or Apt

City

State

Postal Code

Email Address

Primary Phone

Alternate Phone

University of Florida, College of
Medicine, Office of the Dean

Employer

Senior Project Manager

Occupation

Education:

Master of Health Administration, 2011, University of Missouri-Columbia School of Medicine Bachelor of Science, Industrial Psychology, 2009, Northwest Missouri State University

Professional Organizations:

American College of Healthcare Executives

Which Boards would you like to apply for?

Health Facilities Authority: Submitted

Jeremy Schmidt

What position(s) are you applying for?

Citizen-at-Large

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):

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

I am a professionally trained, forward-thinking, quality improvement focused leader of administrative operations. I possess key competencies in fund and cost accounting, budget development and management, procurement, human resources management, research administration and compliance, and quality improvement and project management. I currently hold certification as a Lean Six Sigma Yellow Belt, a Florida Licensed Community Association Manager, and Florida Notary as well. After earning my graduate degree, I completed the Postgraduate Healthcare Administration Training Program (GHATP) with the U.S. Department of Veterans Affairs at the North Florida/South Georgia Veterans Health System as well.

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

I would love to get more involved in my local community, especially as it relates to healthcare. I think my business and leadership experience could bring useful insight to this committee and help build partnerships with local healthcare organizations looking to expand within the county to better met the needs of the local population.

[Schmidt_CV.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

☐ Male

03/30/1984

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

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

10 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