



V I B o a r d o f P h y s i c a l T h e r a p y

QUESTIONNAIRE FOR VI BOARD OF PHYSICAL THERAPY BOARD MEMBERSHIP

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE YOU COMPLETE THIS QUESTIONNAIRE.

- 1) **ALL** questions must be fully and correctly answered and returned to the Office of Professional Licensure and Health Planning.
- 2) Do not submit a resume instead of this Questionnaire.
- 3) If more than the allotted space on this form is required for a complete and full answer, please attach as many additional 8½ x 11 sheets as may be needed. At the top of each additional sheet put your name, "VI Board of Physical Therapy, Office of Professional Licensure and Health Planning", and then reference the question number before each answer.
- 4) **The Questionnaire is in Word Format. Please complete all responses clearly in black font color. Responses are NOT to be hand written.**
- 5) Please do not hesitate to call the Office of Professional Licensure and Health Planning at (340) 718-1311 ext. 3849 or (340) 643-8992 if you have any questions concerning this Questionnaire.

APPLICANT'S NAME:

10. EMPLOYMENT RECORD: Please list, in chronological order, your complete employment record for the past ten (10) years, beginning with the present or most recent position. [Attach additional sheet(s), if necessary, and reference this question number]

Employer	Dates of Employment	Position	Address/Phone #	Supervisor

11. GOVERNMENT EXPERIENCE:

A. List all federal, state, territorial or local government service, giving dates and type of service such as employee, boards, commissions, executive, legislative or judicial branches, consultant, voluntary service, part-time or honorary. [Attach additional sheet(s), if necessary, and reference this question number]

B. List and attach a copy of all service contracts you have held independently or been a party to with the Government of the Virgin Islands.

APPLICANT'S NAME:

12. BUSINESSES AND FINANCIAL INTEREST: List all businesses (for profit or not for profit), real estate and trusts in which you have at least a 10% interest or control of assets or serve as an officer or member of a board with voting rights. [Attach additional sheet(s), if necessary, and reference this question number]

13. QUALIFICATIONS: What in your opinion qualifies you to serve the People of the Virgin Islands?

SECTION II: HONORS AND ACCOMPLISHMENTS

14. MEMBERSHIPS: List all memberships and offices held in professional, fraternal, scholarly, civic, charitable, and other organizations.

15. BOARDS, COMMISSIONS, TRUSTS, ETC.: List all government or private sector boards, trusts or fiduciary responsible positions on which you have served or are now serving.

16. HONORS AND AWARDS: List all scholarships, fellowships, honorary degrees, honor society memberships, and any other special recognition for outstanding service or achievement.

APPLICANT'S NAME:

17. PUBLISHED WRITINGS: List all titles, publishers and dates of books, articles, reports, or other published materials you have written.

SECTION III: CHARACTER

18. Have you ever been the subject of a grand jury, police, and department of justice or any legally constituted government authority, investigation anywhere or at anytime?
 YES NO

If you answer is yes, please explain with details including date and location. [Attach additional sheet(s), if necessary, and reference this question number]

19. Have you ever been arrested in any geographical location for any offense, including traffic violations? YES NO

If yes, please explain with details including offense, date of location and disposition. [Attach additional sheet(s), if necessary, and reference this question number]

20. Have you ever been convicted of a felony or a misdemeanor? YES NO

APPLICANT'S NAME:

If yes, please explain with details including offense, date, location and current status. [Attach additional sheet(s), if necessary, and reference this question number]

- 21.** Is there now or has there ever been a judgment entered against you? YES NO
If the answer is yes, please explain with details on date, location and disposition or current status. [Attach additional sheet(s), if necessary, and reference this question number]

- 22.** Have you ever been a respondent in any labor dispute or discrimination proceeding?
 YES NO

If the answer is yes, please explain with details on date, location and disposition or current status. [Attach additional sheet(s), if necessary, and reference this question number]

- 23.** Have you now or have you ever been a member of an organization or an associate of an individual advocating terrorism, overthrow of a government by force or the advocacy or subordination of any ethnic group or individuals? YES NO

If the answer is yes, please give details of dates, names of organizations, names of individuals and all pertinent circumstances. [Attach additional sheet(s), if necessary, and reference this question number]

APPLICANT'S NAME:

24. Do you know of any individual, organization or group, which can be expected to oppose your nomination? YES NO

If the answer is yes, please list the individuals, organizations or groups by name and give the details of your belief for their opposition. [Attach additional sheet(s), if necessary, and reference this question number]

25. Do you have any outstanding and delinquent monetary obligations to the Government of the Virgin Islands or any other public or private entity, including but not limited to, personal income taxes, business taxes, real property taxes (commercial or residential), business license renewals, trade name renewals, annual reporting fees, professional organization dues, child support, judgments, debt Government of the Virgin Islands, includes but is not limited to the following departments, agencies and instrumentalities: the Bureau of Internal Revenue, Tax Assessor, Department of Justice Division of Paternity and Child Support, Board of Education, Economic Development Authority, U. S. Small Business Administration, Small Business Development Center, Police Department, Department of Licensing and Consumer Affairs, the Water and Power Authority, the Waste Management Authority, Department of Health, Department of Human Services

YES NO

If the answer is yes, please attach a detailed explanation of what outstanding and delinquent monetary obligations are owed, the reason for the delinquency, and the intended plan to bring the matter current.

SECTION IV: CONFLICT OF INTEREST

26. Please explain your understanding of "Conflict of Interest" as it applies to the vacancy for which you have applied.

APPLICANT'S NAME:

- 27.** Do you own a business or real estate, or are you a partner or shareholder or affiliated in anyway to sell or provide goods or services to the Virgin Islands Government?
___YES ___NO

If the answer is yes, please explain and give the name and location of these interest(s) and how you promise to remove yourself from any possible conflict. [Attach additional sheet(s), if necessary, and reference this question number]

- 28.** Does any close relative or spouse have a business or real estate interest(s) as described in question 25? ___YES ___NO

If the answer is yes, please explain and give the name and location of these interest(s) and how you propose to remove yourself from any possible conflict. (Attach additional sheet(s), if necessary.)

SECTION V: JOB PERFORMANCE

- 29.** In no more than 150 words, please outline in priority order your four (4) specific short-term and four (4) specific long-term goals and objectives you would employ to achieve the entity's purpose and improve its service delivery system if your nomination is confirmed for this position.

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APPLICANT'S NAME:

30. As you must know, the Virgin Islands Government does not have the monetary resources to continue business as usual. Do you have a fiscal plan in place to deal with less spending and a streamlined system to deliver services to the residents of this Territory? YES NO

If your answer is yes, please give a brief summary of your plan. If your answer is no, please explain how you intend to operate your department with less money and deliver the services to the residents as required. [Attach additional sheet(s), if necessary, and reference this question number]

31. What is your view and understanding of Equal Employment Opportunity and Sexual Harassment? [Attach additional sheet(s), if necessary, and reference this question number]

32. Have you ever been named as a party in any hearing, administrative, civil, and criminal, including EEOC, civil rights or sexual harassment? YES NO

If yes, please explain in detail, giving date, venue, agency, and the names of the other parties and the disposition. [Attach additional sheet(s), if necessary, and reference this question number]

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APPLICANT'S NAME:

33. Is there any additional information that you believe would assist the VI Board of Physical Therapy and the Judiciary in processing your nomination expeditiously?

CERTIFICATION:

This is to certify and affirm that all the statements contained herein and in any supporting documents or schedules or other such supporting documents or schedules executed at a later date as a part or addendum to this document are true and correct to the best of my knowledge and are made in good faith.

Signed this _____ day of _____ 2013.

Nominee's Name [Print Clearly]

Signature of Nominee

Sworn and subscribed before me this _____ day of _____, 2013.

Notary Public of the U.S. Virgin Islands

[seal]

My commission expires: _____



APPLICANT'S NAME:

**SIGNATURE, CERTIFICATION AND AUTHORIZATION
FOR
RELEASE OF INFORMATION**

Please read the following very carefully before you sign this document.

1. I understand that the information given in this Questionnaire will be investigated under all applicable laws.
2. I understand that any false statement on any part of this Questionnaire can be grounds for disqualification.
3. I hereby consent and authorize the release of information on my character, background, ability, financial indebtedness and fitness to serve the residents of the United States Virgin Islands by all government departments and agencies, especially **the Bureau of Internal Revenue, Tax Assessor, Department of Justice Division of Paternity and Child Support, Board of Education, Economic Development Authority, U. S. Small Business Administration, Small Business Development Center, Police Department, Department of Licensing and Consumer Affairs, if applicable**, employers, schools, all law enforcement agencies, and all other individuals and organizations, which may be deemed necessary, to authorized VI Board of Physical Therapy and the Judiciary investigators, its staff and any other authorized employees of the Virgin Islands Government as may be required.
4. **CERTIFICATION:**
This is to certify and affirm that all the statements contained herein and in any supporting document or schedules or other such supporting documents or schedules executed at a later date as a part or addendum to this document are true and correct to the best of my knowledge and are made in good faith.

Signed this _____ day of _____ 20

Applicant's Name [Print Clearly]

Signature of Nominee

Sworn and subscribed before me this _____ day of _____, 20

Notary Public of the U.S. Virgin Islands

[seal]

My commission expires: _____