



2018 - 2019 Florida Sterling Council Board of Examiners

PLEASE complete **ALL** fields legibly. Use plain, **BLOCK** letters and numbers. Ensure that information is **ACCURATE and COMPLETE**. Include all pertinent information: full legal names, official titles, apartment or suite number, PO or mail stop number, zip code. Contact information must be valid for July '18 - April '19. Contact Florida Sterling Council to update. **THANK YOU**.

SECTION ONE – Required for all Examiners

LAST NAME	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	(Last)	ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No
FIRST NAME	(First)	MID. INTIAL _____	PREFERRED NAME:
CURRENT EMPLOYER or ORGANIZATION			<input type="checkbox"/> BUSINESS <input type="checkbox"/> EDUCATION <input type="checkbox"/> HEALTHCARE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> NON-PROFIT
CURRENT JOB TITLE or POSITION			
PREFERRED MAILING ADDRESS, CITY, STATE, ZIP			
FEDX / UPS DELIVERY PHYSICAL ADDRESS, CITY, STATE, ZIP	(8 am-5 pm, M-F)		
PRIMARY PHONE NUMBER		CELL PHONE NUMBER:	
FAX NUMBER			
PREFERRED PRIMARY E-MAIL ADDRESS		SECONDARY E-MAIL (optional); government employees must provide a personal email address.	
HIGHEST LEVEL EDUCATION COMPLETED	<input type="checkbox"/> HIGHSCHOOL <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> BACHELOR <input type="checkbox"/> MASTER <input type="checkbox"/> DOCTOR		
HEALTH CARE SECTOR SPECIFIC	Do you have clinical experience in the health care sector? (Treat patients or provide direct patient care of any type) ____ YES ____ NO		
NATIONAL BALDRIGE EXAMINER (OR OTHER STATE EXAMINER)?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY YEARS? _____ WHERE? _____		
SIX SIGMA CERTIFICATION	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT IS YOUR BELT CERTIFICATION LEVEL? _____		



**2018 - 2019 Florida Sterling Council Board of Examiners Application Form
SECTION ONE Continued – Required for all Examiners**

NAME _____
(PLEASE PRINT)

PERSONAL STATEMENT: Describe your motivation and interest for applying to be a member of the Florida Sterling Council Board of Examiners. Indicate your ability/willingness to fulfill the time commitments required by the Examination Process.

LEADERSHIP STATEMENT: Describe any current leadership role you have in your organization, any formal leadership development program you have completed or in which are currently enrolled or informal leadership development or mentoring with which you may be involved.

CERTIFICATION: By signing below, I attest to the accuracy of the information on this application and that I have read, understand, and will comply with the **Florida Sterling Council Code of Conduct Policy**. I will notify the Florida Sterling Council immediately, during any part or phase of the examination process, of any relationship, contact, involvement, or situation that may involve, or appear to involve, a conflict of interest or violation of the **Florida Sterling Council Code of Conduct Policy**. I agree that I understand and will comply with the pre-work, training, time-availability, and travel commitments. I further agree that, if I fail to notify Florida Sterling Council at least three days before scheduled training of cancellation or withdrawal from the Board of Examiners, I will be assessed a cancellation fee, and if I do not fully participate in the examination process and complete the duties thereof, I may (at the discretion of Florida Sterling Council) be assessed a \$600 training fee in addition to the preliminary fee I have paid.

SIGNATURE (REQUIRED):

Your Signature _____ Date _____

Supervisor's Signature (if applicable) _____ Date _____

Supervisor's Name (if applicable) _____ Date _____

Supervisor's Email Address _____ Date _____

2019 Applicant for Governor's Sterling Award? Yes No

For further information on Sterling Examiner training and the link to the Examiner Training registration form, please visit the Florida Sterling Examiner website at <http://www.floridasterling.com/examiner/traininginformation>.

**2018 - 2019 Florida Sterling Council Board of Examiners Application Form
SECTION TWO – Required for New Examiners**

NAME _____
(PLEASE PRINT)

New Examiners: Please answer in complete sentences so we will have a sample of your writing skills. Please return this page with your application to the Florida Sterling Council. Thank you for taking the time to read, complete and sign all sections of this document to serve on the Florida Sterling Council Board of Examiners.

<p>KNOWLEDGE: Describe your knowledge of the Sterling Criteria for Performance Excellence; when and how it was obtained. Have you completed a Baldrige-based training program or Florida Sterling Council workshop?</p>	
<p>EXPERIENCE: Describe your experience, and training in Quality, Six Sigma, Lean, Project Management, DMAIC, Process Improvement, Re-Engineering, etc. that may be relevant to the duties of a Florida Sterling Council Examiner.</p>	
<p>ASSESSMENT SKILLS: Describe your experience in assessing quality systems and providing formal feedback. (Example: evaluating suppliers and/or customers, involvement in quality award programs, ISO, organizational assessments, etc.)</p>	
<p>PARTICIPATION: Has your organization participated in the Florida Sterling Awards Program? Describe your personal involvement in writing an application for the Florida Sterling Council or other Baldrige-based award program.</p>	

<p>COMMUNICATION / TEAM BUILDING/ LEADERSHIP: Describe related knowledge, professional experience, and/or relevant skills that would have a positive influence or contribution to the Examination Team Process.</p>	
<p>How did you hear about being an examiner for Sterling?</p> <ol style="list-style-type: none"> 1. Your organization 2. Other examiner 3. Sterling conference 4. Sterling training 5. Other 	<p>Comments:</p>

Send pages 11 through 14 of this application to the Sterling Council

**Do not send the instruction pages and the Florida Sterling Council Code of Conduct Policy –
*keep with your records.***

EMAIL TO: examiner@floridasterling.com

Questions: 850-922-5316

