OFFICE OF THE
BOARD OF GOVERNORS
STATE UNIVERSITY
SYSTEM OF FLORIDA
10 AUG 16 AM 10: 19

STATE UNIVERSITY SYSTEM of FLORIDA
Board of Governors

Application Form
University Board of Trustees Position
State University System of Florida

Name: McWilliams, Spurgeon Walter Date Completed: August 1, 2010
Last First Middle and/or Maiden

INSTRUCTIONS

The information submitted will be used by the Board of Governors in considering action on your application. If appointed, please be advised that your appointment is subject to confirmation by the Florida Senate and you will be required to file an annual financial disclosure statement with the Florida Commission on Ethics.

Please type or print clearly. Please do not leave any questions blank – answer "none" or "not applicable" where appropriate.

All applications must be signed and witnessed by a Notary. Submit the original completed application via mail, email, or facsimile by the posted deadline to:

State University System of Florida, Board of Governors
325 W. Gaines Street, Suite 1614
Tallahassee, FL 32399-0400
Fax 850.245.9685 Chancellor@flbog.edu

PLEASE NOTE: any application submitted by facsimile or email must be received by the posted deadline and followed by the original signed application to above address.

EXCLUSIONS

The following conditions exclude eligibility for appointment as a University Board of Trustee member.

Registered Lobbyist: No ☑ Yes ☐ **Dual Office Holding:** No ☑ Yes ☐

Authority:
Section 112.313(17), Florida Statutes, prohibits any citizen member of a university board of trustees from having any employment or contractual relationship as a legislative lobbyist requiring annual registration under section 11.045, Florida Statutes.

Article II, section 5(a) of the Florida Constitution prohibits any person from holding more than one office under the government of the state, counties, and municipalities at the same time, except for certain exclusions stated therein (notary public, military officer, member of a statutory body having only advisory powers, etc.)

EXEMPTION FROM PUBLIC RECORDS

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS THAT MAY BE VIEWED UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR CERTAIN IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.

N/A **Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.**

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE GENERAL COUNSEL FOR THE BOARD OF GOVERNORS.

Vikki R. Shirley
General Counsel
State University System of Florida, Board of Governors
325 W. Gaines Street, Suite 1614
Tallahassee, FL 32399-0400
(850) 245-0466

PERSONAL INFORMATION

Name: Mc Williams, Spurgeon Walter **Date Completed:** August 1, 2010
Last First Middle and/or Maiden

1. University Board of Interest: Are you applying for reappointment? Yes ☐ No ☐

FAMU ☑ FAU ☐ FGCU ☐ FIU ☐ FSU ☐ NCF ☐ UCF ☐ UF ☐ UNF ☐ USF ☐ UWF ☐

2. Residence Address: [redacted] Tallahassee, Fla. Leon 32308
Street City State County Zip Code

(850) 386-5774 (850) 508-8902
Area Code/Phone Cell Phone

3. Current Employer or Occupation: Medical Doctor - Obstetrician-Gynecologis

Business Address: 1620 Riggins Road Tallahassee, Fla.
Street Office City State

32308 (850) 878-2171
Post Office Box Suite Zip Code Area Code/Phone Number

5W McWill @ Embarq mail.com
E-mail Address

4. Specify the preferred mailing address: Business ☑ Home ☐ Fax # (850) 942-4450

5. List all places of residence for the past five (5) years.

Address	City and State	From	To
[redacted]	Tallahassee	1981	Present

6. List all former and current residences outside of Florida that you have maintained at any time during adulthood.

Address	City and State	From	To
Alumni Hall Meharry Medical College	Nashville, Tenn.	Sept. 1964	July 1967
Merink St. Apts	Nashville, Tenn	July 1967	July 1968
391 Lexington Ave.	Youngstown, Ohio	July 1968	July 1970
120 Oak Valley Drive	Nashville, Tenn.	July 1970	July 197
67 Goethals Drive	Ft. Leonard Wood, Mo.	July 1972	July 1974

7. Date of Birth: [redacted] **Place of Birth:** Mobile, Ala. *

8. Social Security No.: [redacted] *

9. Driver License No: [redacted] * **Issuing State:** Fla. *

*ALL INFORMATION MARKED WITH AN ASTERIK IS REQUIRED FOR CONDUCTING BACKGROUND SCREENING AND WILL BE REDACTED PRIOR TO DISTRIBUTION OF THE APPLICATION TO THE TRUSTEE NOMINATING COMMITTEE MEMBERS. REFER TO ATTACHED NOTICE ON USE OF SOCIAL SECURITY NUMBERS.

10. **Have you ever been known by any other legal name?** Yes ☐ No ☑ If "Yes" explain.

11. **Are you a United States citizen?** Yes ☑ No ☐ If "No" explain.

12. **If you are a naturalized citizen, date of naturalization:** N/A

13. **Since what year have you been a continuous resident of Florida?** 1974

14. **Are you a registered Florida voter?** Yes ☑ No ☐

15. **Have you ever been arrested, charged, or indicted for violation of any federal, state, county or municipal law, regulation, or ordinance?** (Exclude traffic violations for which a fine or civil penalty of $150 or less was paid.) Yes ☐ No ☑ If "Yes" give details:

Date	Place	Nature	Disposition

16. **Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees?** Yes ☐ No ☑ If "Yes", give details:

Date	Nature of Violation	Disposition

17. **Have you ever been suspended from any office by the Governor of the State of Florida?** Yes ☐ No ☑ If "Yes", list:

Title of Office: _____ Reason for Suspension: _____

Date of Suspension: _____ Result: Reinstated ☐ Removed ☐ Resigned ☐

18. **Are there any pending lawsuits against you or are you a party to a lawsuit in any court in which you are the plaintiff or defendant?** Yes ☐ No ☑ If "yes", what type and where?

19. **Have any judgments been entered against you as a result of any civil or administrative proceeding(s)?** Yes ☐ No ☑ If "yes", identify the proceeding(s) that resulted in the judgment and the date the judgment was entered.

20. **Are you now engaged in activities, or have you engaged in activities in the past, that will reflect unfavorably on the board to which you seek appointment?** Yes ☐ No ☑ If "yes", explain.

21. **Have you ever been refused a fidelity, surety, performance, or other bond?** Yes ☐ No ☑
If "Yes", explain.

EDUCATION, LICENSURE, MEMBERSHIPS

22. **Education**:

A. High School: Lincoln HS Tallahassee, Fla Year Graduated: 1960
(Name and Location)

B. List all postsecondary educational institutions attended:

Name and Location	Date Attended	Certificates/Degrees Received
Florida A & M University	Sept 1960 - April 1964	B.A.
Meharry Medical College / Nashville, Tenn	9/64 - 7/68	M.D.

23. **Have you received any degree(s) or professional certification(s) related to the subject matter of this appointment?** Yes ☐ No ☑ If "Yes", list:

24. **Have you held or do you hold an occupational or professional license or certificate in the State of Florida?** Yes ☑ No ☐ If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, and/or disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

License/Certificate Tit[redacted]	Original Issue Date	Issuing Authority	Disciplinary Action/Date
	February 24, 1972	State Board Of Medical Examiners (Florida)	None

25. **Identify all association memberships and association offices held by you that relate to this appointment:**

My past + present membership + leadership on multiple medical Boards + committees allow me to provide guidance + expertise on matters involving FAMU's many Health Science Programs. My expertise in dispute resolution as Fla Ob-Gyn liability chair (Obstetricians are a prime suit target) is transferable to the BOT. Past membership on the Fla. Ethics Commission is a plus for any Board appointee

26. **Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).**

Name	Mailing Address	Office(s) Held & Term	Date(s) of Membership
Florida Ob-Gyn Society	6816 Southpoint Pkwy., Ste 1000 Jacksonville Fla 32216	Executive Committee Member	12/96 - Present. President - 8/03 - 8-04. Liability Insurance Chairman 8-04 - Present. Capital Medical Society - Legislative Committee - Present. Member Fla. Medical Assn., National Medical Assn. Health Advisory Board - Leon Cty Commission 2008-2010 Credentials Committee. Capital Regional Medical Center 3/03 - Present

27. **Are you now, or have you within the past four (4) years, been a member of any club or organization that, to your knowledge, in practice or in policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin or gender?** Yes ☐ No ☑ If "yes", detail the name and nature of the organization, relevant policies and practices, and state whether you intend to continue as a member if appointed by the Board of Governors.

EMPLOYMENT HISTORY AND PROFESSIONAL BACKGROUND

28. **Concerning your current employer and for all of your employment, including self-employment, during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment:**

Employer Name and Address	Type of Business	Occupation/Title	Period of Employment
Spurgeon W. McWilliams, M.D., P.A. 1620 Riggins Rd. Tallahassee, Fla. 32308	Obstetrics + Gynecology	Private Practice	1980 - Present

29. **Have you ever been employed by any state, district, or local government agency in Florida?** Yes ☑ No ☐ If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment, and reason for leaving:

Position	Employing Agency	Period of Employment
Appointed as 1st State Medical Consultant Fla Medicaid Program 1977-82 1985-86 (Authored legislation which resulted in expansion of program, making need, rather than marital status the prime determinant of eligibility).		

30. **Have you ever been responsible or played a role in managing a business or other corporate entity?** Yes ☑ No ☐ "Yes", state the name of the business, the dates of your involvement, and provide a brief description of your involvement.

Spurgeon W. McWilliams, M.D, P.A. - Private Practice Obstetrics & Gynecology 1975 - Present - President (Patient's Choice Award Recipient - National Poll - 2008 + 2009)

31. **Are you or have you ever been a member of the United States armed forces?** Yes ☑ No ☐
If "Yes" list:

A. Dates of service: July 1972 - July 1974
B. Branch or component: Army
C. Date and type of discharge: Honorable July 1974 (Major)

32 **Do you currently hold an office or position (appointive, civil service, or other) with the Federal or any foreign government?** Yes ☐ No ☑ If "Yes", please list:

33. **Have you previously been appointed to any office that required confirmation by the Florida Senate?** Yes ☑ No ☐ If "Yes", list:

Title of Office: ① Florida Commission On Ethics / 2 yrs ② Board of Trustees,
Term of Appointment: Tallahassee Community College / 9 yrs (2 terms)
Confirmation results: ③ FAMU Board Of Trustees / 5 yrs
Confirmed by Fla. Senate for all appointments

34. **Have you ever been elected or appointed to any public office in this state?** Yes ☑ No ☐
If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district or state):

Office Title	Date of Election or Appointment	Term of Office	Level of Government
Appointed To Fla. Commission on Ethics by Gov. R. Askew 1977 - served 2 yrs. Appointed To BOT, TCC by Gov. B. Graham 1982 - 1990. Chaired BOT, TCC 1987-88. One of (3) Physicians in Fla. appointed by Gov. Graham in 1985 to Medical Malpractice Task force			

If your service was on an appointed board(s), committee(s) or council(s):
A. How frequently were meetings scheduled? Monthly or 4 to 6 times Annually
B. If you missed any of the regularly scheduled meetings, state the number of meetings attended, number missed, and the reason(s) for absence(s).

Meetings Attended	Meetings Missed	Reason for Absence
I rarely miss meetings. I secure medical coverage when appropiate. On rare occasions, however, medical emergencies or situations require my personal attention.		

35. **Have you ever served on any profit or not-for-profit board?** Yes ☑ No ☐ If "Yes", state the title, date of appointment, length of service, and provide a brief description of your involvement.

District Mental Health Board 1976-78 BOD, Tallahassee Symphony 1981-83 Advisory Board WFSU TV 1978-1981 BOT Tallahassee Community College 1982-90 BOT FAMU 2006 - Present Health Advisory Board LC Commission 2008-10 Executive Board Flo Ob-Gyn Society 1996 Present Founding Board member - Rattler Boosters, I BOD - Flo. State Medical Assn (African-Amer) 1998-03. President 11-01-11-0

36. **Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five years?** Yes ☐ No ☑ If "Yes", please explain:

A. Did you receive any compensation other than reimbursement for expenses? Yes ☐ No ☐

B. Name of agency or entity you lobbied and the principals you represented:

Agency Lobbied	Principals Represented
N/A	

37. **Describe your experiences and interests or elements of your personal history that qualify you for this appointment.**

Founder + President - Rattler Strike Foundation 1976-78 to assure FAMU continued existence + autonomy. In 1998, Organized coalition against 3rd TIER designation for FAMU in SUS. In 2/07, cast the deciding 17 vote for Dr Ammons, current FAMU president, initiating the dramatic turnaround of FAMU. Distinguished Alumni Award in Medicine FAMU - 2008 Presidents Award FAMU-199

38. **Describe your understanding of the role of a member of a university board of trustees.**

Oversight + Fiduciary responsibility
Promote University
Hire and terminate Presidents

CONFLICT OF INTEREST

39. **Describe any involvement with and/or relationship to the university to which you are applying (other than as a student).**

Life Member - FAMU Alumni Association
Member FAMU Board of Trustees + Chairman of Facilities Planning Committee 4/06 - Present

40. **Have you, or any business of which you have been an owner, officer, or employee, held any employment or contractual relationship during the last four (4) years with the university to which you are seeking appointment?** Yes ☐ No ☑ If "Yes", identify:

Name of Business	Your Relationship to Business	Business' Relationship to University

41. **Have members of your immediate family (spouse, child, parent(s), sibling(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any employment or contractual relationship during the last four (4) years with the university to which you are seeking appointment?** Yes ☐ No ☑ If "Yes", explain:

Name of Business	Family Member's Relationship to you	Family Member's Relationship to Business	Business' Relationship to University

42. **Do you know of any reason why you will not be able to attend fully the duties of the position to which you have been or will be appointed?** Yes ☐ No ☑ If "yes", explain:

_____

_____

_____

_____

REFERENCES

43. **List three persons who have known you well during the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.**

Name	Mailing Address	Zip Code	Area Code/Telephone Number
Dr. Michael Dawso	1842 Jaclif Ct. Tallahassee, Fla.	32308	(850)877-55[illegible]
Dr. Hutson Messer	1898 Buford Blvd. Tallahassee, Fla.	32308	(850) 877-4113
Dr. Earl Britt	1625 Physicians Dr. Tallahassee, Fla.	32308	(850) 877-3154

CERTIFICATION

STATE OF Florida

COUNTY OF Leon

Before me, the undersigned authority, personally appeared Spurgeon W. McWilliams who after being duly sworn, says: 1) that he/she has carefully prepared or read the answers to the foregoing question; 2) that the information contained in said answers is complete and true; 3) that he/she will, as an appointee, fully support the Constitutions of the United States and the State of Florida. Be it further known that in signing this document the undersigned understands that a background check by the Florida Department of Law Enforcement will be performed on all nominees who are recommended to the Florida Board of Governors and that he/she has received a copy of the Board of Governors' Statement on the Collection, Use or Release of Social Security Numbers.

Spurgeon W. McWilliams, M.D.
Affiant's signature

Sworn to and subscribed before me on this 10th day of August, 2010, by

_____.

Kimberly Riley
(signature of notary)

KIMBERLY RILEY
Commission # EE 003271
Expires July 4, 2014
Bonded Thru Troy Fain Insurance 800-385-7019

Kimberly Riley
(typed, printed or stamped name)
Notary Public
Commission No.:
My Commission Expires:

KIMBERLY RILEY
Commission # EE 003271
Expires July 4, 2014
Bonded Thru Troy Fain Insurance 800-385-7019

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

Statement on the Collection, Use, or Release of Social Security Numbers

Florida law requires that public entities provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the entity collects an individual's social security number. The collection of social security numbers by the Board of Governors is either specifically authorized by law or imperative for the performance of the Board's responsibilities as prescribed by law and the Florida Constitution. The following list identifies the purposes for which social security numbers may be collected, used, or released, and the pertinent authority:

1. For employment eligibility and reports to IRS and the Social Security Administration, including for W-4's and I-9s [Required by federal statute and regulation 26 U.S.C. 6051 and 26 C.F.R. 31.6011(b)-2, 26 C.F.R. 301.6109-1 and 31.3402(f)(2)-1, and Fla. Stat. §119.071(5) (a) 6]

2. To verify an alien's eligibility for employment, including I-9 [Authorized by 8 U.S.C. 1324 a(b) and 8 C.F.R. 274a.2]

3. For income tax withholding (including for annuity and sick leave)/payroll deductions on W-2's [Required by 26 U.S.C. 3402, 26 C.F.R. 31.6051-1 and Fla. Stat. §119.071(5) (a) 6]

4. For enrollment/participation in the Florida Retirement System (FRS) and contributions to FRS (Required by Fla. Admin. Code 19-11.010, 19-11.006 and 19- 11.007 and Fla. Stat. §119.071(5) (a) 6 or required by Fla. Stat. §121.051 and 121.071 and Fla. Admin. Code 19-13.003 and Fla. Stat. § 119.071(5) (a) 6]

5. For Level 1 and level 2 criminal background checks conducted by the Florida Department of Law Enforcement for employees and/or Board appointees to university boards of trustees [Required by Fla. Admin. Code 11C-6.003 and Fla. Stat. § 119.071(5) (a) 6]

6. For social security contributions [Required by Fla. Admin. Code 60S-3.010 and Fla. Stat. §119.071(5) (a) 6]

7. For income deduction notices for child support, alimony and child support, and for child support enforcement [Required by Fla. Stat. § 61.1301 (2) (e), 45 C.F.R. 307.11, or Fla. Stat. §§ 61.13, 742.10, 409.2563, 409.256, or 742.031]

8. For unemployment compensation benefits [Required by Fla. Stat. Ch. 443 and Fla. Stat. §119.071(5)(a)6]

9. Reports of worker's compensation injury or death [Required by Fla. Stat. § 440.185, Fla. Admin. Code 69L-3.003 et seq. and Fla. Stat. § 119.071(5) (a) 6]; and worker's compensation petitions for benefits and responses [Authorized by Fla. Admin. Code 60Q-6.103 and Fla. Stat. § 119.071(5) (a) 6]

10. Vendors/Consultants for whom a federal tax identification number is not available. [Required by 26 C.F.R. § 31.3406-0, 26 C.F.R. § 301.6109-1, and Fla. Stat. §119.071 (5) (a) 6]

11. The disclosure of the social security number is for the purpose of the administration of health benefits for a Board employee or his or her dependents [Required by Fla. Stat. § 119.071(5) (a) 6]

12. Authorization for direct deposit of funds by electronic or other medium to a payee's account [Required by Fla. Stat. § 119.071(5) (a) 6]

13. Tort claims and tort notices of claim against the Board of Governors [Required by Fla. Stat. § 768.28 (6), and Fla. Stat. § 119.071(5) (a)]

14. Collection and/or disclosure is imperative or necessary for the performance of the Board's constitutional duties and responsibilities, including but not limited to collection of student and employee data from state universities. [Authorized by Sections 483 and 484 of the Higher Education Act of 1965, Art. IX, s. 7, Fla. Const., BOG Regulation 3.007, Fla. Stat. § 1001.706(4)(c), and Fla. Stat. § 119.071(5) (a) 6]

15. The disclosure of the social security number is expressly required by federal or state law or a court order [Authorized by Fla. Stat. § 119.071(5) (a) 6]

16. The individual expressly consents in writing to the disclosure of his or her social security number [Authorized by Fla. Stat. § 119.071(5) (a) 6]

17. The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. Sec. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. Sec. 6801 et seq., provided that the authorized commercial entity complies with the requirements of Fla. Stat. § 119.071(5) [Authorized by Fla. Stat. § 119.071(5) (a) 6]