OFFICE OF THE
BOARD OF GOVERNORS
STATE UNIVERSITY
SYSTEM OF FLORIDA

10 JUL 20 PM 3:21

Application for Board of Trustees Position

The information submitted will be used by the Board of Governors in considering action on your application. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Completed applications should be sent to: Board of Governors, 325 W. Gaines Street, Suite 1614, Tallahassee, FL 32399-0400. Please type or print.

If appointed, you will be required to file financial disclosure statements.

5/8/2010
Date Completed

1. **Name:** Camps, M.D. (Last) Joseph (First) Levonne (Middle and/or (Maiden))

2. **University Board of Interest:** FSU Board of Trustees

   Are you applying for reappointment? Yes ☐ No ☒

3. **Residence Address:** [redacted] (Street) Leon (County)
   City

4. **Current Employer or Occupation:** Physician/Southeastern Urological Center

   Business Address: 2000 Centre Pointe Boulevard (Street) Tallahassee (City)
   Office#/Suite

   None (Post Office Box) None (Suite) 32308 (Zip Code) 850-309-0400 (Area Code/Phone Number)

   nfabiano@seuc.com
   E-mail Address

5. **Specify the preferred mailing address:** Business ☒ Home ☐ Fax # 850-201-0591
   850-309-0404

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

Address	City and State	From	To
[redacted]	Tallahassee, FL	1993-	Present

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

Address	City and State	From	To
?	Chapel Hill, NC	1982	1988
?	Houston, TX	1988	1990

8. Date of Birth: [redacted] * Place of Birth: Gainesville, Florida

9. Social Security No.: [redacted] *

10. Driver License No: [redacted] * Issuing State: Florida

11. Have you ever used or been known by any other legal name? Yes ☐ No ☒ If "Yes" explain.
N/A

12. Are you a United States citizen? Yes ☒ No ☐ If "No" explain.

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

14. Since what year have you been a continuous resident of Florida? 1990

15. Are you a registered Florida voter? Yes ☒ No ☐ If "Yes" list:

County of Registration Leon

16. Education:

A. High School: Gainesville High School Year Graduated: 1973
(Name and Location)

B. List all postsecondary educational institutions attended:

Name and Location	Date Attended	Certificates/Degrees Received
Florida State University	1973-1978	B.S. in Biology
Florida State University	1976-1978	PIMS
University of Florida	1978-1982	Medical Degree
University of NC at Chapel Hill	1982-1987	Intern/Residency
University of Texas(M.D.Anderson)	1988-1990	Fellowship/Oncology

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

A. Dates of service: N/A

B. Branch or component:

C. Date and type of discharge:

* Will be redacted before distribution occurs.

18. **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
N/A			

19. **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
Southeastern Urological Center		Physician	1996-Present
2000 Centre Pointe Blvd.		Sec/Treasurer	
Tallahassee, FL 32308		Managing Partner	

20. **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
N/A		

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

FSU Graduate (1978) Captain of the FSU Seminoles Football Team (1976)
Seminole Boosters 1994-Present, Chairman of the Board
Admission Comm., FSU College of Medicine
Founding Member, FSU University Center Club
Premier Bank, Chairman of the Board (10 Yrs)

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

FSU Hall of Fame
FSU Circle of Gold
FSU Golden Torch
Bob Crenshaw Award
Nathan A. Womack Scholarship Award
University of Texas Cancer Foundation Award from M.D. Anderson (University of Texas)

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

Please see #21

24 **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:

N/A

25. **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
N/A			

If your service was on an appointed board(s), committee(s) or council(s):

A. How frequently were meetings scheduled? Monthly

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
99%	1%	Emergency Surgery Cases

26. **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.

Tallahassee Memorial Hospital Board of Directors (Chairman 1999-2000)
Premier Bank, Board of Directors 1996-Present
Tallahassee Community Hospital (presently Capital Regional Medical Ctr.
Southeastern Urological Center-Board member, Secretary/Treasurer

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

Southeastern Urological Center	Secretary/Treasurer	1996-Present
Tallahassee Memorial Hospital	Board of Directors	1996-Present
Premier Bank	Board of Directors	1996-Present

28. Describe any involvement with and/or relationship to the university to which you are applying or any other educational institution with which you are/were affiliated (other than as a student).

Please see question #21

29. Describe your understanding of the role of a board of trustee member in ensuring the fiduciary and academic well-being of the university.

To uphold the values and mission of Florida State University. To provide insight into managing strategic initiatives. Upholding core values of the institution while maintaining financial stability.

30. 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
N/A		

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

Title of Office N/A Reason for Suspension: _____

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

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

Title of Office: N/A

Term of Appointment: _____

Confirmation results: _____

33. Have you ever been refused a fidelity, surety, performance, or other bond? Yes ☐ No ☒
If "Yes", explain:

N/A

34. **Have you held or do you hold an occupational or professional license or certificate in the State of Florida?** Yes [X] 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 Title & Number	Original Issue Date	Issuing Authority	Disciplinary Action/Date
Florida Medical License	4/17/90 [redacted]	State of Florida Department of Health	N/A

35. **Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the university to which you have been appointed or are seeking appointment?** Yes [ ] No [X] If "Yes", explain:

Name of Business	Your Relationship to Business	Business' Relationship to University
N/A		

36. **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 contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the university to which you have been appointed or are seeking appointment?** Yes [ ] No [X] If "Yes", explain:

Name of Business	Family Member's Relationship to you	Family Member's Relationship to Business	Business' Relationship to University
N/A			

37. **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 [X] If "Yes", explain:

A. Did you receive any compensation other than reimbursement for expenses? Yes [ ] No [X]

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

Agency Lobbied	Principals Represented
N/A	

38. 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
Mr. Matt Brown	3110 Capital Circle NE	32308	850-383-4705
Mr. Lawton Langford	1700 Capital Circle SW	32310	850-576-3171
Mr. Mark O'Bryant	9616 Deer Valley Rd.	32309	850-431-5380

39. 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 Urological Society	Address Attached		9/98-Present
American Urological Association			9/94-Present
Florida Medical Association			1991-Present
Capital Medical Society			1991-Present

40. 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:

N/A

41. Are you now, or have you within the past three 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.

N/A

42. Have you ever been the object of any equal employment opportunity complaint or any civil action based upon discrimination in the work place? Yes ☐ No ☒ If "yes", explain and provide details of the outcome:

N/A

43. 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?

N/A

1. Florida Urological Society
   Two Woodfield Lake
   1100 East Woodfield Road, Suite 520
   Schaumburg, IL 60173

2. American Urological Association
   1000 Corporate Boulevard
   Linthicum, MD 21090

3. Florida Medical Society
   123 South Adams Street
   Tallahssee, FL 32301

4. Capital Medical Society
   1204 Miccosukee Road
   Tallahassee, FL 32308

44. **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.

None

45. **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", please explain.

None

46. **Is there anything that you were not questioned about in your application that you should make known to us at this time that impugns your integrity, character and fitness for the position you are seeking?** Yes ☐ No ☒ If "yes", please explain.

N/A

CERTIFICATION

STATE OF FLORIDA, COUNTY OF Leon

Before me, the undersigned authority, personally appeared Joseph L. Camps, MD who after being duly sworn, say: 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 I understand that a Level 2 background check by the Florida Department of Law Enforcement will be performed on all nominees who are recommended to the Florida Board of Governors.

Affiant's signature

Sworn to and subscribed before me on this 7th day of May, 2010 by Joseph L. Camps.

Nancy P. Fabiano
(signature of notary)

NANCY P. FABIANO
Commission # DD 871695
Expires June 9, 2013
Bonded Thru Troy Fain Insurance 800-385-7019

Nancy P. Fabiano
(typed, printed or stamped name)
Notary Public
Commission No.: DD871695
My Commission Expires: 6/9/2013

Personally Known X OR Produced Identification _____
Type of Identification Produced _____

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR 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.

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

SOUTHEASTERN UROLOGICAL Center, P.A.

May 8, 2010

Board of Governors
325 West Gaines Street, Suite 1614
Tallahassee, FL 32399-0400

OFFICE OF THE BOARD OF GOVERNORS STATE UNIVERSITY SYSTEM OF FLORIDA
10 MAY 12 PM 2:02

To Whom It May Concern:

Please find enclosed the completed application of Joseph L. Camps, M.D. to be considered for a Board of Trustees Position.

If you have any questions or need any additional information please do not hesitate to contact me.

Sincerely,

Nancy Fabiano
Executive Assistant

Raleigh W. Rollins, M.D., F.A.C.S.
W. Paul Sawyer, M.D., F.A.C.S.
Joseph L. Camps, M.D., F.A.C.S.
Scott B. Sellinger, M.D., F.A.C.S.
Robert S. Bradford, M.D., F.A.C.S.
Jean-Paul Tran, M.D.
J. Daniell Rackley, M.D.
David E. Burday, M.D.
James E. Renehan, M.D.

2000 Centre Pointe Boulevard
Tallahassee, Florida 32308
Administration
Phone (850) 309-0500
Fax (850) 201-0591
Appointments
Phone (850) 309-0400
Toll Free (800) 689-6678
Fax (850) 942-2562