



CITY OF FORT PIERCE

100 NORTH US HWY 1
FORT PIERCE, FLORIDA 34950
(772) 467-3000 fax (772) 467-3841

APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: Alternate on Planning

Name: Dianne S. McKee	Phone: 772-882-9326/ 540-847-4778
Home Address: 801 S. Ocean Dr. #306 Fort Pierce, FL 34949	How long at this address? 2.5 years
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: Retired from health care management	
Do you own a business that operates within the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the address and nature of said business:	
Do you now or in the future plan to do business with the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, in what capacity?	
Are you employed by a business that is located within the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, state the business and location:	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input type="checkbox"/> No Real Estate Brokering: <input type="checkbox"/> Yes <input type="checkbox"/> No Contracting: <input type="checkbox"/> Yes <input type="checkbox"/> No Land Development: <input type="checkbox"/> Yes <input type="checkbox"/> No Other: Contracts and Purchasing, business management Describe your education, background, training and knowledge in the above area(s): RRT with BS in Health Care Administration. Worked for 31 years for same health care organization, Mary Washington Healthcare. Responsibilities included lean management and partnering, build out of programs and departments, contracts, annual budget, HR, and project management. Responsible for four departments at three separate locations and up to 80 FTE's. Elected to National GPO (group purchasing organization) Novation for 3 year term. Worked with Cardinal Health on design of respiratory equipment for 2 year term. Named to J Sargeant Reynolds Community College Advisory Boards for both Respiratory and Sleep/Neuro	

Board for total of seven years. Designed and implemented Intern training programs for Registered Respiratory Therapy and Polysomnography.

Are you currently a member of a Commission-appointed board/committee? Yes No If yes, please specify:

Have you ever been convicted of a crime? Yes No
If yes, what was the nature of the crime(s) you were convicted of:

Referred by: Ronald Farmer Email Address: Soccermomshadow4@yahoo.com

Date: 10/28/15

Applicant's Signature: signed electronically by Dianne Sawyer McKee

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.
Please return form to: City Clerk's Office – 100 North US Hwy 1, Fort Pierce, Florida 34950 fax (772) 468-3841
or via email at lcox@city-ftpierce.com