



# CITY OF FORT PIERCE

100 NORTH US HWY 1  
 FORT PIERCE, FLORIDA 34950  
 (772) 467-3065 FAX (772) 467-3841

## APPLICATION FOR APPOINTMENT/REAPPOINTMENT TO FPUA (City Residency Required)

Name: Gina D Dean, DDS		772-595-1888 cell 772-971-0001
Home Address: 1005 Kentucky Avenue Fort Pierce, Florida 34950 City/Zip Code:		How long at this address? 21years
Are you a qualified elector of the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Occupation: Dentist	Lawnwood Dental Center, PA	
Do you own a business that operates within the City of Fort Pierce? If yes, list the address and nature of said business: 1900 Nebraska Avenue Suite #6 Dentistry Fort Pierce, Florida 34950		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you now or in the future plan to do business with or have a business relationship with FPUA? If yes, please describe in detail outlining any businesses or matters deemed appropriate.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe your professional background and what expertise you will bring to the FPUA Board. Feel free to attach your curriculum vitae (CV) or other applicable information.		
Do you have special training or knowledge in any of the following areas: Utilities: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Contracting/Development: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Legal: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Management: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Finance/Accounting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe your education and background in any of the above areas: Operating and managing a dental Practice for Thirty years		
Are you currently a member of a Commission-appointed board or committee? If yes, please specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you ever been convicted of a felony? If yes, what was the nature of the crime(s) you were convicted of:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If appointed, are you willing to attend a training session which could last at least 5 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Referred by: <i>Darryl Bey</i>	Applicant Email Address: <i>gdbey@cate.net</i>	
Date: June 23, 2020	Applicant's Signature <i>Gina D Dean, DDS</i>	

**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) 467-3841 or via email at [lcx@city-ftpierce.com](mailto:lcx@city-ftpierce.com)

**GINA D. DEAN-BEY, D.D.S.****772-971-0001****Education:****Ohio Wesleyan University, Delaware, Ohio**

September 1973 – June 1977

Degree: Bachelor of Arts

Including Medical office Externship September 1976 – January 1977

**The Ohio State university College of Dentistry, Columbus, Ohio**

September 1978 – June 1981

Degree: Doctor of Dental Surgery

**Residency****Albany Medical Center Hospital, Albany, New York**

General Practice July 1981 – June 1982

**University of Alabama At Birmingham**

Conscious Sedation Residency

**Medical College of Georgia**

Conscious Sedation Residency March 2010

**Licensed****To Practice Dentistry:**

State of New York July 1982

License # 036906

State of Ohio – June 1984

License # 30-01-17599

State of New Jersey – February 1987

License # D115952

State of Florida – August 1987

License # DN00011243

Commonwealth of Virginia – August 1993

License # 0401007996

**Professional History**

1987 – Present

**Dentist – Owner Private Practice**Lawnwood Dental Center, 1900 Nebraska Ave. Suite 6,  
Fort Pierce, Florida, 34950 – Phone #772-595-1888

2008 – 2017

**Dentist Private Practice**Transitional Smiles 1015 N. State Road 7, Suite B  
Royal Palm Beach Florida 33411 – Phone #561-753-6633

1985 – 1987

**Attending Dentist**Doctor Lawrence Bailey, Harlem Hospital, Lenorx Ave  
New York City, New York 10037 – Phone # 212-491-1100

1985 – 1987

**Dentist**Doctor Chester Redhead, D.D.S., 2225 Fifth Ave, New York City  
New York 10037 – Phone # 212-368-6700

1985 – 1987

**Attending Dentist**Doctor Phillips, Morrisania Family Health Center  
1225 Gerard Avenue, Bronx, New York 10452

1984 – 1985

**Dentist**Doctor Haldpar, John F Kennedy Health Center  
714 Courtland, Bronx, New York – Phone # 212-585-7552

1982 – 1984

**Dentist**Doctor Ralph Berger, 172 East 4<sup>th</sup> Ave, New York**Professional Organizations:**American Society of Dental Anesthesiology - Florida Dental Association  
Treasure Coast Dental Society - Florida Society of Dental Anesthesiology