

OPIOID SETTLEMENT ADVISORY COMMITTEE (Application)

Contact Info

Name
Stephen Posovsky

Home Address
1018Lakeshore Drive
Delray Beach Florida 33444

Cell Phone
(917) 414-4481

Email
sheldnsdad@aol.com

Office of the City Clerk

Received

1/12/2025

Expires

1/12/2027

Occupation
Retired Dentist

Business Name
NA

NOTE: Your responses or disclosures are intended to assist the City Commission in considering an application for appointment/re-appointment to a City board or committee and will not result in the automatic disqualification from consideration or appointment/re-appointment. Therefore, complete and accurate responses should be provided.

Position Applying For:
At-large member who is a resident of the City of Delray Beach.

Relevant Licenses and/or Certifications: (Please upload)
SKIPPED

Additional Documents
SKIPPED

Are you a vendor or employed by a vendor that does business with the City?
No

Are you currently serving on a Delray Beach Advisory Board/Committee?
No

If yes, please provide details and dates.
SKIPPED

Are you aware of any potential conflict of interest (including, without limitation, any potential voting conflicts, or potential prohibited conflicts) that may arise from your serving on the City advisory board/committee to which you are seeking appointment?

If yes, please explain:
No conflicts

Do you, any member of your immediate family, your employer, or your business (or any entity in which you have a controlling interest) currently have any contractual relationship with, or do business with, the City, or has there been any such relationship within the past 5 years?

If yes, please explain:
No

Do you (or any entity in which you have a controlling interest) have any delinquent accounts with the City or owe any monies to the City?

If yes, please explain:
No

Have you ever been found to have violated, or had a complaint filed against you alleging a violation of the Florida Code of Ethics for public officers and employees, Palm Beach County Code of Ethics (or any other ethics code)?

If yes, please explain:

No

Have you ever had any complaint(s) or action(s) filed against your State certification or license?

If yes, please explain:

No

INTERESTS & EXPERIENCES

List any additional certifications or licenses which may further qualify you to serve on this committee.

SKIPPED

Briefly describe why you wish to serve as a member of this committee and how your personal experience and background relate:

I successfully built large dental practices and I believe my business experience can allow me to add real value to this committee. I have time and desire to help our community in this important endeavor.

List any other community/civic involvement which you would like the Commission to consider:

I work extensively with all South Florida Animal Rescues.

EDUCATIONAL BACKGROUND:

University(s) attended:

University of Pittsburgh

Degree(s) received:

BS and DDS

Major area of study:

Dentistry and mathematics

Upload your resume:

SKIPPED

Terms Of Acceptance

Applications are kept on file in the City Clerk's Office for a period of two years.

Applicants may supplement their application with a resume or other information relevant to their qualifications.

DECLARATION OF PERSONAL INFORMATION EXEMPTION:

Personal information provided in this application is public information unless the applicant qualifies for an exemption pursuant to Florida Statutes. You are encouraged to thoroughly read the applicable sub-sections of F.S. 119.0 71 (http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0100-0199/0119/Sections/0119.071.html).

If you qualify for an exemption, please indicate below which statutory provision you are citing for the exemption. If you qualify, your address and phone number are protected information.

My address and telephone number are statutorily exempt from public disclosure:

No

If yes, pursuant to which sub-section of F.S. 119.071?

SKIPPED

Please agree with the following statement: I understand the duties and responsibilities of the committee for which I am applying. By signing below, I warrant the truthfulness and accuracy of the information provided in this application.

I Agree

E-Signature of Applicant:

Stephen Posovsky

Date:

01/12/2025

Please agree with the following statement: I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

I Agree