

# Advisory Board Appointment Application

NOTE: Each applicant is advised to attend at least one meeting prior to applying for appointment.

## Contact Information:

\* Name  
Rettig (Rett) W. Talbot

\* Home Address  
515 NW 12th St  
Delray Beach F:L 33444

\* Cell Phone  
(561) 312-4410

\* **Email**  
rettig611@comcast.net

\* **Occupation**  
Physical Therapist, Orthopedics

**Business Name**  
Personalized Othopedics of the Palm Beaches

Business Address  
6056 Boynton Beach Blvd  
Boynton Beach FL 33437

Business Phone  
(561) 733-5888 ext. 180

Office of the City Clerk  
Received  
7/21/2024  
Expires  
7/21/2026

## Advisory Board Selection:

Please select your top four boards in order of preference (first choice to fourth choice) from the drop down lists below:

**First Choice**  
Site Plan Review and Appearance Board

**Second Choice**  
Historic Preservation Board

**Third Choice**  
\*\*SKIPPED\*\*

**Fourth Choice**  
\*\*SKIPPED\*\*

NOTE: Your responses or disclosures are intended to assist the City Council 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.

## Qualifications:

\* Please select all qualifications that apply:  
Delray Beach resident  
Own property in Delray Beach

\* Are you a registered FL voter?  
Yes

\* Are you a vendor or employed by a vendor that does business with the city?  
No

\* Are you a lobbyist or employed by a lobbyist, as defined in the Palm Beach County Registration Ordinance?  
No

\* Have you attended any Delray Beach Commission or Advisory Board Meetings?  
Yes

**If yes, please explain and provide dates when possible.**

various, intermittent and depending on matters pertinent to personal interests and concerns

**Are you currently serving, or have you ever served on a Delray Beach Advisory Board? If yes, please provide details and dates.**

Yes. Member of SPRAB August 1990 - 1993

\* 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 board or committee to which you are seeking appointment?  
No

**If yes, please explain:**

\*\*SKIPPED\*\*

\* 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?  
No

**If yes, please explain:**

\*\*SKIPPED\*\*

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?  
No

**If yes, please explain:**

\*\*SKIPPED\*\*

Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines relating to property in the city that is owned or rented by you (or any entity in which you have a controlling interest)?  
No

**If yes, please explain:**

\*\*SKIPPED\*\*

\* Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines for any other violations relating to other city codes?  
No

**If yes, please explain:**

\*\*SKIPPED\*\*

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)?  
No

**If yes, please explain:**

\*\*SKIPPED\*\*

If you selected the Downtown Development Authority, do you own land in the downtown area?

If you lease property in the downtown area, do you pay taxes on the property as part of your lease agreement?

Please upload a copy of your lease

\*\*SKIPPED\*\*

**Interest & Experiences**

**List any certifications or licenses which may further qualify you to serve on a board or committee.**

\*\*SKIPPED\*\*

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

I was born and raised in Delray Beach. I attended Trinity Lutheran School and Atlantic High. My father owned business in Delray and was active in civic and community affairs. I am approaching a time in my life and career that should allow me some greater freedom to contribute to the community. I feel a legacy connection to serving the city and would like to participate in the continuing growth and development of Delray Beach.

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

\*\*SKIPPED\*\*

**Educational Background:**

**University attended:**

Indiana University and University of Indianapolis

**Degrees received:**

Bachelor of Science and Master of Science

**Major area of study:**

Health, Safety and Athletic Training, and Physical Therapy

Upload your resume:

[RWT-CVrev2024July.doc](#)

**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](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. You may contact the Board Liason at 243-7056 if you have any questions.

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 board(s) or committee(s) 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:

Rettig Talbot

\* **Date:**

07/21/2024

\* 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

# **CURRICULUM VITAE**

## **NAME**

Rettig (Rett) Whitman Talbot, PT, MS, ATC, CSCS

## **HOME ADDRESS**

515 N. W. 12<sup>th</sup> Street  
Delray Beach, Florida 33444  
561-312-4410

## **COLLEGE**

Indiana University, Bloomington, Indiana

## **UNDERGRADUATE DEGREE**

Bachelor of Science, Health & Safety, Emphasis in Athletic Training, August, 1981

## **GRADUATE SCHOOL**

University of Indianapolis, Indianapolis, Indiana

## **GRADUATE DEGREE**

Master of Science, Physical Therapy, December, 1984

## **CLINICAL AFFILIATIONS 1983-1984**

- Riverview Hospital, Noblesville, Indiana, Tom Becker, PT - Clinical Instructor
- Bloomington Hospital, Bloomington, Indiana, Cheryl Bainbridge, PT - Clinical Instructor
- Methodist Hospital, Indianapolis, Indiana, Renae Tucker, PT – Clinical Instructor
- Cincinnati Sports Medicine & Orthopaedic Center, Cincinnati, Ohio, Tim Heckman, PT, ATC - Clinical Instructor
- Hines V.A. Hospital, Hines, Illinois, Sue Kase, PT – Clinical Instructor
- Methodist Sports Medicine Center, Indianapolis, Indiana, John McCarroll, MD
- Capitol Orthopaedics, Indianapolis, Indiana, Franklin D. Wilson, MD

## **CERTIFICATION AND LICENSE TO PRACTICE**

- N.A.T.A. Member No. 800730, Certificate No. 4-984, 1981
- Physical Therapy License: Florida - No. 4746
- National Strength and Conditioning Association Member No. 97-08-04-094

## **BOARD CERTIFICATION**

Sports Clinical Specialist, American Board of Physical Therapy Specialties –  
April, 1990 & 2000

## **POSITIONS**

Physical Therapist, Preferred Orthopedics of the Palm Beaches, Boynton Beach, FL  
November 2017 - present

Talbot Sport and Ortho Rehabilitation, P.A., outpatient ortho and home health PT,  
independent contractor - January 2017 – November 2017

Clinical Manager, Hospital for Special Surgery, HSS Spine & Sport, Jupiter, FL  
January 2016 – December 2016

Advanced Clinician, Hospital for Special Surgery, HSS Spine & Sport, Jupiter, FL  
December 2011 – December 2016

Sports Physical Therapist, USA Hockey, US National Sled Hockey - Development Team  
Seasonal, 15 days per year, September 2011 - present

Physical Therapist, Preferred Orthopedics, [www.POPB.md](http://www.POPB.md); Boynton Beach, FL  
August 2007 – November 2011

Director, Rehabilitation Department, Palm Beach Orthopaedic Institute  
Palm Beach Gardens, FL., September 1998 - May 2007

Center Manager, NovaCare Outpatient Rehabilitation, West Palm Beach, Florida  
March 1994 – August 1998

Director/President, Pro-Formance Orthopaedic and Sports Physical Therapy, Inc.  
West Palm Beach, Florida, July 1990 – February 1994

Director, Physical Therapy Specialists of the Palm Beaches,  
Palm Beach Gardens, Florida, September 1988 – July 1990

Director, National Institute for Sports Medicine, Boca Raton, Florida  
September 1986 – September 1988

Physical Therapist/Athletic Trainer, Methodist Hospital-Thomas A. Brady  
Sports Medicine Center, Indianapolis, Indiana  
January 1985 – August 1986

## **PRESENTATIONS**

### **NATIONAL:**

“Evaluation of Ankle Joint Proprioception Following Injection of the Anterior Talofibular Ligament”, American Physical Therapy Association National Conference, New Orleans, Louisiana June, 1985

“Conditioning & Injury Prevention in the Master’s Track and Field Athlete” TAC National Master’s Track & Field Championships Seminar Indianapolis, Indiana September, 1985

### **REGIONAL:**

“Knee: Evaluation And Rehabilitation of Common Pathologies” (Assistant Instructor); Mark DeCarlo, PT (Course Instructor) – Atlanta, Georgia, November 17-19, 1995

“Knee: Evaluation And Rehabilitation Of Common Pathologies” (Assistant Instructor); Mark DeCarlo, PT (Course Instructor) – Ft. Lauderdale, Florida November 11-13, 1994

“McConnell Patellofemoral Treatment Plan”, The McConnell Institute (Lab Assistant); Boca Raton, Florida, September 9-10, 1994

“Practical Evaluation of Patellofemoral Dysfunction – Lab” (Lab Instructor) Dogwood Institute Knee Seminar – Myrtle Beach, South Carolina, June 10-12, 1994

“Functional Progression for Knee Injury Rehabilitation”, Northeast Seminars (Lab Assistant to Terry Malone, PT) – Tampa, Florida April 25, 1993

“Rehabilitation for Knee Collateral Ligament Injuries”, Southeastern Sports Medicine Symposium – Tampa, Florida, May, 1987

“Ankle Injuries & Rehabilitation”, Southeastern Sports Medicine Symposium – Tampa, Florida, May, 1987

### **LOCAL:**

“Current Concepts of Biomechanical Bike Fitting”, HSS Spine & Sport Talk with Experts, June 11, 2014

“Keeping Patients in the Swing of Things: Advanced Education for the Golfer”, HSS Spine & Sport Talk with Experts, April 12, 2013

“Rehabilitation of Meniscus Repair”, HealthSouth Sports Medicine Seminar – Boca Raton, Florida, July 23, 1994

“Rehabilitation Following Anterior Shoulder Reconstruction”, National Association of Orthopedic Nurses Seminar – October 26, 1992

“Sports Medicine for Fitness & Conditioning: Who, What, Why – and a Little Bit of How”, Indiana Medical Society District Meeting – Columbus, Indiana, May 8, 1985

“Sports Medicine for Fitness & Conditioning”, Marion County Medical Society Business Meeting – Indianapolis, Indiana, May 14, 1985

“Transcutaneous Electrical Nerve Stimulation: Practical Aspects & Application”, Guest Lecturer, University of Indianapolis, April 1986

### **PUBLICATIONS**

DeCarlo, M.S. & Talbot, R.W., “Evaluation of Ankle Joint Proprioception Following Injection of the Anterior Talofibular Ligament”, Journal of Orthopaedic & Sports Physical Therapy, 8:2, August, 1986

Talbot, R.W., “Patellofemoral Syndrome”, Sports Medicine Forum, 4:2, October/November, 1985 Methodist Sports Medicine Center

### **COMMUNITY SERVICE**

USA Hockey – Para Ice Hockey National and National Development Team, volunteer medical and training staff 2011 – present

Arthritis Foundation, Palm Beach County Chapter – Leadership Board, April 2016 – November 2017

JDRF Ride to Cure T1D – rider/fundraiser, 2010 – 2016; Coach, Palm Beach County Chapter Ride Team 2013, 2014

Elder – First Presbyterian Church of Delray Beach

Board Member – Site Plan Review and Appearance Board, City of Delray Beach August 1990 to August 1993