

## Application Form

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### Profile

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

**dharmahealth@yahoo.com**

Email Address

**Adelle**

First Name

**Azam**

Last Name

Middle Initial

**794 NW 22ND COURT**

Home Address

Suite or Apt

**DELRAY BEACH**

City

**FL**

State

**33445**

Postal Code

**Mobile: (561) 634-1554**

Primary Phone

Alternate Phone

**WELLNESS/ BROWARD  
HEALTH PHYSICIANS GROUP/  
FLYLAND RECOVERY**

Employer

**NURSE PRACTITIONER**

Occupation

### Business Address

1. 3100 CORAL HILLS DRIVE SUITE 202, CORAL SPRINGS, FLORIDA. 33065(BROWARD  
HEALTH) 2. 794 NW 22ND COURT, DELRAY BEACH, FLORIDA. 33445(DHARMA HEALTH AND  
WELLNESS) 3. 120 N DEDERAL HIGHWAY, SUITE 206, LAKE WORTH. FLORIDA 33460  
(FLYLAND RECOVERY)

### Business Phone

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### Board Selection

#### Which Boards would you like to apply for?

Opioid Settlement Advisory Committee : Eligible

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### Qualifications

#### Please select all that apply: \*

Delray Beach resident

#### Are you a registered FL voter?

Yes  No

**Are you a vendor or employed by a vendor that does business with the city?**

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Yes  No

**Are you a lobbyist or employed by a lobbyist, as defined in the Palm Beach County Registration Ordinance?**

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Yes  No

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

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Yes  No

**If yes, please describe and provide dates if possible.**

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

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NO

**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?**

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Yes  No

**If yes, please explain:**

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**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?**

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Yes  No

**If yes, please explain:**

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**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?**

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Yes  No

**If yes, please explain:**

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**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)?**

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Yes  No

**If yes, please explain:**

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**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?**

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Yes  No

**If yes, please explain:**

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**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)?**

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Yes  No

**If yes, please explain:**

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

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Yes  No

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Please upload a copy of your lease

Question applies to Opioid Settlement Advisory Committee

**Select one of the following \***

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Member who is a State of Florida Licensed Healthcare Professional.

Question applies to Opioid Settlement Advisory Committee

[AAZAM\\_ARNP.pdf](#)

Relevant Licenses and/or Certifications: (Please upload)

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## **Interests & Experiences**

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

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ADVANCED REGISTERED NURSE PRACTITIONER CERTIFIED AND LICENSED IN FLORIDA  
ASSOCIATE MEMBER OF AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)

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

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I have been a PROUD Delray Beach resident since 1985. My roots and love for the city continues to grow and strengthen as I have been a witness to its growth and continuing diversity. As a young adult, I worked with the "Latch Key" program at the Community Center, after school/summer camp counselor at Pompey Park and volunteered at the Delray Police Station with the D.A.R.E program along side Lieutenant Ross Licata. Now, in my professional arena, I have spent the last 30 years in the medical field (ER/ Surgery) and most recently, focusing on Addiction Medicine with my private practice, Dharma Health and Wellness, and with FlyLand Recovery managing detox and medical management of substance abuse. Continuing my growth, I will start my Post Graduate Degree at FAU in Mental Health and Psychiatric Advance Practice. I would be honored to serve on this committee with the hope that my knowledge/interest and commitment to mental health and substance abuse disorders along with the love I have for the City of Delray Beach, would be a beneficial collaboration!

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

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Delray Resident since 1985. Past community involvement employed/volunteer with Pompey Park, Community Center and Police Dept

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**University attended:**

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FLORIDA ATLANTIC UNIVERSITY

**Degree(s) received:**

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MATERS OF SCIENCE IN NURSING

**Major area of study:**

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FAMILY MEDICINE

[AZAM\\_CV.pdf](#)

Upload a Resume

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**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. 119.071 ([Click here to view](#)). 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 Liaison at 243-7056 if you have any questions.

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

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Yes  No

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

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**Please Agree with the Following Statement:**

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**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.**

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I Agree

**E-Signature of Applicant:**

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ADELLE AZAM

**Please Agree with the Following Statement**

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**I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.**

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I Agree