

**From:** [Vazquez, Paul](#)  
**To:** [Strickland, Betty C](#)  
**Subject:** Appearance Form  
**Date:** Wednesday, November 2, 2022 3:05:39 PM  
**Attachments:** [Appearance Request Forms \(Workshop\) 9-20-22.docx](#)

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**Mission:** To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

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**Florida Boards of Medicine and Osteopathic Medicine  
Joint Rules/Legislative Committee**

**TAB 1 - Proposed Rulemaking on Standard of Care for  
Gender Dysphoria**

<b>Name:</b>
<b>Address (optional):</b>
<b>Telephone Number (optional):</b>
<b>Email Address (optional):</b>
<b>Affiliation or Organization (if any):</b>
<b>I am:</b> <input type="checkbox"/> In Support of Rule <input type="checkbox"/> In Opposition to Rule <input type="checkbox"/> Neutral
<input type="checkbox"/> I wish to speak
<input type="checkbox"/> I <b><u>DO NOT</u></b> wish to speak

**APPEARANCE REQUEST FORM**

**Florida Boards of Medicine and Osteopathic Medicine  
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<input type="checkbox"/> I wish to speak

**I DO NOT wish to speak**