

## Application Form

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### Profile

Eric \_\_\_\_\_ V \_\_\_\_\_ Reikenis \_\_\_\_\_  
First Name Middle Initial Last Name

308 SW North Shore Blvd \_\_\_\_\_  
Home Address

Port St Lucie \_\_\_\_\_ FL \_\_\_\_\_ 34986 \_\_\_\_\_  
City State Postal Code

eric@portstluciehomesonline.com \_\_\_\_\_  
Email Address

What district do you live in? <http://www.cityofpsl.com/districts> \*

District 4

Home: (561) 339-1344 \_\_\_\_\_  
Primary Phone Alternate Phone

### Retired?

Yes  No

Eric Reikenis, PA \_\_\_\_\_ Realtor \_\_\_\_\_ Real Estate \_\_\_\_\_  
Employer Job Title Occupation

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

Districting Commission: For Review

Were you nominated or recommended to apply by the Mayor or a Councilmember?

Yes  No

If Yes, by whom?

Stephanie Morgan

### Please Agree with the Following Statement

I have read and guarantee that I meet all the requirements for board service.

I Agree

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### Interests & Experiences

**Why are you interested in serving on a board or committee?**

I'm looking for opportunities to serve my community.

**Why do you think you are qualified to serve on this board or committee?**

I'm a long-standing resident of Port St Lucie.

**Brief description of Education & Experience**

I hold an AS degree in physical therapy and an AA general degree. I currently maintain a Physical Therapist Assistant license. I a licensed real estate agent and active Realtor in the community.

[Resume.docx](#)

Upload a Resume

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**Demographics**

**Ethnicity**

Caucasian/Non-Hispanic

**Gender**

Male

04/10/1979

Date of Birth

**Do you now serve on any City Board, Committee or other Governmental Board or Committee? (NOTE: You cannot serve on more than one Board or Committee within the City of Port St. Lucie during the same time period.)**

Yes  No

**Are you a registered voter?**

Yes  No

**How long have you been a City resident?**

11 years

**Have you attended the City University classes?**

Yes  No

**Are you a United States Citizen?**

Yes  No

**Are you presently employed by the City of Port St. Lucie?**

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Yes  No

**Are you a current or former law enforcement officer, other employee\* or the spouse or child of one who is exempt from public records disclosure under FS 119.07?**

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Yes  No

**Have you ever been convicted of a crime, pled guilty or no contest to a criminal charge, or entered into an agreement setting forth the terms leading to the reduction or dismissal of the charges?**

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Yes  No

**Please Agree with the Following Statement**

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**I agree that all of my answers are truthful and accurate to the best of my ability. I understand that if I have falsified any information my application will be withdrawn and I will not be considered for appointment.**

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I Agree

# ERIC REIKENIS, PTA

3313 SW Foremost Drive Port St Lucie, FL 34953 · 561-339-1344  
[eric@portstluciehomesonline.com](mailto:eric@portstluciehomesonline.com)

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My career objective is to provide quality, effective, and efficient physical therapy services according to a plan of care prescribed by and under the supervision of a registered physical therapist using evidence-based treatment protocols to help patients attain their personal goals and highest functional level.

## EXPERIENCE

**2005 - PRESENT**

### **PHYSICAL THERAPIST ASSISTANT, LIBERTY REHAB, LLC**

Provided sub-acute, skilled nursing and long-term care physical therapy treatments according to the plan of care prescribed by and under the supervision of a physical therapist.

**2010 - 2016**

### **PHYSICAL THERAPIST ASSISTANT, GULF STREAM THERAPEUTICS, LLC**

Provided home health physical therapy treatments according to the plan of care prescribed by and under the supervision of a physical therapist.

**2009 - 2010**

### **PHYSICAL THERAPIST ASSISTANT, EMERALD HEALTH CARE CENTER**

Provided sub-acute, skilled nursing and long-term care physical therapy treatments according to the plan of care prescribed by and under the supervision of a physical therapist.

**2005 - 2009**

### **PHYSICAL THERAPIST ASSISTANT, TOTAL THERAPUETIC CONCEPTS, LLC**

Provided home health physical therapy treatments according to the plan of care prescribed by and under the supervision of a physical therapist.

**2002 - 2015**

### **PHYSICAL THERAPIST ASSISTANT, THE GARDENS COURT**

Provided sub-acute, skilled nursing and long-term care physical therapy treatments according to the plan of care prescribed by and under the supervision of a physical therapist.

**2004**

### **PHYSICAL THERAPIST ASSISTANT, UNC HEALTHCARE SYSTEMS**

Provided sub-acute, inpatient physical therapy treatments according to the plan of care prescribed by and under the supervision of a physical therapist.

**2002 - 2004**

**PHYSICAL THERAPIST ASSISTANT, PALM BEACH ORTHOPAEDIC INSTITUTE**

Provided outpatient orthopaedic and sports related physical therapy treatments according to the plan of care prescribed by and under the supervision of a physical therapist.

**2001 - 2002**

**PHYSICAL THERAPIST ASSISTANT, HOPE HEALTH AND WELLNESS**

Provided outpatient orthopaedic and sports related physical therapy treatments according to the plan of care prescribed by and under the supervision of a physical therapist.

**EDUCATION**

**2001**

**ASSOCIATE OF SCIENCE PHYSICAL THERAPIST ASSISTANT, SOUTH UNIVERSITY**

Graduated Magna Cum Laude from the Physical Therapist Assistant program.