



Submit form to the board office at:
**Board of Clinical Social Work, Marriage and Family Therapy,
 and Mental Health Counseling**
 4052 Bald Cypress Way Bin C-08
 Tallahassee, FL 32399-3258
 Email: info@floridasmementalhealthprofessions.gov
 Fax: (850) 413-6982

Registered Intern Exception Request Form

Name: _____ License Number: _____ Expiration Date: _____
 MM/DD/YYYY

1. EXEMPTION REQUIREMENTS

I am submitting this Registered Intern Exception Request Form pursuant to s. 491.0045(6), Florida Statutes (F.S.), which allows for a one-time exception to the expiration of an Intern Registration in an emergency or hardship case.

I have read and understand Rule 64B4-3.0085, Florida Administrative Code (F.A.C.), which states:

An "emergency or hardship case" pursuant to s. 491.0045(6), F.S., means that the Registered Intern requesting the one-time extension:

- (a) Has passed the theory and practice examination as required in s. 491.005(1)(d), (3)(d), and (4)(d);
- (b) Has completed all educational requirements, including their required clinical practicum hours; and
- (c) Confirms in writing that a circumstance or circumstances exist or existed that substantially relate to the ability to complete the internship requirements which are beyond the registered intern's control and are of such duration to have eliminated the ability of the registered intern to complete their internship requirements established pursuant to s. 491.0045(6), F.S. and that the registered intern understands that failure to pass the exam does not meet the requirements of an emergency or hardship case.

2. EXAMINATION VERIFICATION

_____ I successfully passed the national examination required for my profession on _____.
 Initial MM/DD/YYYY

3. CONFIRMATION STATEMENT

I understand that this request must be submitted no later than thirty (30) days prior to the date of the expiration of my internship registration.

I affirmatively state that a circumstance or circumstances exist or existed that substantially relate to my ability to complete the internship requirements and that such requirements are beyond my control and are of such duration to have eliminated my ability to complete the internship requirements. I understand that any failure to pass the exam does not meet the requirements of an emergency or hardship case.

I understand I will be granted a 24-month extension to my Intern Registration to allow additional time to complete the experience requirements as required by s. 491.0045, F.S. I understand that no further exceptions or exemptions can be granted and an intern registration in the same profession cannot be reissued.

Signature: _____ Date: _____
 MM/DD/YYYY