

**LICENSURE/CERTIFICATION FORM
FLORIDA BOARD OF PSYCHOLOGY**

PART I: TO BE COMPLETED BY THE APPLICANT

Complete this part and submit a copy to each state where you hold or have ever held a license to practice psychology or a related profession, making copies of this form as necessary. By doing so, you authorize release of all information to this office.

Applicant Name _____ SS# _____
Address _____
License/Certification Number _____ State of: _____
Applicant Signature _____ Date _____

PART II: TO BE COMPLETED BY AN OFFICIAL OF THE REGULATORY BOARD AND RETURNED TO THE ADDRESS BELOW

Licensee Name _____ Profession _____
License/Certification Number _____ Issue Date _____
License/Certification Status _____ Expiration Date _____

Is there any time period when the licensee's license was not active, for any reason? Yes No

If yes, please verify reason(s) and beginning and ending dates of non-active periods(s):

Was the License/Certification issued based on licensure in another state? Yes No

If yes, what state? _____

If no, license was based on: State exam National exam

(Check all that apply) Reciprocity with Endorsement

Education Experience

Is License/Certification in good standing? Yes No

Has the License/Certification ever been revoked or suspended? Yes No

Do you have any disciplinary action information on file regarding the licensee? Yes No

If this license was ever revoked, suspended or otherwise acted against, please attach a copy of the Board's action to this form.

Verified by: _____

Board Seal

Signature of Official _____ State _____

Printed Name and Title _____

Date Signed _____

**MAILING ADDRESS:
DEPARTMENT OF HEALTH
MEDICAL THERAPIES/PSYCHOLOGY
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