



**Florida Department of Health
Board of Psychology**

Application for Provisional Psychology Licensure

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE*

* This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by Section 456.013 (1)(a), Florida Statutes.

Name:			Social Security Number:		
Last	First	Middle			

You must answer all of the following questions. If you answer "yes", you must explain in detail on a separate sheet. In your explanation, include date(s), location(s), specific circumstances, practitioners and/or treatment involved, etc. Your "yes" answers must be substantiated by either official documents sent directly to us from the respective state licensing board, official copies of court records from the clerk of the court, or letters from treating physicians/practitioners. You must ensure that we receive the documents that substantiate your "yes" answers. Your "yes" answer would not be an automatic cause for denial.

NOTE: Obtaining or attempting to obtain a license by bribery, fraud, or knowing misrepresentation is a violation of the Psychology Practice Act and may result in the denial of licensure, suspension or revocation of license, and/or other penalty under Section 490.009, Florida Statutes, or Rule Chapter 64B19-17, Florida Administrative Code.

PART I. PERSONAL HISTORY

A. In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?	☐ YES ☐ NO
B. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?	☐ YES ☐ NO
C. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice psychology within the past five years?	☐ YES ☐ NO
D. During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice psychology?	☐ YES ☐ NO
E. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder, or, if you were previously in such a program, did you suffer a relapse within the last five years?	☐ YES ☐ NO
F. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice psychology within the past five years?	☐ YES ☐ NO

Mission Statement:
To protect and promote the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties.

4052 Bald Cypress Way, Bin # C05
Tallahassee, Florida 32399-3257
Phone: (850) 245-4373 Fax: (850) 414-6860
Website: www.doh.state.fl.us/mqa/

To ensure that your profile is properly entered into the Department's licensure database, please keep this page on top.

FLORIDA DEPARTMENT OF HEALTH

*Board of Psychology
Mailing Address for application and fees:
P.O. Box 6330
Tallahassee FL 32314-6330*

*Mailing Address for all other documentation:
4052 Bald Cypress Way, Bin #C05
Tallahassee, FL 32399-3255
(850) 245-4373; Fax (850) 414-6860*

\$755 total = \$250 application fee & \$500 initial
licensure fee & \$5 unlicensed activity fee

APPLICATION FOR PROVISIONAL PSYCHOLOGY LICENSURE

NOTE: PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

PART II. PROFILE DATA FORM

¹ List your full, legal NAME as it should appear on PROVISIONAL PSYCHOLOGY license (no nicknames or shortened versions): FIRST: _____ MIDDLE: _____ LAST: _____		
² Have you ever changed your name through marriage or action of a court, or have you been known by any other name? <i>If "YES", give the name(s) and date(s) of changes below:</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
³ City/State/Country of Birth: _____	⁴ Date of Birth (m/d/yr) _____	
⁵ MAILING Address (street address, city, state, ZIP): <small>(Mailing address will display on the Internet if you have not provided a practice location):</small>	PRACTICE Address (required- street address, city, state, ZIP):	
^{6a} Work Telephone Number: () _____	^{7a} Fax Number: () _____	
^{6b} Alternate Telephone Number: () _____	^{7b} E-mail Address: _____	
^{8a} Name of School, College or University OF DOCTORAL DEGREE and major: _____	⁹ Type of Degree: <input type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D. <input type="checkbox"/> Ed.D. <input type="checkbox"/> Other _____	¹⁰ Date Graduated: ____/____/____
^{8b} Did you graduate from an APA accredited program? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(An official transcript must be submitted directly to Board office from the degree granting institution, or, if sent by the applicant, must be sent in the institution's sealed envelope.)</small>		
¹¹ EQUAL OPPORTUNITY DATA We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 38295 (August 25, 1978). This information is gathered for statistical purposes only and does not in any way affect your candidacy for licensure. Sex: <input type="checkbox"/> F <input type="checkbox"/> M Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give alien number _____ Ethnic Origin: <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____		
¹² SECTION 456.38, FLORIDA STATUTES, PRACTITIONER REGISTRY FOR DISASTERS AND EMERGENCIES Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster? Yes _____ or No _____		

PRINT APPLICANT NAME HERE _____

PART III. SUPERVISOR INFORMATION AND AGREEMENT

¹³ Name of Supervisor:	
¹⁴ Supervisor's License Number:	¹⁵ State(s) Where Licensed:
¹⁶ Supervisor's MAILING Address (street address, city, state, ZIP):	Supervisor's PRACTICE Address (street address, city, state, ZIP):
¹⁷ SUPERVISOR AGREEMENT: I, _____, a licensed psychologist practicing in the State of Florida, license number _____, have entered into an agreement with this applicant, _____, in which I agree to provide supervision to this individual in accordance with Section 490.005(1)(c), Florida Statutes, and Rule 64B19-11.011, Florida Administrative Code. By executing this agreement, I also consent to notifying the Department of Health, Board of Psychology, immediately and in writing in the event that my supervision of this individual terminates, tolls, or changes for any reason. I understand that this individual, once granted a provisional license, can only practice as outlined by rule of the Board and under my supervision. I have read and understand fully Chapters 456 and 490, Florida Statutes, and Title 64B19, Florida Administrative Code. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature of Supervisor Date Signed </div>	

PART IV. DISCIPLINARY & CRIMINAL HISTORY

You must answer all of the following questions. If you answer "yes", you must explain in detail on a separate sheet. In your explanation, include date(s), location(s), specific circumstances, practitioners and/or treatment involved, etc. Your "yes" answers must be substantiated by either official documents sent directly to us from the respective state licensing board or official copies of court records from the clerk of the court. You must ensure that we receive the documents that substantiate your "yes" answers. Your "yes" answer would not be an automatic cause for denial. <i>NOTE: Obtaining or attempting to obtain a license by bribery, fraud, or knowing misrepresentation is a violation of the Psychology Practice Act and may result in the denial of licensure, suspension or revocation of license, and/or other penalty under Section 490.009, Florida Statutes, or Rule Chapter 64B19-17, Florida Administrative Code.</i>	
DISCIPLINARY HISTORY ¹⁸ Are you now under investigation in any jurisdiction, including Florida, for an offense which would be a violation of Chapters 456 or 490, Florida Statutes?	<input type="checkbox"/> YES <input type="checkbox"/> NO
¹⁹ Have you ever had your license revoked, suspended, or in any way acted against (e.g., reprimand, administrative fine, probation, etc.) in any state, including Florida, U.S. territory or foreign country?	<input type="checkbox"/> YES <input type="checkbox"/> NO
²⁰ Have you ever been denied licensure to practice psychology or any health-related profession in any licensing jurisdiction, including Florida or been granted such under restrictions (e.g., probation, other obligations imposed, etc.) of any kind?	<input type="checkbox"/> YES <input type="checkbox"/> NO
CRIMINAL HISTORY ²¹ Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction, including a military court martial, other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.	<input type="checkbox"/> YES <input type="checkbox"/> NO

PRINT APPLICANT NAME HERE _____

PART V. HISTORY PURSUANT TO SECTION 456.0635(2) F.S.

Note: Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked. If you answer yes to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documentation. If you answer "No" to A.1., B.1. or C.1. please respond "N/A" for A.2., B.2., C.2. and C.3.

<p>²² A.1. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? (If no, please respond N/A to A.2.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>A.2. Has it been more that 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for each such conviction?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>B.1. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If no, please respond N/A to B.2)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B.2. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>C.1. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? (If no, please respond N/A to C.2 and C.3.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>C.2. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>C.3. Did the termination occur at least 20 years prior to the date of this application?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

PRINT APPLICANT NAME HERE: _____

THE FOLLOWING STATEMENT MUST BE COMPLETED:

³¹ **STATEMENT OF APPLICANT**

I declare these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.0083 and 775.084, Florida Statutes.

I hereby authorize all hospital(s), institution(s) or organization(s), personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign), to release to the Florida Board of Psychology any information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, or any supporting documentation, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license to practice as a Provisional Psychologist in the State of Florida.

I understand that my provisional licensure, once granted, will be valid for a maximum of two years and that I may practice only under the supervision of a Board approved and fully licensed psychologist in accordance with applicable laws and rules. In the event that my supervision with the Board-approved supervisor terminates or changes for any reason, I agree to notify the Board of Psychology immediately and in writing of the termination or change. Further, in the event of termination of supervision, my practice must cease until a new supervisor is approved by the Board.

I further state that I have read and understand Chapters 456 and 490, Florida Statutes, and Title 64B19, Florida Administrative Code, pertaining to Psychological Services, and acknowledge that I must abide by them.

Signature of applicant (required)

Date signed (required)

PRINT APPLICANT NAME HERE _____

APPLICATION FOR PROVISIONAL PSYCHOLOGIST LICENSURE

INSTRUCTIONS

SECTION I - GENERAL REQUIREMENTS AND INFORMATION

STATUTE AND RULE REFERENCES:

Specific licensure requirements can be found at Sections 490.0051, F.S. and 64B19-11.011 Florida Administrative Code, copies of which may be found at www.doh.state.fl.us/mqa

ELIGIBILITY REQUIREMENTS:

EDUCATION

Completion of doctoral degree in psychology from a program as outlined in sections 490.003, F.S., **AND**

REQUIRED SUPERVISION

Provisional psychology licensees should not practice without the appropriate supervision. Practicing without the appropriate supervision may result in disciplinary action being taken against the provisional psychology licensee.

APPLICATION PROCESS:

It takes approximately 10-15 working days for checks to be processed by the Revenue Unit of the Department. Board office staff does not receive applications until the checks are processed.

By law, the Board office is allowed 30 days from receipt of the application and fee to review an application and notify the applicant in writing of any deficiencies. If notification of application status has not been received within 40 days of the Department's receipt of the application, you may contact the Board's administrative office. It is recommended that all applicants submit applications and documentation as far in advance of deadlines as possible.

It is recommended that applicants gather supporting documentation, such as transcripts, for submission with their applications and fees. This will expedite application processing.

Applications will still be processed if documents are sent in separate from the application; doing so, however, may slow application processing down considerably. Transcripts may be submitted in this manner as long as they bear the official seal and are in sealed envelopes from the educational institution. *Verifications of other state licenses must still be forwarded directly to the Board office from the respective agency.*

A complete application consists of a completed application form and ALL required supporting documentation received by established deadlines and deemed acceptable by the Board staff.

An incomplete application shall expire 1 year after initial filing. Applicants whose files are closed must submit new applications and fees. Likewise, applicants who delay timely responses to notices of deficiencies may be required to update their applications prior to the Board's consideration.

COMPLETING THE APPLICATION:

Keep these instructions, the laws and rules, and a copy of the completed application, for future reference.

When answering questions, do not refer to an attached resume. All questions can be answered by completing the form in its entirety as required. Failure to do so will cause the application to be incomplete and the applicant will be requested to complete additional application pages, as applicable.

If you would like to explain or clarify any question or if any of the sections in the application do not contain sufficient space for the requested information, use an additional sheet of paper to make addenda to the question and attach such to the application. Make a note on the application question that an addendum for that question is attached. Always number the additional information with the corresponding number of the question in the application.

Social Security Number. Under the Federal Privacy Act, disclosure of social security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.013, 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L 193, Section 317.

If confirmation that the Board office received any documentation is needed, use of certified mail is highly recommended. Supporting documentation may be submitted to this office before submission of application and fee.

Supervisor must complete, sign, and date the agreement as part of the application.

MEDICAL ERRORS REQUIREMENT

Section 456.013(7), Florida Statutes, requires the completion of a 2-hour course relating to prevention of medical errors prior to permanent licensure in Florida as a provisional psychologist.

Section 456.013 (7), F.S. The boards, or the department when there is no board, shall require the completion of a 2-hour course relating to prevention of medical errors as part of the licensure and renewal process. The 2-hour course shall count towards the total number of continuing education hours required for the profession. The course shall be approved by the board or department, as appropriate, and shall include a

study of root-cause analysis, error reduction and prevention, and patient safety. If the course is being offered by a facility licensed pursuant to Chapter 395 for its employees, the board may approve up to 1 hour of the 2-hour course to be specifically related to error reduction and prevention methods used in that facility.

You may also refer to rule 64B19-13.003, F.A.C., for additional information.

ADDRESS CHANGES

Please notify the Board office immediately of any address change for either practice location or mailing address. If you do not currently have a practice location, please inform us as soon as you obtain employment. Licenses are printed with the practice location address but are mailed to your home/ mailing address. The Internet will display your practice location address only. If none given, your home/ mailing address will be displayed. You are strongly encouraged to provide this office of any change in address, as it is a violation to not do so.

For information on limited and provisional licensure, please visit our web site at www.doh.state.fl.us/mqa. As a potential licensee, we recommend that you frequently visit the Board of Psychology web site for updates and changes in the profession.

LICENSURE EXPIRATION

Provisional psychology licenses expire twenty-four (24) months after the date issued or after receipt of a letter from the Board that states that the provisional psychology licensee is a licensed psychologist in Florida, whichever is earlier. The provisional psychologist license may not be renewed or reissued.

WITHDRAWAL OF APPLICATION

If you decide to withdraw your application, you must make the request in writing. The request must be received prior to the Board's granting of licensure. Included in the request should be a request for refund of the appropriate fees. The application fee portion of your payment is non-refundable.

SECTION II - APPLICATION CHECKLIST AND REQUIRED DOCUMENTATION

Fees: \$250 non-refundable application processing fee
\$500 initial licensure fee
\$ 5 unlicensed activity fee
\$755 total

Make checks payable to DOH/Board of Psychology.

1. APPLICATION FORM AND FEES:

The application must be fully completed by every applicant with an appropriate photo. Please staple the fee securely to page 1 of the application. Do not stop payment on your check. This could result in a bad check charge being filed against you.

2. LICENSE/CERTIFICATE VERIFICATION FORM

This form must be submitted for each psychology and health-related license or certificate currently or ever held. All verifications must be sent to the Board office directly from each respective state.

3. **OFFICIAL DOCTORAL LEVEL TRANSCRIPTS**

Official doctoral level education transcripts can be sent directly to this office from the institution, or, if sent by the applicant, must be contained in the institution's sealed envelope.

SUBMIT INITIAL APPLICATION, SUPPORTING DOCUMENTS AND FEES TO:

Department of Health/Board of Psychology
P. O. Box 6330
Tallahassee, FL 32314-6330

ALL SUBSEQUENT DOCUMENTATION MAY BE SUBMITTED TO:

Department of Health
Board of Psychology
4052 Bald Cypress Way, BIN C05
Tallahassee, FL 32399-3255