

## Navigating the Requirements for Florida Psychologist Licensure

There are 7 different pathways by which individuals may apply for licensure as a psychologist in the State of Florida. In this packet you will find detailed information about each application method, useful tips & checklists, and, once you are well informed and ready to continue the journey to licensure - the licensure application form.

**BEFORE** you apply, carefully review the information and instructions to determine which application method is...

- 1) most closely aligned to your education and experience;
- 2) requires submission of the least amount of supporting documentation; and
- 3) does not specifically require Board review, if possible.

**OVERVIEW OF THE REVIEW PROCESS:** The Board has delegated staff to review and authorize the majority of qualified applicants for licensure, according to Florida law, without requiring its specific review of the application during a scheduled public meeting. This allows applications to be processed for licensure in a more expedited manner. The Board only requires specific review of an application under circumstances where there are credentialing or background history issues staff is unable to clear. Scheduling for Board review is also often required for applicants who apply by Endorsement of Other State License.

**STATUTE & RULE REFERENCES:** Specific licensure requirements can be found in Section 490.005 and 490.006, Florida Statutes, and Chapter 64B19-11, Florida Administrative Code, at <http://floridapsychology.gov/resources/>

### GENERAL OVERVIEW OF APPLICATION METHODS

- **Examination:** This method means the educational and supervised experience requirements for licensure are complete at the time of application. The national Examination for Professional Practice in Psychology (EPPP) and the Florida Laws and Rules examination must be taken and passed prior to licensure.
- **Examination with Waiver:** This method means the educational, supervised experience *and* EPPP examination requirements for licensure are complete at the time of application. The EPPP must have been passed with a score acceptable to Florida. The Florida Laws and Rules examination must be taken and passed prior to licensure.
- **Bifurcation/Examination:** This method means the educational requirement for licensure has been completed, but the post-doctoral supervised experience will not be complete at the time of application. Applicants under this method are able to proceed with sitting for the required examinations while completing the experience requirement. Verification of the post-doctoral supervised experience and passage of the EPPP and Florida Laws and Rules examinations will be required prior to licensure.
- **Bifurcation/Examination with Waiver:** This method means the educational *and* EPPP examination requirements have been completed, but the post-doctoral supervised experience will not be completed at the time of application. The EPPP must have been passed with a score acceptable to Florida. Applicants under this method are able to proceed with sitting for the Florida Laws and Rules examination while completing the experience requirement. Verification of the post-doctoral supervised experience and passage of the Florida Laws and Rules examination will be required prior to licensure.
- **Endorsement of 20 Years Licensed Psychology Experience:** This method means the educational requirement for licensure has been met and that the applicant has at least 20 years of experience as a licensed psychologist in any jurisdiction or territory of the United States within 25 years preceding the date of application. Passage of the Florida Laws and Rules examination will be required prior to licensure.
- **Endorsement of American Board of Professional Psychology (ABPP) Diplomate:** This method means an applicant is a diplomate in good standing with the American Board of Professional Psychology, Inc. Passage of the Florida Laws and Rules examination will be required prior to licensure.
- **Endorsement of Other State License:** This method requires the Board to conduct a strict law-to-law comparison of the Education, Experience and Examination licensure requirements in the state being endorsed, versus the same criteria in effect in Florida at the time the applicant was licensed in the other state, to determine whether they are substantially equivalent to or more stringent than those in Florida. Personal qualifications are not considered. Passage of the Florida Laws and Rules examination will be required prior to licensure.

## EXAMINATION APPLICATION METHODS

**Examination** application methods require the following:

- **EDUCATION - U.S. Trained Applicants:** Submission of your official doctoral level (Ph.D., Psy.D. or Ed.D) transcript in psychology as proof of graduation from a program accredited by the American Psychological Association (APA). A list of accredited programs is available on the APA's website at [www.apa.org/ed/accreditation/programs](http://www.apa.org/ed/accreditation/programs). Reference Sections 490.003 and 490.005, Florida Statutes. Currently, the APA is the only "programmatic" accrediting agency approved by the U.S. Department of Education for doctoral level psychology programs.
- **EDUCATION - Foreign Trained Applicants:** Applicants trained outside of the U.S. or Canada must obtain a credentials evaluation and submit a letter of comparability which demonstrates that their doctoral program was comparable to an APA-accredited doctoral level psychology program. Please see Rule 64B19-11.0035(3), Florida Administrative Code and page 5 of this packet for additional information for foreign-trained applicants.
- **EXPERIENCE:** A total of 4000 hours of supervised experience. The Board accepts the doctoral level psychology internship in satisfaction of the first 2000 hours of the required experience. Applicants must complete the remaining 2000 hours as post-doctoral supervised experience according to the requirements of Rule 64B19-11.005, Florida Administrative Code. **Bifurcation/Examination** applicants may sit for the required examinations while completing any outstanding hours of the required post-doctoral supervised experience.
- **EXAMS:** Passage of the EPPP administered by the Association of State and Provincial Psychology Boards (ASPPB) and passage of the State of Florida's psychology laws and rules examination. Reference Rule 64B19-11.001, Florida Administrative Code. Applicants who have previously passed the EPPP with a score acceptable to Florida may apply under the **Examination with Waiver** application method. The waiver concept may also be applied to **Bifurcation/Examination** applicants who meet these criteria.

### \*\*\*EXAMINATION APPLICATION CHECKLIST\*\*\*

Use the following checklist to help ensure that you send in all necessary documentation for your licensure application. Submission of supporting documents is encouraged prior to mailing your application.

#### All Examination Applicants:

##### \_\_\_\_\_ **Current Application Form**

Answer ALL questions. If a question is not applicable, mark with N/A. Questions left blank will delay processing.

##### \_\_\_\_\_ **Fees:** \$390 in the form of a money order or cashier's check made payable to DOH / Board of Psychology. \$200 application processing fee; \$85 laws and rules exam fee; \$100 licensure and \$5 unlicensed activity fee

##### \_\_\_\_\_ **Official Doctoral Level Transcript**

Directly from the university, or, applicants may provide as long as the transcript bears the official university seal and is in a sealed envelope from the educational institution.

##### \_\_\_\_\_ **Supervising Psychologist Verification Form**

Form is available at <http://floridapsychology.gov/applications/supervising-psychologist-verification-form.pdf> and must be completed and submitted to the Board office by the primary supervisor. Bifurcation/Examination applicants must submit this form submitted prior to licensure. Post-doctoral experience obtained in more than one (1) location with more than one supervisor must submit an explanation from the primary supervising psychologist of how the combined experiences provided a cohesive and integrated training experience.

##### \_\_\_\_\_ **License/Certificate Verification Form(s), if applicable.**

Staff will seek to obtain online licensure verifications from the applicable state board. Official verifications will only be required if unavailable online or the online version does not contain required information.

##### \_\_\_\_\_ **Certificate for Completion of Board-Approved 2-Hour Prevention of Medical Errors Course**

Required prior to licensure. Please see additional information on page 5 of this packet.

#### Additional Requirements by Examination Application Method:

##### \_\_\_\_\_ **Examination w/Waiver Candidates: EPPP Score Transfer Report**

The EPPP score transfer form is available at [www.asppb.net](http://www.asppb.net).

##### \_\_\_\_\_ **Foreign Trained Applicants: Credentials Evaluation Report**

##### \_\_\_\_\_ **Foreign Trained Applicants: Letter of Comparability to APA-Accredited program**

**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

## ENDORSEMENT APPLICATION METHODS

Please reference Section 490.006, Florida Statutes, with regard to Florida's **Endorsement** application methods. Applicants who apply by endorsement may choose any of the three available endorsement application methods, or any combination thereof. If you choose multiple methods you will be required to submit all of the required documentation for these methods before the Board will review your application. Applicants approved under any of these methods are only required to sit for the Florida laws and rules examination prior to licensure.

**ENDORSEMENT OF 20 YEARS LICENSED PSYCHOLOGY EXPERIENCE:** To apply for this method of licensure, the statute requires that the applicant possess a doctoral degree (Ph.D., Psy.D. or Ed.D) in psychology from a program accredited by the American Psychological Association (APA). A listing of accredited programs is available on the APA's website at [www.apa.org/ed/accreditation/programs](http://www.apa.org/ed/accreditation/programs). The APA is the only "programmatic" accrediting agency currently approved by the U.S. Department of Education for doctoral level psychology programs. The applicant must also have at least 20 years of experience as a licensed psychologist in any jurisdiction or territory of the United States within 25 years preceding the date of application.

**ENDORSEMENT OF AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY DIPLOMATE (ABPP):** Requires that the applicant possess a specialty psychology diplomate from the ABPP. Official verification that the diplomate is in good standing is to be submitted to the Board office from the ABPP. More information regarding the requirements to obtain this credential is available on the ABPP's website at [www.abpp.org](http://www.abpp.org).

**ENDORSEMENT OF OTHER STATE LICENSE:** You are **not** required to use this method if licensed in another state. The Endorsement of Other State License application method generally entails a lengthier initial application review process. It should also be noted that **your personal education and experience background cannot be considered under this application method. If you meet the requirements of any of the Examination methods, you are strongly encouraged to apply under the method most closely aligned to your background.** Applicants who decide to pursue licensure under the Endorsement of Other State License application method must hold an active, valid license as a psychologist in another state provided that when such license was secured, the requirements were substantially equivalent to or more stringent than those in Florida at that time. If no Florida law existed at that time, then the requirements in the other state must have been substantially equivalent to or more stringent than those currently required by Florida Statutes.

### \*\*\*ENDORSEMENT APPLICATION CHECKLIST\*\*\*

Use the following checklist to help ensure that you send in all necessary documentation for your licensure application. Submission of supporting documents is encouraged prior to mailing your application.

#### All Endorsement Applicants:

- \_\_\_\_\_ **Current Application Form**  
Answer ALL questions. If question is not applicable, mark with N/A. Questions left blank will delay processing.
- \_\_\_\_\_ **Fees:** \$390 in the form of money order or cashier's check made payable to DOH / Board of Psychology.  
\$200 application processing fee; \$85 laws and rules exam fee; \$100 licensure and \$5 unlicensed activity fee
- \_\_\_\_\_ **License/Certificate Verification Form(s)**  
Staff will seek to obtain online licensure verifications from the applicable state board. Official verifications will only be required if unavailable online or the online version does not contain required information.
- \_\_\_\_\_ **Certificate for Completion of Board-Approved 2-Hour Prevention of Medical Errors Course**  
Required prior to licensure. Please see additional information on page 5 of this packet.

#### Additional Requirements by Endorsement Application Method:

- \_\_\_\_\_ **20-Year Endorsement Applicants:** Official Doctoral Level Transcript  
Directly from the university, or, applicants may provide as long as the transcript bears the official university seal and is in a sealed envelope from the educational institution.
- \_\_\_\_\_ **ABPP Endorsement Applicants:** ABPP Diplomate Verification Form or Official ABPP Letter of Good Standing  
Form is available at <http://floridapsychology.gov/applications/abpp-diploma-verification-form.pdf>
- \_\_\_\_\_ **Other State License Applicants:** Copy of the laws and rules in effect at the time you were licensed in the other state. Regulations may be sought from the applicable state board or state law library.  
Please ensure that the transmitter includes a cover letter that references your name and that you are a Florida psychology licensure applicant.

**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

## **EXAMINATION INFORMATION**

### **The Laws and Rules Exam**

The Board of Psychology administers the laws and rules examination by computer based testing. Once the Board has approved your application, the Board office will send information, which will provide details on how to schedule the exam. Approved candidates will pay **\$53** directly to the testing vendor in addition to the **\$85** paid to the Department.

Study packets may be downloaded at <http://floridaspsychology.gov/resources/examination/> or you may contact the Board office at (850) 245-4373 for a current copy. Study packets for the laws and rules examination are only valid for a specific period of time. Please verify that you are reviewing the appropriate packet for your scheduled examination. The dates the packets are valid are listed on the front cover. Packets outside of the valid date range may contain outdated rules or not reflect changes in the law.

### **The National Exam**

The EPPP (national) exam is only offered by computer-based testing. The national exam fee is not included in the psychology application fee, but is to be paid directly to the testing service. Once the Board of Psychology has approved your application, you will be directed to the ASPPB's website at <http://www.asppb.net/EPPPsignup>, which contains current and important information for exam candidates, as well as a link to where the vendor's online application for the exam will be completed and the required examination fee will be paid. Note that Prometric will also assess a CBT administration fee. Please see the EPPP candidate bulletin for the current CBT administration fee. After you complete the vendor's EPPP application, an authorization to test (ATT) message will be immediately generated and forwarded to you. Upon receipt of the ATT letter, you may contact the testing vendor, Prometric, to schedule the date and location of your exam within your 60-day authorization window. Approved applicants who do not schedule within the authorization window will need to contact the Board office for assistance. Please note that the candidate bulletin is available at <http://www.asppb.net/InfoForCandidates>.

## **EXAMINATION RESULTS**

Applicants may currently access examination results on the Department of Health's Testing Service's Unit website at <http://ww2.doh.state.fl.us/OnlineTestNet/default.aspx?asperrorpath=/ONLINETESTNET/searchexmpg.aspx> by clicking on the "Examination Results" link. Exam results are generally available on the site within 3 to 4 weeks of the date you sat for the examination. Please note that the Board office does not mail examination score reports nor is Board staff able to communicate examination scores to candidates by any other means. Upon receipt of official scores in the Board office, staff will provide a reexamination application to those who were unsuccessful on either or both exams.

## **APPLICATION CLOSURE AFTER 24 MONTHS**

Pursuant to Section 490.005(3)(a), F.S. and Rule 64B19-11.0075, F.A.C., the Board will close the application file, and issue a final order of denial, to any applicant for licensure by examination who fails to pass the laws and rules examination and national examination or fails to submit evidence of completion of the postdoctoral supervised experience within 24 months of the issuance of the Board's letter advising that the applicant has been approved for examination.

## **Special Testing Accommodations**

Rule 64B-1.005, F.A.C., states the department will provide special assistance to candidates with disabilities. If the applicant has a physical or mental impairment that substantially limits one or more major life activities, the applicant may request special assistance with the examination process. Special accommodations may also be requested by candidates who, due to their religious beliefs, have conflicts with scheduled exam dates.

Special testing accommodations may be requested by submitting one of the following applications, as applicable:

- Application for Candidates Requesting Special Testing Accommodations in Accordance with the American's with Disabilities Act
- Application for Special Testing Accommodations Due to a Religious Conflict

The above applications may be obtained on the Department of Health's website at <http://floridaspsychology.gov/resources/examination/>, or by contacting the Special Testing Coordinator, Bureau of Operations/Testing Services, at (850) 245-4252.

Please note that applications must be submitted, in the manner described in each application, no later than 60 days PRIOR to the examination for which the applicant wishes to be scheduled. Accommodations on site cannot be guaranteed without making the request for accommodation as instructed above. Specific questions regarding special testing conditions should be directed to Special Testing Coordinator, Bureau of Operations/Testing Services, at (850) 245-4252.

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### ADDITIONAL INFORMATION

The Board and its staff strive to license applicants as quickly and efficiently as possible but the licensure and exam process could be lengthy for some applicants. Applicants are encouraged to take this into consideration when moving to Florida and when accepting positions that require licensure. Submitting the application and supporting documents far in advance of the date you wish to begin practice is strongly recommended. Please note that incomplete applications expire one year after staff notifies the applicant of any missing documentation. Applicants are made eligible to sit for the examination(s), by staff, only after the application is COMPLETE. An application is complete when all documents required have been received and cleared by the Board. All psychology licenses expire the same day, May 31, of every even numbered year. Licenses issued within 150 days of the expiration date will continue into the next biennium. Licenses issued more than 150 days from the expiration date will expire at the end of the current biennium. The biennium dates are as follows: 06/01/12 to 05/31/14; 06/01/14 to 05/31/16; and 06/01/16 to 05/31/18.

**FOREIGN EDUCATED APPLICANTS:** Foreign educated applicants must have their educational credentials evaluated by a credentials evaluation service acceptable to the Board of Psychology in addition to the criteria of 64B19-11.0035, F.A.C. This listing is provided as general information. The organizations listed below do not constitute an endorsement of any organization.

Joseph Silny & Associates, Inc., International Education Consultants P. O. Box 248233 Coral Gables, FL 33124 (305) 273-1616 web site: <a href="http://www.jsilny.com">www.jsilny.com</a>	Educational Credential Evaluators P. O. Box 514070 Milwaukee, Wisconsin 53203- 3470 (414) 289-3400 web site: <a href="http://www.ece.org">www.ece.org</a>	International Education Research Foundation P. O. Box 3655 Culver City, California 90231-7086 (310) 258-9451 web site: <a href="http://www.ierf.org">www.ierf.org</a>	World Education Services, Inc. P. O. Box 745 – Old Chelsea Station New York, New York 10113 (212) 219-7300 web site: <a href="http://www.wes.org">www.wes.org</a>
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**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 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. Only medical errors courses that have been approved by the Board will meet this requirement. A list of approved courses is available at [www.cebroker.com](http://www.cebroker.com).

**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 USCA § 666 (a)(13); 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.

**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. For information on limited and provisional licensure, please visit our web site at <http://www.floridahealth.gov/index.html>. As a potential licensee, we recommend that you frequently visit the Board of Psychology web site for updates and changes in the profession.

**APPLICATION WITHDRAWAL:** Application withdrawal and fee refund requests must be made in writing and received prior to the Board's granting of licensure. The application fee portion of your payment is non-refundable. Do not stop payment on your check. This could result in a bad check charge being filed against you.

\*Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.





**Board of Psychology**  
**Psychologist Licensure Application**

**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.

<b>Name:</b>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"><span><b>Last</b></span><span><b>First</b></span><span><b>Middle</b></span></div>	<b>Social Security Number:</b>  _____
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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**

<b><sup>A.</sup></b> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b><sup>B.</sup></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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b><sup>C.</sup></b> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b><sup>D.</sup></b> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b><sup>E.</sup></b> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b><sup>F.</sup></b> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Mission Statement:**

The mission of the Department of Health is 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: <http://www.floridahealth.gov/index.html/>

*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 Supporting Documents:*

*4052 Bald Cypress Way, Bin C05*

*Tallahassee, FL 32399-3255*

*(850) 245-4373 • fax (850) 414-6860*

**NOTE:** PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

## APPLICATION FOR PSYCHOLOGIST LICENSURE

### PART II. PROFILE DATA FORM

<b><sup>1</sup> APPLICATION METHOD:</b> <input type="checkbox"/> EXAM <input type="checkbox"/> BIFURCATION/EXAM <input type="checkbox"/> EXAM W/ WAIVER <input type="checkbox"/> BIFURCATION W/ WAIVER <b>Endorsement applicants, check all that apply</b> <input type="checkbox"/> ENDORSEMENT OF OTHER STATE LICENSE <input type="checkbox"/> ENDORSEMENT OF DIPLOMATE STATUS WITH ABPP <input type="checkbox"/> ENDORSEMENT OF 20 YEARS OF LICENSED PSYCHOLOGY EXPERIENCE		\$200 Application processing fee \$85 Florida laws & rules exam fee \$100 Initial licensure fee \$5 Unlicensed activity fee <b>All application methods require a \$390.00 fee.</b>
<b><sup>2</sup> Have you ever applied for psychology licensure in Florida?   If "YES", give date(s) below:</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b><sup>3</sup> List your full, legal NAME as it should appear on license (no nicknames or shortened versions):</b>  <div style="display: flex; justify-content: space-between;"> <span>First:</span> <span>Middle:</span> <span>Last:</span> </div>		
<b><sup>4</sup> List all names, by which you are currently known, and have been known as in the past:</b>  		
<b><sup>5</sup> Date of Birth (m/d/yr)</b>  		
<b><sup>6</sup> MAILING Address (street address, city, state, ZIP)(Mailing address will display on the Internet if you have not provided a practice location):</b>  		
<b><sup>7</sup> Practice Address (required - business name, street address, city, state, ZIP):</b>  		If currently unemployed, please check <input type="checkbox"/> . You must provide an address when employment is secured.
<b><sup>8a</sup> Work Telephone Number: (   )</b>  <b><sup>8b</sup> Alternative Telephone Number: (   )</b>	<b><sup>9</sup> Fax Number: (   )</b>	
<b><sup>10</sup> Name of School, College or University OF DOCTORAL DEGREE:</b>  <i>(Official doctoral level education transcripts may be sent directly to this office from the institution, or, if sent by the applicant, must be contained in the institution's sealed envelope.)</i>		<b><sup>11</sup> Date Graduated(m/d/yr):</b>  <b><sup>12</sup> Type of Degree:</b> <input type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D. <input type="checkbox"/> Ed.D. <input type="checkbox"/> Other _____
<b><sup>13</sup> EQUAL OPPORTUNITY DATA</b> 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. <b>Sex:</b> <input type="checkbox"/> F <input type="checkbox"/> M <b>Are you a US Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, give alien number</b> _____ <b>Ethnic Origin:</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other _____		
<b><sup>14</sup> SECTION 456.38, FLORIDA STATUTES, PRACTITIONER REGISTRY FOR DISASTERS AND EMERGENCIES</b> 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. ENDORSEMENT INFORMATION**  
(Check all that apply, if an endorsement applicant)

**ENDORSEMENT OF ANOTHER STATE LICENSE:**

<p><sup>15</sup> Are you applying for licensure based on the endorsement of a valid license to practice psychology in another state in which the requirements for licensure at the time of your original licensure were substantially equivalent to or more stringent than the requirements of Florida law at that time? Section 490.006(1)(a), Florida Statutes. If "yes", what state do you hold a current active license that you wish to have endorsed? _____</p> <p>Please request the above state regulatory office to send a copy of the laws and rules pertaining to psychologist licensure, which were in effect at the time you were licensed, directly to this office.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**ENDORSEMENT OF DIPLOMATE STATUS WITH THE ABPP:**

<p><sup>16</sup> Are you applying for licensure based on the endorsement of diplomate status granted by the American Board of Professional Psychology (ABPP), Section 490.006(1)(b), Florida Statutes. If yes, complete the following and request that the ABPP complete and submit the Board's ABPP Diplomate Verification Form, available at <a href="http://www.floridahealth.gov/index.html">http://www.floridahealth.gov/index.html</a>, directly to this office. Reference Rule 64B19-11.012(3), F.A.C.</p>			<input type="checkbox"/> YES <input type="checkbox"/> NO
Diploma Number	Date of Diploma	Specialty	
	_ / _ / _		

**ENDORSEMENT OF 20 YEARS OF EXPERIENCE AS A LICENSED PSYCHOLOGIST:**

<p><sup>17</sup> Are you applying for licensure based on 20 years of licensed experience in any jurisdiction or territory of the United States within 25 years preceding the date of this application? Section 490.006(1)(c), Florida Statutes. Verification of 20 years of active psychology licensure must be verified by the regulatory licensing authority.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**PART IV. EDUCATIONAL DATA**

<p><sup>18</sup> List below your doctoral degree(s) in psychology and note the name under which your degree was received, if different from your full legal name. Under the "Major" column, please indicate whether the doctoral degree in psychology was in clinical, counseling, school psychology, or any combination of these. If none of these are applicable, please list your actual major. Under the "Degree Received" column, please list whether the degree earned was a Psy.D., Ed.D, or Ph.D. in psychology.</p>				
College, School or University and Location	Name (if different from current legal name)	Major(s)	Degree Received	Date of Graduation
				_ / _ / _
				_ / _ / _
<p><sup>19</sup> Did you graduate from a doctoral program which was accredited by the American Psychological Association (APA) at the time you were enrolled and subsequently graduated?</p>				<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><sup>20</sup> Did you complete all of the requirements for your degree before your graduation date? If "yes", please give the date (m/d/y) of completion: _____. If you plan to use this date to determine the start of your post-doctoral supervised experience, this office must receive a letter from the registrar verifying the date of completion of all requirements, including approval of dissertation, for your degree.</p>				<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><sup>21</sup> Did you graduate from an educational institution outside of the U.S. or Canada? If "yes," you must have your education evaluated by a certified credentialing agency. A list of agencies can be found in the instructions of the application. A letter from the director of an APA program is also required. See rule 64B19-11.0035, F.A.C.</p>				<input type="checkbox"/> YES <input type="checkbox"/> NO

PRINT APPLICANT NAME HERE: \_\_\_\_\_



**PART V. SUPERVISED EXPERIENCE***Please number chronologically**Use this form to list only supervised experience, including internship training***EXPERIENCE SETTING – Number 1 – Please Check One: D Internship or D Post Doctoral Supervision**

<sup>22</sup> Practice Setting (name of business, street address, city, state, ZIP):	
Title by Which You were Known:	
Supervisor's Name:	Supervisor's License Number:
Supervised Experience -- Starting Date: _____ mm/dd/yyyy      Ending Date: _____ mm/dd/yyyy	
<i><b>(If supervision is not yet complete please do not provide a future ending date. Please provide the current numerical date.)</b></i>	
Total Number of Weeks of Experience: _____ Total Number of Hours per Week of Experience: _____ <i><b>(If supervision is not yet complete please provide the correct information to date.)</b></i>	Total Number of Hours per Week of Clinical Supervision: _____  Of the above Total Number of Hours, how many were Individual Face-to-Face per week: _____

**EXPERIENCE SETTING – Number 2 – Please Check One: D Internship or D Post Doctoral Supervision**

<sup>23</sup> Practice Setting (name of business, street address, city, state, ZIP):	
Title by Which You were Known:	
Supervisor's Name:	Supervisor's License Number:
Supervised Experience -- Starting Date: _____ mm/dd/yyyy      Ending Date: _____ mm/dd/yyyy	
<i><b>(If supervision is not yet complete please do not provide a future ending date. Please provide the current numerical date.)</b></i>	
Total Number of Weeks of Experience: _____ Total Number of Hours per Week of Experience: _____ <i><b>(If supervision is not yet complete please provide the correct information to date.)</b></i>	Total Number of Hours per Week of Clinical Supervision: _____  Of the above Total Number of Hours, how many were Individual Face-to-Face per week: _____

**EXPERIENCE SETTING – Number 3 – Please Check One: D Internship or D Post Doctoral Supervision**

<sup>24</sup> Practice Setting (name of business, street address, city, state, ZIP):	
Title by Which You were Known:	
Supervisor's Name:	Supervisor's License Number:
Supervised Experience -- Starting Date: _____ mm/dd/yyyy      Ending Date: _____ mm/dd/yyyy	
<i><b>(If supervision is not yet complete please do not provide a future ending date. Please provide the current numerical date.)</b></i>	
Total Number of Weeks of Experience: _____ Total Number of Hours per Week of Experience: _____ <i><b>(If supervision is not yet complete please provide the correct information to date.)</b></i>	Total Number of Hours per Week of Clinical Supervision: _____  Of the above Total Number of Hours, how many were Individual Face-to-Face per week: _____

PRINT APPLICANT NAME HERE: \_\_\_\_\_

**PART VI. LICENSURE/CERTIFICATION DATA**

<sup>25</sup> Do you now or have you ever held licensure/certification, regardless of status, to practice psychology or any health-related profession in any state, U.S. territory, including Florida, or foreign country?					<input type="checkbox"/> YES <input type="checkbox"/> NO
State	License Title	License Number	Original Issue Date	Expiration Date	License Status
<sup>26</sup> Was there any time period during which any license listed above was not active? <i>If yes, please specify which license and list beginning and ending dates of all non-active periods:</i>					<input type="checkbox"/> YES <input type="checkbox"/> NO
<sup>27</sup> Do you currently have a license/certificate or application pending in <i>any state or jurisdiction</i> , or have you ever withdrawn an application in <i>any state or jurisdiction</i> or allowed a licensure/certification application to lapse for any reason, including Florida? <i>If "yes", indicate the state(s) involved:</i>					<input type="checkbox"/> YES <input type="checkbox"/> NO
<sup>28</sup> Have you previously taken the Examination for Professional Practice (EPPP or National Exam) sponsored by the Association of State and Provincial Psychology Boards (ASPPB)? <i>If "yes", indicate where and when. Examination with Waiver applicants: use an EPPP score transfer form to request to have your qualifying score mailed to the Board office. The score transfer form is available at <a href="http://www.asppb.net">www.asppb.net</a>.</i>					<input type="checkbox"/> YES <input type="checkbox"/> NO

**PART VII. DISCIPLINARY & CRIMINAL HISTORY**

<p>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), and specific circumstances 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.</p> <p><b>NOTE:</b> <i>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></p>	
<b>DISCIPLINARY HISTORY</b> <sup>29</sup> 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
<sup>30</sup> Have you ever had your license revoked, suspended, or in any way acted against (e.g., reprimand, administrative fine, probation, etc.) in any state, U.S. territory or foreign country?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<sup>31</sup> Are you now under investigation in any jurisdiction for an offense, which would be a violation of Chapters 456 or 490, Florida Statutes?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>CRIMINAL HISTORY</b> <sup>32</sup> 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 VIII. HISTORY PURSUANT TO SECTION 456.0635(2) F.S.**

<sup>33</sup> **IMPORTANT NOTICE:** Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court dispositions or agency orders where applicable.

<b>1.</b> Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? <i>(If you responded “no”, skip to #2.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>a.</b> If “yes” to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b.</b> If “yes” to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c.</b> If “yes” to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d.</b> If “yes” to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If “yes”, please provide supporting documentation).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.</b> Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? <i>(If you responded “no”, skip to #3.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>a.</b> If “yes” to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3.</b> Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? <i>(If “No”, do not answer 3a. and skip to #4.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>a.</b> If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.</b> Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? <i>(If “No”, do not answer 4a or 4b. and skip to #5.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>a.</b> Have you been in good standing with a state Medicaid program for the most recent five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b.</b> Did the termination occur at least 20 years before the date of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.</b> Are you currently listed on the United States Department of Health and Human Services Office of Inspector General’s List of Excluded Individuals and Entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6.</b> If “yes” to any of the questions 1 through 5 above, on or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession’s licensing board or the Department of Health? <i>(If “yes”, please provide official documentation verifying your enrollment status.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRINT APPLICANT NAME HERE: \_\_\_\_\_

### <sup>34</sup> MANDATORY CONTINUING EDUCATION REQUIREMENT

**Prevention of Medical Errors Education 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 and upon each renewal in Florida as a psychologist.

NOTE: Only courses taken from a pre-approved Board of Psychology provider are acceptable for this requirement. For a current list of providers, visit [www.cebroker.com](http://www.cebroker.com)

- ☐ I have completed the medical errors education required by Section 456.013(7), Florida Statutes.
- ☐ I have not completed a medical errors course. I understand that the education must be completed prior to licensure. Further, it is my responsibility to submit a copy of the certificate of completion of the continuing education to the Board office upon completion of the course.

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.

<sup>35</sup> **CORRESPONDENCE VIA E-MAIL**

Please print legibly. By checking “yes” you are agreeing to allow the Board office to contact you with information regarding your application via e-mail. If you choose this option please check your e-mail account frequently and notify the Board office of any change to your e-mail address.

☐ YES

□NO

**E-MAIL ADDRESS <sup>+</sup>(Optional)**

[illegible]

**THE FOLLOWING STATEMENT MUST BE COMPLETED:**

## 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, 775.082, 775.083 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. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license to practice as a Psychologist in the State of Florida.

I further state that I have read and understand Chapters 456 and 490, Florida Statutes, and Chapter 64B19, Florida Administrative Code, pertaining to the Psychology Practice Act. I further state that I will comply with all requirements for licensure renewal including continuing education credits.

Signature of applicant (required)

Date signed (required)

PRINT APPLICANT NAME HERE: