Department of Health	
Council on Physician Assistants	Extension of Temporary
4052 Bald Cypress Way, Bin #C03	Licensure Application
Tallahassee, Florida 32399-3253	
(850) 245-4131	NO FEE
Email:	REQUIRED
MedicalQualityAssurance@flhealth.gov	Regener
Website:	
www.flboardofmedicine.gov/licenseing/physician-	CLIENT 1512
assitant-licensure/	

1. PERSONAL INFORMATION

Name:			
	First	Middle	Last
Mailing Address:			
		Street/PO Box	Suite/Apt.#
	City	State	Zip
Permanent Address:			
		Street/PO Box	Suite/Apt.#
	City	State	Zip
Telephone:	Home		Office
	TIONE		Unice

2. EMPLOYMENT AND NON-EMPLOYMENT HISTORY: List in chronological order changes of employment since your temporary license was issued.

NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT (mm/yy)	TITLE OF POSITIONS HELD

3. SUPPORTING DOCUMENTATION

- Attach a copy of your failed NCCPA examination score.
- Attach proof that you have applied to retake the NCCPA examination. Refer to Sections 458.347(7)(e) and 459.022(7)(e), F.S.