



Florida Department of Health
Temporary Certificate for Active Duty Military
Health Care Practitioners Application
Expedite your application by applying online at www.flhealthsource.gov

Qualifications for Temporary Certificate

1. Must be a military health care practitioner who is serving on active duty in the United States Armed Forces, the United States Reserve Forces, the National Guard, or is on active duty in the United States Armed Forces and serving in the United States Public Health Services.
2. Must submit proof that you are practicing pursuant to a military platform as defined in s. 456.0241(1)(b), F.S.
3. Must hold an active, unencumbered license as a military health care practitioner in a U.S. jurisdiction, or serve as a military health care practitioner in a profession for which licensure in a state or jurisdiction is not required to practice in the United States Armed Forces. If your active, unencumbered license is not verifiable on-line, we will request that you have the licensing entity send official license verification to the department. If you are a military health care practitioner in a profession for which licensure is not required, you must submit evidence of military training or experience substantially equivalent to the requirements for licensure in Florida and evidence that you have obtained a passing score on the appropriate examination for licensure in this state, if required by that profession.
4. Must attest that you are not the subject of a disciplinary proceeding in a jurisdiction in which you hold a license, or by the United States Department of Defense, for reasons related to the practice of the profession for which you are applying. Information will be verified by the department using the National Practitioner Data Bank.
5. Certain professions require Livescan screening. The professions requiring Livescan are listed below in *Additional Requirements*. Fees are required for the background screening (paid directly to the Livescan vendor). Please visit <http://www.flhealthsource.gov/background-screening/> for a list of authorized Livescan vendors.
6. Must pay a \$50.00 non-refundable application fee.
7. Apply online at www.flhealthsource.gov or submit your application, any applicable fees, and any supplemental documentation to the Department of Health, P.O. Box 6330, Tallahassee, Florida 32314-6330.

Additional Requirements

Background Screening: Please see the Electronic Fingerprinting Form in the application. The following professions must complete a Livescan screening:

- Medical Doctors (Ch. 458)
- Osteopathic Physicians (Ch. 459)
- Chiropractic Physicians (Ch. 460)
- Podiatric Physicians (Ch. 461)
- Nurses (Ch. 464)
- Certified Nurse Assistant (Ch. 464)
- Massage Therapists (Ch. 480)
- Physician Assistant (Ch. 458, 459)
- Orthotists, Prosthetists & Pedorthists (Ch. 468)
- Athletic Trainer (Ch.468, Part XIII)
- Anesthesiologist Assistant (Ch. 458, 459)

Temporary Certificate for Active Duty Military Health Care Practitioners Application

Expedite your application- apply online at: www.flhealthsource.gov

Fees: \$50.00 Application Fee

List the profession for which you are applying: _____
(Examples: Medical Doctor, Osteopathic Physician, Registered Nurse, Licensed Practical Nurse, etc.)

Personal Information:

Name: _____ **Date of Birth:** _____
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where your correspondence and license should be mailed.)

Street and #/P.O. Box Suite/Apt#
City State/Province Zip/Postal Code Country

Physical Address: (A Post Office Box is not acceptable. This address will be posted on the Department of Health's website. If you do not have a current practice address your mailing address will be used.)

Street and number Suite/Apt #
City State/Province Zip/Postal Code Country

Telephone: _____
Primary Alternate

Email Address: _____

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead, contact the office by phone or in writing.

Equal Opportunity Data: We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedures (1978) 43 FR 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

SEX: Male Female **RACE:** White Black Asian/Pacific Islander Hispanic Other:

Licensure History:

Yes No Are you a military health care practitioner who is serving on active duty in the United States Armed Forces, the United States Reserve Forces, or the National Guard, or serving on active duty in the United States Armed Forces and serve in the United States Public Health Services.

Yes No Do you hold an active, unencumbered license in a U.S. jurisdiction or territory to practice the profession for which you are applying? If "Yes", list:

Jurisdiction/Territory: _____ **License #:** _____ **Date of Initial Licensure:** _____

Yes No Are you a military health care practitioner in a profession for which licensure in a state or jurisdiction is not required to practice in the U.S. Armed Forces?

Yes No Have you been the subject of disciplinary proceedings in a jurisdiction in which you hold a license or have you been the subject of disciplinary proceedings by the United States Department of Defense for reasons related to the practice of the profession for which you are applying?

Yes No Have you had a health care provider license revoked or suspended in another state, the District of Columbia, or a possession or territory of the United States?

Yes No Have you failed to obtain a passing score on the Florida examination required to receive a license to practice the profession for which you are applying?

Yes No Are you under investigation in another jurisdiction for an act that would constitute a violation of the applicable licensing chapter or this chapter until the investigation is complete and all charges against you are disposed of by dismissal, nolle prosequi, or acquittal.

Criminal History and Medicaid / Medicare Fraud Questions:

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.

1. Yes No 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? **(If you responded “no”, skip to question 2.)**
- a. Yes No 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 or conviction, and completion of any sentence or subsequent period of probation?
- b. Yes No If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea or conviction, and completion of any sentence or subsequent period of probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).
- c. Yes No 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 or conviction, and completion of any sentence or subsequent period of probation?
- d. Yes No 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).
2. Yes No 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)? **(If you responded “no”, skip to question 3.)**
- a. Yes No 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?
3. Yes No Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? **(If you responded “no”, skip to question 4.)**
- a. Yes No If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?
4. Yes No Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? **(If you responded “no”, skip to question 5.)**
- a. Yes No Have you been in good standing with a state Medicaid program for the most recent five years?
- b. Yes No Did the termination occur at least 20 years before the date of this application?
5. Yes No 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?

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE*

The below health history section and social security number are confidential and exempt from public disclosure.

Health History:

If you answer "Yes" to any of the questions in this section, you are required to send the following items:

- A self-explanation providing accurate details that include name of all physicians, therapists, counselors, hospitals, institutions, and/or clinics where you received treatment and dates of treatment.
- A report directed to the Department of Health from each treatment provider about your treatment, medications, and dates of treatment. If applicable, include all DSM III R/DSM IV/DSM IV-TR Axis I and II diagnosis(es) code(s), and admission and discharge summary(s).

- A. Yes No 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?

- B. Yes No 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?

- C. Yes No 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 therapy within the past five years?

- D. Yes No 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?

- E. Yes No 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?

- F. Yes No 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 within the past five years?

Name: _____
Last First Middle

Social Security Number: _____

* **Social Security Information** - * 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(1), 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 ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub.L. Section 317) Clarification of the SSA process may be reviewed at www.ssa.gov or by calling 1-800-772-1213.

Statement of Applicant:

I have carefully read the questions in the foregoing application and have answered them completely. These statements are true and correct. I recognize that providing false information may result in denial of certification, disciplinary action against my certification, or criminal penalties. I have read Chapter 456, the practice act governing the profession for which I am applying, and the Florida Administrative Code Chapter governing the profession for which I am applying.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Health information which is material to my application for licensure.

Should I furnish any false information in this application, I hereby agree that such act constitutes cause for denial, suspension, or revocation of my license to practice the profession for which I am applying in the State of Florida. If there are any changes to my status or any change that would affect any of my answers to this application I must notify the department within 30 days.

Signature

Date (mm/dd/yyyy)

Livescan Privacy Statement (for professions requiring background screening only):

- Medical Doctors (Ch. 458)
- Osteopathic Physicians (Ch. 459)
- Chiropractic Physicians (Ch. 460)
- Anesthesiologist Assistant
- Podiatric Physicians (Ch. 461)
- Nurses (Ch. 464)
- Athletic Trainer (Ch.468, Part XIII)
- Physician Assistant
- Orthotists, Prosthetists and Pedorthists (Ch. 468)
- Massage Therapists (Ch. 480)
- Certified Nursing Assistants

Yes No I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation.

Signature

Date (mm/dd/yyyy)

Electronic Fingerprinting

This form is only for the professions which require Livescan. See the list at the bottom of this form.

Take this form with you to the Livescan service provider. Please check the service provider's requirements to see if you need to bring any additional items.

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting to a fingerprint scan using the Livescan method.
- You can find a Livescan service provider at:
<http://www.floridahealth.gov/licensing-and-regulation/background-screening/index.html>.
- Livescan screenings done by Florida Police or Sheriff's Departments require that you login into the FDLE Civil Applicant Payment System (CAPS) at: <https://caps.fdle.state.fl.us> and pay a fee before results will be released to our office.
- Applicants may use any Livescan service provider approved by the Florida Department of Law Enforcement to submit their background screening to the department.
- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider the department will not receive your background screening results; ORI #s are listed by profession below.
- You must provide demographic information to the Livescan service provider at the time your fingerprints are taken, including your Social Security number (SSN).
- Typically background screening results submitted through a Livescan service providers are received by the department within 24-72 hours of being processed.
- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: _____ **Social Security Number:** _____

Aliases: _____ **Date of Birth:** _____
(MM/DD/YYYY)

Citizenship: _____ **Place of Birth:** _____

Race: _____ **Sex:** _____

(W-White/Latino(a); B-Black; A-Asian; NA-Native American; U-Unknown) (M=Male; F=Female)

Weight: _____ **Height:** _____ **Eye Color:** _____ **Hair Color:** _____

Address: _____ **Apt. Number:** _____

City: _____ **State:** _____ **Zip Code:** _____

Transaction Control Number (TCN#): _____
(This will be provided to you by the Livescan service provider.)

Profession	ORI Number	Profession	ORI Number
Medical Doctors	EDOH2014Z		
Osteopathic Physicians	EDOH2015Z	Orthotists, Prosthetists and Pedorthists	EDOH3451Z
Chiropractic Physicians	EDOH2016Z	Massage Therapists	EDOH4600Z
Podiatric Physicians	EDOH2017Z	Athletic Trainer	EDOH4520Z
Nurses(LPN/RN/ARNP)	EDOH4420Z	Anesthesiologist Assistant	EDOH4510Z
Certified Nursing Assistants	EDOH4400Z	Physician Assistant	EDOH4700Z

Keep this form for your records.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

**US Department of Justice, Federal Bureau of Investigation,
Criminal Justice Information Services Division**

Privacy Statement

Authority: The FBI's acquisition, preservation and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L.92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L.94-29; Pub.L.101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion of approval of your application.

Social Security Account Number (SSAN): Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal Agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI(may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as many be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice, FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing the application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice.