



STATE OF FLORIDA APPLICATION FOR LICENSURE AS A PSYCHOLOGIST

PLEASE KEEP THESE INSTRUCTIONS AND A COPY OF YOUR COMPLETED APPLICATION FOR FUTURE REFERENCE OR FOR COPYING IN THE EVENT AN APPLICATION IS LOST IN THE MAIL.

Florida provides methods of application which streamline the process for licensure. Basic eligibility requirements are provided below and detailed checklists for applying are also enclosed in this packet to assist you with obtaining licensure in the most efficient manner possible.

GENERAL LICENSURE ELIGIBILITY REQUIREMENTS*

- Received doctoral-level psychological education (Psy.D., Ed.D. or Ph.D.) from an accredited educational institution as well as a psychology program within that institution that held programmatic accreditation by the American Psychological Association (APA) at the time the applicant was enrolled and graduated from the program.
- Completion of 2 years or 4,000 hours of experience in the field of psychology in association with or under the supervision of a licensed psychologist meeting the academic and experience requirements of this chapter or the equivalent as determined by the board.
- Successful completion of the examination(s) required for licensure.
- Qualification by a method of Endorsement as described in Section 490.006, Florida Statutes.

***Note:** Requirements may vary depending on the method of application selected. Specific details for all methods are provided in this application packet.

STATUTE & RULE REFERENCES

Specific licensure requirements can be found in Chapter 490, Florida Statutes, and Rule Chapter 64B19, Florida Administrative Code. Applicants and licensees should also be familiar with the requirements of Chapter 456, Florida Statutes. Laws and rules are subject to change and are periodically updated. It is your professional responsibility to read and understand the instructions and the laws and rules governing the practice of psychology in Florida before completing your application. If another party is handling your application for you, *it is still your responsibility to read, understand, and comply with all requirements for licensure.* The current laws and rules may be accessed at the Board website at this link: <http://floridaspsychology.gov/resources/>.

APPLICATION FEES

\$305 TOTAL

(\$200 application processing fee; \$100 initial licensure fee; and \$5 unlicensed activity fee.)

- All fees are payable by personal or company check, certified check or money order. Make payable to DOH/Board of Psychology and attach to the front of your application.
- Applications will be returned unprocessed when received without the \$305.00 fee.
- The application processing fee is non-refundable. If requested in writing, the \$105 licensure and unlicensed activity fees may be refunded if your application is withdrawn and/or a license is not issued.
- Examination Fee: All applicants, regardless of the method of application, are required to take the Florida Laws & Rules Examination. The examination fee is paid directly to the vendor once your application is approved by the Board. Current fee information is available at <http://floridaspsychology.gov/resources/examination/>. For applicants required to take the National Examination for Professional Psychology Practice (EPPP), current fee information is available at <http://www.pearsonvue.com/asppb/>.

APA GRADUATES⁺

⁺Please Note: If you hold a specialty certification through the American Board of Professional Psychology (ABPP), you may qualify for endorsement of that certification. Please see page 3 for details on applying by that method.

APPLICATION INSTRUCTIONS & CHECKLIST

- # 1. **BEFORE** applying, verify that the specific type of doctoral degree (Psy.D., Ph.D. or Ed.D) and the psychology major completed, was accredited by the American Psychological Association (APA) at the time you were enrolled and graduated from the program. Official verification may be completed by visiting the APA's website at <http://www.apa.org/ed/accreditation/index.aspx> and selecting the "Search Accredited Programs" tool.
- # 2. After verifying the accreditation of your program, complete this application form, selecting the method of application below most applicable to your specific background.

Endorsement of 20 Years

Licensed Psychology Experience

This method means the educational requirement for licensure has been met and that you will 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. Passage of the Florida Laws and Rules examination will be required prior to licensure.

Examination*

This method means the educational and supervised experience requirements for licensure are complete at the time of application. Passage of the national Examination for Professional Practice in Psychology (EPPP) and the Florida Laws and Rules examination will be required 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.

*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 have passed the EPPP exam.

*****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 Applicants: Current Application Form

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

All Applicants: Fees - \$305 in the form of a money order or cashier's check made payable to DOH / Board of Psychology.

\$200 application processing fee; \$100 licensure and \$5 unlicensed activity fee

All 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.

All Applicants: License/Certificate Verification Form(s), if applicable.

Staff will seek to obtain online licensure verifications from the applicable state board. Official verifications will be required if unavailable online or the online version does not contain required information. 20 Year Endorsement applicants must obtain official verifications of licensed psychology experience from the applicable state board(s). See more information below.

All Exam Applicants: Supervising Psychologist Verification Form

The licensed psychologist supervisor and applicant must complete and sign the Supervising Psychologist Verification Form at the back of this packet to document the required one (1) year or 2000-hour post-doctoral supervised experience. For the most efficient licensure process, the form should be submitted prior to or in conjunction with your licensure application. Bifurcation/Examination applicants must have this form submitted at the conclusion of the post-doctoral experience, prior to licensure. Post-doctoral experience obtained in more than one (1) location with more than one supervisor requires each supervisor conduct the experience in a manner consistent with Rule 64B19-11.005(3), F.A.C. A separate Supervising Psychologist Verification Form must be completed and signed by the licensed psychologist supervisor and applicant for each post-doctoral experience location.

Additional Requirements by Application Method:

20-Year Endorsement Applicants: Official Verification of 20 Years of Licensed Psychology Experience

Send the Florida Board of Psychology's Licensure Verification Form to the applicable state board(s) for completion and submission of official verification. The required form is available at <http://floridapsychology.gov/applications/license-verification-form.pdf>.

Examination w/Waiver Candidates: EPPP Score Transfer Report

The EPPP score transfer form is available at www.asppb.net.

Foreign Trained (Doctoral Degree Completed Outside of U.S. or Canada): Credentials Evaluation Report

Foreign Trained (Doctoral Degree Completed Outside of U.S. or Canada): Letter of Comparability to APA-Accredited Program

ABPP DIPLOMATES & NON-APA GRADUATES

APPLICATION INFORMATION & CHECKLIST

Applicants who do not possess a doctorate degree in psychology from a program accredited by the American Psychological Association (APA) may seek approval for licensure by other methods of Endorsement. Applicants approved under either of the methods described below are only required to sit for the Florida laws and rules examination prior to licensure.

Endorsement of American Board of Professional Psychology (ABPP)

Diplomate:

Requires the applicant possess a current diplomate or specialty certification in good standing with the American Board of Professional Psychology, Inc., at the time the application is submitted to Florida. Information regarding requirements to obtain this credential is available on the organization's website at www.abpp.org.

Endorsement of Other State License:

Requires the applicant hold an active license as a psychologist in the state to be endorsed. This method requires the Board conduct a strict law-to-law comparison of the psychology licensure requirements in effect at the time you were licensed in the other state in contrast to the requirements in effect in Florida at that same time. If no Florida law existed when you were licensed in the other state, the comparison would be with the current laws in effect in this state at the time of the submission of your application. Specifically, the Board reviews the education, experience and examination requirements to determine a minimum of substantial equivalence.

***Important Notes regarding this Application Method**

- The Board cannot consider applicants' personal education and experience backgrounds under this method.
- The Board's law-to-law comparison requires each component of the other state's licensure criteria (education, experience and examination) be at least substantially equivalent to Florida's requirements.
- The Endorsement of Other State License is typically a lengthier application process. Applicants from other states, who meet the APA education requirement, are encouraged to apply by a more streamlined Examination application method or 20 year endorsement, if applicable.

***** 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 or in conjunction with your licensure application.

Endorsement Applicants:

Current Application Form

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

Fees: \$305 in the form of money order or cashier's check made payable to DOH / Board of Psychology.

\$200 application processing 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.

Additional Requirements by Endorsement Application Method:

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>

Endorsement of 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 indicates that the regulations are those that were in effect at the time you were initially licensed in the other state. Please also request that the cover letter reference your name and that you are a Florida psychology licensure applicant.

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. The Laws and Rules exam fee is not included in the psychology application fee, but is to be paid directly to the testing service. Study packets may be downloaded at <http://floridapsychology.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 Association of State & Provincial Psychology Board's (ASPPB) 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 PearsonVue 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, PearsonVue, 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 <https://appsmqa.doh.state.fl.us/OnlineTestNet/default.aspx?aspxerrorpath=/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.

Laws and Rules Exam Applicants:

Applicants taking the Laws and Rules exam will need to obtain approval directly from the testing vendor to schedule Special Accommodations. More information is available at <http://www.pearsonvue.com/fl/doh/>.

National EPPP Exam Applicants:

Contact the Department of Health's Special Accommodations Coordinator at 850-245-4444, Ext. 3973, or the ASPPB EPPP Candidate Helpline at 1-844-659-4754 for instructions on applying for special accommodations. Please note that accommodations should be sought at least 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.

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: 06/01/14 to 05/31/16; 06/01/16 to 05/31/18 and 06/01/18 to 05/31/20.

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
website: www.jsilny.com

Educational Credential Evaluators
P. O. Box 514070
Milwaukee, Wisconsin 53203-
3470
(414) 289-3400
website: www.ece.org

International Education Research
Foundation
P. O. Box 3655
Culver City, California 90231-7086
(310) 258-9451
website: www.ierf.org

World Education Services, Inc.
P. O. Box 745 – Old Chelsea
Station
New York, New York 10113
(212) 219-7300
website: www.wes.org

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.



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.

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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Mission Statement:

The mission of the Department of Health is to protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida Board of Psychology
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 Initial Application, Supporting
Documents & Fees:
P.O. Box 6330
Tallahassee FL 32314-6330*

*Mailing Address for Subsequent 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

¹ APPLICATION METHODS: <i>Please select method of application. Requirements for each method are provided on pages 2 and 3 of this packet.</i>		\$200 Application processing fee \$100 Initial licensure fee \$5 Unlicensed activity fee All application methods require a \$305.00 fee.
<u>APA GRADUATES</u> <input type="checkbox"/> EXAM <input type="checkbox"/> EXAM W/ WAIVER <input type="checkbox"/> BIFURCATION/EXAM <input type="checkbox"/> BIFURCATION/EXAM W/ WAIVER <input type="checkbox"/> ENDORSEMENT OF 20 YEARS OF LICENSED PSYCHOLOGY EXPERIENCE	<u>ABPP DIPLOMATES or NON-APA GRADUATES</u> <input type="checkbox"/> ENDORSEMENT OF DIPLOMATE STATUS WITH ABPP <input type="checkbox"/> ENDORSEMENT OF OTHER STATE LICENSE	
² Have you ever applied for psychology licensure in Florida? <i>If "YES", give date(s) below:</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
³ List your full, legal NAME as it should appear on license (no nicknames or shortened versions): First: _____ Middle: _____ Last: _____		
⁴ List all names, by which you are currently known, and have been known as in the past: _____ _____ _____		
⁵ Date of Birth (mm/dd/yyyy) _____		
⁶ MAILING Address (street address, city, state, ZIP)(Mailing address will display on the Internet if you have not provided a practice location): _____ _____ _____		
⁷ Practice Address (required - business name, street address, city, state, ZIP): _____ _____ _____		If currently unemployed, please check <input type="checkbox"/> . You must provide an address when employment is secured.
^{8a} Work Telephone Number: () _____	⁹ Fax Number: () _____	
^{8b} Alternative Telephone Number: () _____		
¹⁰ 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"/> 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 _____		
¹¹ 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. ENDORSEMENT METHODS

ENDORSEMENT OF DIPLOMATE STATUS WITH THE ABPP:

¹² 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			<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If yes, enter the information below and request that the ABPP complete and submit the Board's ABPP Diploma Verification Form available at http://floridaspsychology.gov/applications/abpp-diploma-verification-form.pdf directly to this office. Reference Rule 64B19-11.012(3), F.A.C.</i>			
Diploma Number	Date of Diploma	Specialty	
	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div>		

ENDORSEMENT OF 20 YEARS OF EXPERIENCE AS A LICENSED PSYCHOLOGIST:

¹³ 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	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Verification of 20 years of active psychology licensure must be verified by the regulatory licensing authority using the form available at http://floridaspsychology.gov/applications/license-verification-form.pdf</i>	

ENDORSEMENT OF ANOTHER STATE LICENSE:

¹⁴ 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	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "yes", what state do you hold a current active license that you wish to have endorsed _____?</i>	
<i>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.</i>	

PART IV. EDUCATIONAL DATA

¹⁵ 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. Official doctoral level education transcripts must be sent directly to this office from the institution, or, if sent by the applicant, must be contained in the institution's sealed envelope.				
College, School or University and Location	Name (if different from current legal name)	Major(s)	Degree Received	Date of Graduation (mm/dd/yyyy)
				<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div>
				<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div>
¹⁶ 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?				<input type="checkbox"/> YES <input type="checkbox"/> NO
¹⁷ Did you complete all of the requirements for your degree before your graduation date? If "yes", please give the date (mm/dd/yyyy) 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.				<input type="checkbox"/> YES <input type="checkbox"/> NO
¹⁸ 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.				<input type="checkbox"/> YES <input type="checkbox"/> NO

PRINT APPLICANT NAME HERE: _____

PART V. LICENSURE/CERTIFICATION DATA

¹⁹ 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
²⁰ 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
²¹ 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
²² 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 www.asppb.net.</i>					<input type="checkbox"/> YES <input type="checkbox"/> NO

PART VI. 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><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></p>	
DISCIPLINARY HISTORY ²³ 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
²⁴ 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
²⁵ 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
CRIMINAL HISTORY ²⁶ 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 VII. HISTORY PURSUANT TO SECTION 456.0635(2) F.S.

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.

27	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", do not answer 27 a.-d. and skip to #28.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	a. 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. 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
	c. 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
	d. 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
28	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", do not answer 28a. and skip to 29.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	a. 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
29	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 29a. and skip to 30.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	a. 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
30	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 30 a. – b. and skip to #31.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	a. 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. Did the termination occur at least 20 years before the date of this application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31	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

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. Please note that your e-mail address is required to be submitted to testing vendors as part of the eligibility profile and scheduling process.

☐ NO[illegible]

THE FOLLOWING STATEMENT MUST BE COMPLETED:

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.

Date signed (required)

**SUPERVISING PSYCHOLOGIST VERIFICATION FORM
TO BE COMPLETED BY THE SUPERVISING PSYCHOLOGIST**

Florida law requires 2 years or 4,000 hours of supervised experience for licensure.
By Rule 64B19-11.005, Florida Administrative Code, the Board recognizes that the applicant's internship satisfies 1 year or 2,000 of those hours.
This form is to be used to verify the remaining 1 year or 2,000 postdoctoral hours.

*****THIS FORM IS NOT REQUIRED FOR ENDORSEMENT APPLICANTS*****

Please complete the following questions in full. Do not leave any question blank. Failing to accurately answer all questions will delay the processing of the application.

A. Supervisor's Basic Profile Information

Supervisor's Name:

Address:

Supervisor's Telephone Number: ()

At the time you supervised the applicant, were you licensed as a psychologist in any state? ☐ Yes ☐ No

List state(s) and license number(s):

B. Supervisor's Educational Background

Name of School, College or
University OF DOCTORAL
DEGREE:

Date Graduated
(mm/dd/yy):

Type of Degree:

☐ Ph.D.
☐ Psy.D.
☐ Ed.D.
☐ Other _____

Major:

☐ Clinical
☐ Counseling
☐ School
☐ Other: _____

C. Applicant's Post-Doctoral Supervised Experience Location(s)*

Facility/Office:

Street Address:

City/State/Zip:

Facility/Office:

Street Address:

City/State/Zip:

Facility/Office:

Street Address:

City/State/Zip:

Facility/Office:

Street Address:

City/State/Zip:

***IMPORTANT NOTE:** For applicants who completed the required post-doctoral supervised experience at more than one location under more than one supervisor, each supervisor must provide supervision in a manner that comports with Rule 64B19-11.005(3), F.A.C. A separate Supervising Psychologist Verification Form must be completed and signed by the licensed psychologist supervisor and applicant for each post-doctoral experience location. Please see Rule 64B19-11.005(2)(b), Florida Administrative Code, for additional information.

PRINT APPLICANT NAME HERE: _____

Note: Any items requiring additional explanation may be documented by adding additional pages, as needed.

D. Applicant's Post-Doctoral Experience Dates	
Dates of Post-Doctoral Supervised Experience (mm/dd/yyyy) From: ____/____/____ To: ____/____/____	
<i>Please list only the date range over which the 2000 hours of post-doctoral supervised experience was completed.</i>	
E. Applicant's Post-Doctoral Experience Content	
1. Did the applicant's supervised experience for a total of 1 year or 2,000 hours average at least twenty (20) hours a week over no more than one hundred and four (104) weeks or, alternatively, did the supervised experience average no more than forty (40) a week over no more than fifty-two (52) weeks? <i>If "no", indicate the total hours of supervised experience the applicant accrued while under your supervision and the number of weeks of experience:</i> <ul style="list-style-type: none"> • Total number of hours: _____ • Total number of weeks: _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did the supervised experience require at least 900 hours in activities related to direct client contact? <i>If "no", how many hours were completed?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did the applicant's supervised experience include an average of at least two (2) hours of clinical supervision each week, with at least one (1) hour of such as individual face-to-face supervision? Note the additional hour may have included individual supervision, group supervision and case presentation as long as the licensed psychologist supervisor was present in person or via video teleconferencing. <i>If "no", complete the following:</i> <ul style="list-style-type: none"> • Total number of Clinical supervision hours/week: _____ • Total number of individual face-to-face supervision hours/week: _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Was there any other relationship existing between the supervisor and the psychological applicant other than the supervisory association? <i>If "yes", please explain.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. What was the applicant's title while under your supervision?	
6. Was the applicant supervised by more than one supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Were there other licensed psychologists who provided supervision for the purpose of fulfilling Florida's licensure requirements? If so, please provide the name(s) and license number(s) below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Did you enter into an agreement with the applicant which detailed the applicant's obligations and remuneration as well as your responsibilities to the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Did you determine that the applicant was capable of providing competent and safe psychological service to each client? <i>If "no", please explain</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Did you maintain professional responsibility for the applicant's work? <i>If "no", please explain.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Did you have complete authority in all professional disagreements with the applicant? <i>If "no", please explain.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Were you kept informed of all the services performed by the applicant? <i>If "no", please explain.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever received any complaints about the psychological applicant or have any reason to suspect that the applicant is less than fully ethical, professional, or qualified for licensure? <i>If "yes", please explain.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. SUPERVISOR STATEMENT	
I declare that the above information is true and correct to the best of my knowledge. I also declare that I have read rule 64B19-11.005, F.A.C., and entered into an agreement with the applicant as required.	
Supervisor's Signature:	Date:
Applicant's Signature:	Date:

Please return this form to: Florida Department of Health, Board of Psychology, 4052 Bald Cypress Way, BIN C05, Tallahassee, Florida 32399-3255

PRINT APPLICANT NAME HERE: _____