

**DEPARTMENT OF HEALTH  
BOARD OF PSYCHOLOGY  
GENERAL BUSINESS MEETING  
JULY 22, 2016  
AGENDA**

**ST. PETERSBURG MARRIOTT CLEARWATER  
12600 ROOSEVELT BOULEVARD  
ST. PETERSBURG, FL 33716  
(727) 572-7800**

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the Board's website.

**8:00 a.m.**

**Call to order - Credentials Committee**

**CONVENE THE CREDENTIALS COMMITTEE**

- 1 John Houck Endorsement of Other State License (IL 1976)
- 2 Theophilus Green Limited License
- 3 Phasing Out of APA Accreditation of Canadian Programs

**9:00 a.m.**

**Call to order - General Business Meeting**

**DISCIPLINARY PROCEEDINGS**

- 1 Colleen Character, Case # 2014-14385 (pcp, Dr. Harry Reiff, Dr. Luis Orta, Dr. Andrew Rubin)

**PROSECUTORS REPORT**

- 2 Carrie McNamara, Assistant General Counsel

**ADMINISTRATIVE PROCEEDINGS**

**MOTION FOR FINAL ORDER AFTER HEARING INVOLVING NO DISPUTED ISSUES OF MATERIAL FACT**

- 3 Matthew Fearington

**APPLICANTS FROM APA ACCREDITED PROGRAMS FOR EXAMINATION AND LICENSURE AS NOTED**

- 4 List of Applicants

**FILE CLOSURE APPLICANTS FOR DENIAL PURSUANT TO §490.005(3)(b), F.S.**

- 5 List of Applicants

## **PETITION FOR DECLARATORY STATEMENT AND REVIEW OF LICENSURE APPLICATION**

6 Nicole Whitt

## **REVIEW OF APPLICATION AND SUPERVISION**

7 Lauren Mason

## **RULES REVIEW AND/OR DEVELOPMENT**

8 Rule 64B19-13.004, Board Approval of Continuing Psychological Education Providers

9. Rule 64B19-11.005, F.A.C., Supervised Experience Requirements

## **REPORT OF ASSISTANT ATTORNEY GENERAL-Rachel Clark, Esquire**

10 Rule Status Report

## **REPORTS, IF ANY**

11 Dean Aufderheide, Ph.D.

- ASPPB Press Release: Arizona Implements PSYPACT
- Other Board Members:
- Dr. Andrew Rubin, Healthiest Weight Updates, if any

12 Executive Director

### Report topics

- Cash Balance Reports
- Expenditures by Function Report

13 Credentials Committee Report

## **OLD BUSINESS**

14 April 22, 2016 General Business Meeting Minutes

15 June 17, 2016 Board Quorum Conference Call Minutes

16 June 24, 2016 Supervised Experience Review Committee Minutes

17 Voluntary Relinquishment of License-David Gitlin

## **OTHER BUSINESS AND INFORMATION**

18 ASPPB Disciplinary Data Report

19 ASPPB Meeting Minutes

20 Psychology Staff Recognition

## **ADDENDUM**

### **CREDENTIALS COMMITTEE**

- 4 Edward Suarez Endorsement of Other State License (HI 2004)
- 5 Elliot Gore Endorsement of Other State License (NJ 1982)

### **GENERAL BUSINESS MEETING**

#### **APPLICANT REQUESTS FOR EXTENSION PURSUANT TO §490.005(3)(b), F.S.**

- 21 Alina Perez
- 22 Alexandra Victoria

### **OTHER BUSINESS AND INFORMATION**

- 23 ASPPB Job Task Analysis Survey

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### Disciplinary Order Checklist

**FINE/COSTS**

\_\_\_ Amount  
\_\_\_ Date Due

Checks shall be made payable to the Board  
and mailed to DOH/Client Services, P.O.  
Box 6320, Tallahassee, Florida 32314-6320

**SUSPENSION**

\_\_\_ Length of time  
\_\_\_ Terms and conditions (if any)  
\_\_\_ Conditions necessary for reinstatement  
\_\_\_ Ability to impose conditions at time of  
reinstatement?

**STAY**

\_\_\_ Action  
\_\_\_ Timeframe  
\_\_\_ Circumstances for lifting stay  
\_\_\_ Mechanisms for lifting stay

**CONTINUING EDUCATION**

\_\_\_ Number of hours  
\_\_\_ Timeframe for completion  
\_\_\_ Subject area(s)  
\_\_\_ Home study okay?  
\_\_\_ Approval mechanism  
\_\_\_ Demonstration of compliance

All hours required must be in addition to hours  
Required for renewal

**PROBATION**

\_\_\_ Date beginning (e.g., after suspension)  
\_\_\_ Length of time  
\_\_\_ Terms and conditions (if any)  
\_\_\_ Conditions necessary for reinstatement  
\_\_\_ Tolling? (Time period)

**APPEARANCES REQUIRED?**

\_\_\_ First/last  
\_\_\_ Quarterly, semiannually, annually

**RESTITUTION**

\_\_\_ Recipient  
\_\_\_ Amount  
\_\_\_ Date Due

**SUPERVISION?**

\_\_\_ Direct or indirect?  
\_\_\_ **Can Respondent practice  
prior to approval of supervisor/  
monitor?**  
\_\_\_ Def. Of supervision level(s)  
\_\_\_ Mechanism for selection/approval  
supervisor/monitor  
\_\_\_ Supervisor/monitor **reports** required  
\_\_\_ How often or when?  
\_\_\_ Where should reports be sent?  
\_\_\_ Contents?  
\_\_\_ Probation violations must be reported  
to:  
\_\_\_ Records review?  
\_\_\_ How often or when?  
\_\_\_ What records( e.g. for all or  
specified % of patients treated  
for/or patients treated with  
any controlled substances or  
schedules)?  
\_\_\_ Consultation with Respondent?  
\_\_\_ How often?  
\_\_\_ All cases/cases involved?  
\_\_\_ Alternate supervisor/monitor?  
\_\_\_ Mechanism form selection/  
approval of alternate  
supervisor/monitor

**REPORTS BY PROBATIONER AND/OR  
EMPLOYER**

\_\_\_ Content  
\_\_\_ Frequency  
\_\_\_ Date(s) due  
\_\_\_ To be sent to DOH, Client Services  
Unit, 4052 Bald Cypress Way, BIN  
#C01, Tallahassee, Florida 32399-  
3251, Attn: Compliance Officer

**SPECIAL EXAMINATION**

\_\_\_ Name of examination  
\_\_\_ Successful completion  
\_\_\_ Demonstration of Compliance  
\_\_\_ Timeframe  
\_\_\_ Consequences of not passing

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts .



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General and Secretary

**Vision:** To be the **Healthiest State** in the Nation

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June 29, 2016

Department of Health

Petitioner,

vs.

CASE # 2014-14385

Colleen Character

Respondent

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**NOTICE OF BOARD CONSIDERATION OF SETTLEMENT AGREEMENT**

Colleen D Character  
3101 Sw 34th Avenue  
#905-167  
Ocala, FL 34474

Dear Dr. Character:

PLEASE TAKE NOTICE that the Board of Psychology is expecting the appearance of you for consideration of the Settlement Agreement in Case No. 2014-14385, Department of Health, Board of Psychology vs. Colleen Character at the meeting listed below:

Date: July 22, 2016  
Time: 9:00 a.m. EST or soon thereafter  
Location: St. Petersburg Marriott Clearwater  
12600 Roosevelt Boulevard  
St. Petersburg, FL 33716  
Phone: 727-572-7800

I HEREBY CERTIFY that a true and correct copy of the Notice has been furnished to Colleen Character at the address noted above by U.S. mail on this 29th day of June, 2016.

It is requested that you contact me in writing regarding your intentions to attend the meeting. You may e-mail, write to the address listed below, or fax your response to (850) 414-6860.

Thank you for your continued cooperation. If you have any questions, please do not hesitate to contact this office at the address below, by telephone 850-245-4343 ext. 3482, or email [michelle.branch@flhealth.gov](mailto:michelle.branch@flhealth.gov)

Sincerely,

Michelle Branch  
Regulatory Specialist II

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C05 • Tallahassee, FL 32399-3255  
PHONE: (850)245-4444 • FAX : (850) 414-6860



**Accredited Health Department**  
Public Health Accreditation Board

**Mission:**

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**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

June 29, 2016

Virginia Samantha Lindmeier  
5525 Griffin View Dr.  
Lady Lake, FL 32159

Dear Dr. Lindmeier

PLEASE TAKE NOTICE that the Board of Psychology is expecting the appearance of Dr. Colleen Character for consideration of the Settlement Agreement in Case No. 2014-14385, Department of Health, Board of Psychology vs. Colleen Character at the meeting listed below. You are being notified as the complainant in this case.

Date: July 22, 2016  
Time: 9:00 a.m. EST or soon thereafter  
Location: St. Petersburg Marriott Clearwater  
12600 Roosevelt Boulevard  
St. Petersburg, FL 33716  
Phone: 727-572-7800

I HEREBY CERTIFY that a true and correct copy of the Notice has been furnished to Virginia Lindmeier at the address noted above by U.S. mail on this 29th day of June, 2016.

It is requested that you contact me in writing regarding your intentions to attend the meeting. You may e-mail, write to the address listed below, or fax your response to (850) 414-6860.

Thank you for your continued cooperation. If you have any questions, please do not hesitate to contact this office at the address below, by telephone 850-245-4343 ext 3482, or email [michelle.branch@flhealth.gov](mailto:michelle.branch@flhealth.gov)

Sincerely,

Michelle Branch  
Regulatory Specialist II

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Governor

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June 29, 2016

Department of Health

Petitioner,

vs.

CASE # 2014-14385

Colleen Character

Respondent

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**NOTICE OF BOARD CONSIDERATION OF SETTLEMENT AGREEMENT**

Yvens A. Pierre-Antoine  
P.O. Box 357192  
Gainesville, FL 32635

Dear Ms. Pierre-Antoine:

PLEASE TAKE NOTICE that the Board of Psychology is expecting the appearance of Dr. Colleen Character for consideration of the Settlement Agreement in Case No. 2014-14385, Department of Health, Board of Psychology vs. Colleen Character at the meeting listed below:

Date: July 22, 2016  
Time: 9:00 a.m. EST or soon thereafter  
Location: St. Petersburg Marriott Clearwater  
12600 Roosevelt Boulevard  
St. Petersburg, FL 33716  
Phone: 727-572-7800

I HEREBY CERTIFY that a true and correct copy of the Notice has been furnished to Yvens A. Pierre-Antoine at the address noted above by U.S. mail on this 29th day of June, 2016.

It is requested that you contact me in writing regarding your intentions to attend the meeting. You may e-mail, write to the address listed below, or fax your response to (850) 414-6860.

Thank you for your continued cooperation. If you have any questions, please do not hesitate to contact this office at the address below, by telephone 850-245-4343 ext. 3482, or email [michelle.branch@flhealth.gov](mailto:michelle.branch@flhealth.gov)

Sincerely,

Michelle Branch  
Regulatory Specialist II

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C05 • Tallahassee, FL 32399-3255  
PHONE: (850)245-4444 • FAX : (850) 414-6860



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July 1, 2016

Department of Health

Petitioner,

vs.

CASE # 2014-14385

Colleen Character

Respondent

**NOTICE OF BOARD CONSIDERATION OF SETTLEMENT AGREEMENT**

Y GM  
801 NW 1<sup>st</sup> St.  
Ocala, FL 34474

Dear Ms. GM.,

PLEASE TAKE NOTICE that the Board of Psychology is expecting the appearance of Dr. Colleen Character for consideration of the Settlement Agreement in Case No. 2014-14385, Department of Health, Board of Psychology vs. Colleen Character at the meeting listed below:

Date:	July 22, 2016
Time:	9:00 a.m. EST or soon thereafter
Location:	St. Petersburg Marriott Clearwater 12600 Roosevelt Boulevard St. Petersburg, FL 33716
Phone:	727-572-7800

I HEREBY CERTIFY that a true and correct copy of the Notice has been furnished to Y GM at the address noted above by U.S. mail on this 1st day of July, 2016.

It is requested that you contact me in writing regarding your intentions to attend the meeting. You may e-mail, write to the address listed below, or fax your response to (850) 414-6860.

Thank you for your continued cooperation. If you have any questions, please do not hesitate to contact this office at the address below, by telephone 850-245-4343 ext. 3482, or email [michelle.branch@flhealth.gov](mailto:michelle.branch@flhealth.gov)

Sincerely,

Michelle Branch  
Regulatory Specialist II

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**MEMORANDUM**

**TO:** Allen Hall, Executive Director, Board of Psychology  
**FROM:** Carrie McNamara, Assistant General Counsel  
**RE:** **Settlement Agreement**  
**SUBJECT:** DOH v. Colleen D. Character, Ph.D.  
DOH Case Number 2014-14385  
**DATE:** June 6, 2016

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Enclosed you will find materials in the above-referenced case to be placed on the agenda for final agency action for the **July 22, 2016** meeting of the board. The following information is provided in this regard.

**Subject:** Colleen D. Character, Ph.D.

**Subject's Address of Record:** 3101 Southwest 34th Avenue  
#905-167  
Ocala, FL 34474  
(352) 629-4637 Telephone

**Enforcement Address:** 3101 Southwest 34th Avenue  
#905-167  
Ocala, FL 34474

**Subject's License No:** 6847 Rank: PY

**Licensure File No:** 5434

**Initial Licensure Date:** 12/18/2003

---

**Florida Department of Health**

Office of the General Counsel – Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265  
EXPRESS MAIL: 2585 Merchants Row, Suite 105  
PHONE: 850/245-4640 • FAX: 850/245-4684

**FloridaHealth.gov**



**Accredited Health Department**  
Public Health Accreditation Board

**Board Certification:** None

**Required to Appear:** Yes

**Current IPN/PRN Contract:** None

**Allegation(s):** Section 490.009(1)(r), Florida Statutes(2013)

**Prior Discipline:** None

**Probable Cause Panel:** March 22, 2016  
Reiff, Orta, Rubin

**Subject's Attorney:** Yvens A. Pierre-Antoine  
P.O. Box 357192  
Gainesville, 32635  
352-682-9278 Telephone

**Complainant/Address:** V.S.L.

**Materials Submitted:** Memorandum to the Board  
Administrative Complaint  
Defense Attorney Documents  
Settlement Agreement  
Addendum to Report of Expert Opinion dated  
03/09/2015  
Expert Opinion  
Curriculum Vita  
Supplemental Investigation Report dated  
07/09/2015 with Exhibits S3-1 – S3-11  
Supplemental Investigation Report dated  
04/30/2015 with Exhibits S2-1 – S2-2  
Supplemental Investigation Report dated  
01/20/2015 with Exhibits S1-1 – S1-2

Final Investigation Report dated  
12/03/2014 with Exhibits 1-30  
Other Required Documents  
Board Notification Letter dated  
06/06/2016  
Cost Summary

CBM/ar

**Disciplinary Guidelines:**

Section 490.009(1)(r), Florida Statutes: From Reprimand and a \$1,000 fine to Revocation and a fine up to \$10,000.

**Preliminary Case Remarks:**

Respondent failed to meet the minimum standards of performance in professional activities by initiating involuntary commitment under the Baker Act, for her personal friend, YM, by completing certificates of Professional Initiating Involuntary Examination, despite never having provided evaluation, assessment, treatment, or any other psychological services to YM.

The Department, in entering into this Settlement Agreement, has taken into consideration that Respondent has stated that her intent was to assist her troubled friend who appeared to be a danger to herself and others but who refused voluntary treatment, the she made reports of apparent abuse as mandated, and that she involved law enforcement and consulted with a psychiatrist colleague in an attempt to act in compliance with professional standards.

**Mitigating Factors:**

- This is the first complaint against Respondent
- Respondent has practiced for over 12 years with no prior complaints or discipline

- The penalty imposed will have a significant deterrent effect toward potential future violations

**Settlement Terms:**

- Reprimand
- Fine of \$1,000 to be paid within 90 days
- Reimbursement of Costs of \$6,093.70 to be paid within 6 months
- Continuing Education:
  - a) 3 credit hours in laws and rules governing and related to licensed psychologists and the licensed practice of psychology in Florida
  - b) 3 credit hours in ethics, specifically dealing with multiple/dual relationships and/or professional boundaries.

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2014-14385**

**COLLEEN D. CHARACTER, Ph.D.,**

**RESPONDENT.**

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**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Psychology against Respondent, Colleen D. Character, Ph.D., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of psychology pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 490, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed psychologist within the state of Florida, having been issued license number PY 6847 on or about December 18, 2003.

3. Respondent's address of record is 3101 S.W. 34th Avenue, #905-167, Ocala, Florida 34474.

4. Prior to and including the events described in this complaint, Respondent and YM had a personal friendship and business relationship.

5. On or about September 25, 2013, Respondent filed a Certificate of Professional Initiating Involuntary Examination of YM, involuntarily committing YM to psychiatric facility The Centers for evaluation under the Florida Mental Health Act, Section 394.451, et seq., commonly known as the Baker Act.

6. On the Certificate of Professional Initiating Involuntary Examination, Respondent reported that YM held her family in their home and threatened her husband with a gun in front of their children. Respondent also reported diagnoses for YM of major depressive disorder, anxiety disorder, and post-traumatic stress disorder as criteria for the involuntary commitment.

7. Upon admission to The Centers, YM was diagnosed with mood disorder not otherwise specified, based on her suicidal ideation, homicidal ideation, and physical violence toward her husband.

8. YM was discharged from The Centers on or about September 26, 2013, because she no longer met the criteria for inpatient treatment. YM's mental health diagnosis on discharge was adjustment disorder with mixed disturbance of emotions and conduct. YM was discharged with no medications and with instructions to follow up with her primary care physician.

9. On or about October 14, 2013, Respondent called the Ocala Police Department and reported that her friend, YM, had made threats to hurt her children, and reported to the responding officer that YM had sent her a text message indicating she was homicidal.

10. The officer noted that the text message did not contain a threat specific to YM or her children. YM explained to the officer that she was angry but not homicidal, and agreed to voluntarily admit herself to The Centers for evaluation.

11. On or about October 16, 2013, Respondent called the Ocala Police Department and reported that she needed to "Baker Act" her patient, YM. Before police could respond, YM fled.

12. On or about October 17, 2015, Respondent called the Ocala Police Department and reported that she is a doctor and that YM needed to be involuntarily committed for evaluation.

13. On or about October 17, 2013, Respondent provided the Ocala Police Department with a Certificate of Professional Initiating Involuntary Examination of YM, for evaluation under the Baker Act.

14. On the Certificate of Professional Initiating Involuntary Examination, Respondent reported that YM was likely to cause serious bodily harm to herself or others because she was threatening herself and others, had a court ordered treatment plan that she was not following, was homicidal and suicidal, presents with psychotic symptoms, and has not slept in five or more days.

15. Respondent also reported diagnoses for YM, on the Certificate of Professional Initiating Involuntary Examination, of bipolar disorder, dissociative identity disorder, and obsessive-compulsive disorder as criteria for the involuntary commitment.

16. Respondent never provided evaluation, assessment, treatment, or any other psychological services to YM, other than submitting the Baker Act report.

17. The Baker Act, Section 394.463(2)(a), Florida Statutes (2013), provides that an involuntary examination may be initiated by an ex parte or order of a court or by any of the following individuals: a law enforcement officer, physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist, or clinical social worker.

18. Respondent failed to seek an ex parte court order or assistance from another qualified professional in order to complete the Baker Act process for YM.

19. Section 490.009(1)(r), Florida Statutes (2013), provides that failing to meet the minimum standards of performance in professional activities when measured against generally prevailing peer performance, including the undertaking of activities for which the licensee is not qualified by training or experience, constitutes grounds for disciplinary action by the Board of Psychology.

20. Respondent failed to meet the minimum standards of performance in professional activities, when measured against generally prevailing peer performance, in one or more of the following ways:

a. by filing a Certificate of Professional Initiating Involuntary Examination of YM, her personal friend and business associate, on or

about September 25, 2013, involuntarily committing YM to psychiatric facility The Centers for evaluation;

b. by reporting diagnoses for YM, on a Certificate of Professional Initiating Involuntary Examination, of major depressive disorder, anxiety disorder, and post-traumatic stress disorder as criteria for the involuntary commitment on or about September 25, 2013, without ever evaluating, assessing, treating, or providing any other psychological services to YM;

c. by providing to the Ocala Police Department on or about October 17, 2013, a Certificate of Professional Initiating Involuntary Examination of YM, her personal friend and business associate;

d. by reporting on a Certificate of Professional Initiating Involuntary Examination on or about October 17, 2013, that YM was likely to cause serious bodily harm to herself or others because she was threatening herself and others, had a court ordered treatment plan that she was not following, was homicidal and suicidal, presented with psychotic symptoms, and has not slept in five or more days, without ever evaluating, assessing, treating, or providing any other psychological services to YM;

e. by reporting diagnoses for YM on a Certificate of Professional Initiating Involuntary Examination on or about October 17, 2013, of bipolar disorder, dissociative identity disorder, and obsessive-compulsive disorder as criteria for involuntary commitment on or about October 17, 2013, without ever evaluating, assessing, treating, or providing any other psychological services to YM; and/or

f. by failing to seek an ex parte court order or assistance from another qualified professional in order to complete the Baker Act process for YM.

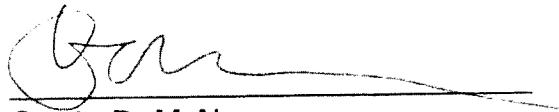
21. Based on the foregoing, Respondent violated Section 490.009(1)(r), Florida Statutes (2013), by failing to meet the minimum standards of performance in professional activities when measured against generally prevailing peer performance.

**WHEREFORE**, the Petitioner respectfully requests that the Board of Psychology enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of

fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 22nd day of March 2016.

Celeste Philip, MD, MPH  
Interim State Surgeon General



Carrie B. McNamara  
Assistant General Counsel  
Fla. Bar No. 62029  
Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Telephone: (850) 245-4444  
Facsimile: (850) 245-4684

**FILED**

DEPARTMENT OF HEALTH  
DEPUTY CLERK

CLERK: Orge Saides

DATE: MAR 28 2016

PCP: March 22, 2016  
PCP Members: Reiff, Orta, Rubin

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested. A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.**

**Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

**STATE OF FLORIDA  
BOARD OF PSYCHOLOGY**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2014-14385**

**COLLEEN D. CHARACTER, Ph.D.,**

**RESPONDENT.**

\_\_\_\_\_ /

**SETTLEMENT AGREEMENT**

RESPONDENT, Colleen D. Character ("Respondent"), and the PETITIONER, Department of Health ("Department"), stipulate and agree to the following Settlement Agreement and to the entry of a Final Order of the Board of Psychology ("Board"), incorporating the Stipulated Facts, Stipulated Law, and Stipulated Disposition in this matter.

Petitioner is a state agency charged with regulating the practice of psychology pursuant to Section 20.43, Florida Statutes, and Chapter 456, Florida Statutes, and Chapter 490, Florida Statutes.

### **STIPULATED FACTS**

1. At all times material hereto, Respondent was a licensed psychologist in the State of Florida, having been issued license number PY 6847. Respondent's mailing address of record is 3101 S.W. 34th Avenue, #905-167, Ocala, Florida 34474.

2. Respondent was charged by an Administrative Complaint filed by the Department and properly served upon Respondent with violations of Chapter 490, Florida Statutes.

3. Respondent neither admits nor denies the factual allegations contained in the Administrative Complaint for the purposes of settlement in these administrative proceedings only.

### **STIPULATED LAW**

1. Respondent admits that in her capacity as a psychologist she is subject to the provisions of Chapters 456 and 490, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the facts as alleged in the Administrative Complaint, if proven, would constitute violations of law as alleged in the Administrative Complaint.

3. Respondent agrees that the Stipulated Disposition in this case is fair, appropriate, and acceptable to Respondent.

**STIPULATED DISPOSITION**

1. **Fine:** The Board shall impose an administrative fine of \$1,000.00 against Respondent's license, to be paid by Respondent to: Florida Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320, Attention: Board of Psychology Compliance Officer, within 90 days of the filing of the Final Order issued in this matter. **All fines shall be paid by cashier's check or money order.** Any change in the terms of payment of any fine imposed by the Board **must be approved in advance by the Board.**

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE FINE IS HER LEGAL OBLIGATION AND RESPONSIBILITY, AND RESPONDENT AGREES TO CEASE PRACTICING IF THE FINE IS NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN 120 DAYS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION FROM THE BOARD OF PSYCHOLOGY COMPLIANCE OFFICER THAT THE FULL AMOUNT OF HER FINE**

HAS BEEN RECEIVED, RESPONDENT AGREES TO CEASE PRACTICING UNTIL SUCH TIME AS WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT FROM THE BOARD OF PSYCHOLOGY COMPLIANCE OFFICER.

2. Costs: Pursuant to Section 456.072, Florida Statutes, Respondent agrees to pay the Department for any and all costs incurred in the investigation and prosecution of this case. Such costs exclude the costs of obtaining supervision or monitoring of the practice, the cost of quality assurance reviews, any other costs Respondent incurs to comply with the Final Order, and the Board's administrative costs directly associated with Respondent's probation, if any. Respondent agrees that the amount of Department costs to be paid in this case is \$6,093.70. Respondent will pay costs to: Payments, Department of Health, Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, Florida 32314-6320, within six months from the date of filing of the Final Order in this cause. All costs shall be paid by cashier's check or money order. Any change in the terms of payment of any fine imposed by the Board must be approved in advance by the Board.

**RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE COSTS IS HER LEGAL OBLIGATION AND RESPONSIBILITY**

**AND RESPONDENT AGREES TO CEASE PRACTICING IF THE COSTS ARE NOT PAID AS AGREED TO IN THIS SETTLEMENT AGREEMENT, SPECIFICALLY: IF WITHIN SEVEN MONTHS OF THE DATE OF FILING OF THE FINAL ORDER, RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE COSTS NOTED ABOVE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICING UNTIL SUCH TIME AS WRITTEN CONFIRMATION IS RECEIVED BY RESPONDENT FROM THE BOARD OF PSYCHOLOGY COMPLIANCE OFFICER.**

3. Continuing Education: Respondent shall successfully complete and report to the Board, with documentation, within six months of the filing of the final order adopting and incorporating this Settlement Agreement, the following continuing education hours:

- A) Laws and rules governing and related to licensed psychologists and the licensed practice of psychology in the state of Florida – 3 hours, and
- B) Ethics, specifically dealing with multiple relationships, dual relationships, and/or professional boundaries – 3 hours.

These continuing education hours shall be in addition to the continuing education hours normally required for renewal of Respondent's license, and shall be completed in the live, lecture format unless otherwise approved by the Board. Said continuing education requirements may be met by completion of a single course, or multiple courses, as long as the subject matter and total credit hour requirements listed above are met.

Respondent shall submit documentation in the form of certified copies of the receipts, vouchers, certificates, or other papers, documenting completion of this course. All such documentation shall be submitted to: Department of Health Compliance Unit, Bin C76, P. O. Box 6320, Tallahassee, FL 32314-6320, Attention: Board of Psychology Compliance Officer, within seven months from the date of filing of the Final Order in this cause.

### **STANDARD PROVISIONS**

1. **Appearance:** Respondent, or her counsel, is required to appear before the Board at the meeting of the Board where this Settlement Agreement is considered.
2. **No Force or Effect Until Final Order:** It is expressly understood that this Settlement Agreement is subject to the approval of

the Board and the Department. In this regard, the foregoing paragraphs (and only the foregoing paragraphs) shall have no force and effect unless the Board enters a Final Order incorporating the terms of this Settlement Agreement.

3. **Addresses:** Respondent must keep her current mailing address on file with the Department. Respondent shall notify the Department within ten (10) days of any changes of said address.

4. **Future Conduct:** In the future, Respondent shall not violate Chapters 456, or 490, Florida Statutes, or the rules promulgated pursuant thereto, or any other state or federal law, rule, or regulation relating to the practice or the ability to practice psychology. Prior to signing this agreement, the Respondent shall read Chapters 456, 490, and the Rules of the Board of Psychology, at Chapter 64B19, Florida Administrative Code.

5. **Violation of Terms of Settlement Agreement Considered Violation of Final Order:** It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of a Final Order of the Board, for which

disciplinary action may be initiated pursuant to Chapters 456 and 490, Florida Statutes.

6. **Purpose of Settlement Agreement:** Respondent, for the purpose of avoiding further administrative action with respect to this cause, executes this Settlement Agreement. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of the Settlement Agreement. Respondent agrees to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that presentation to and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

7. **No Preclusion of Additional Proceedings:** Respondent and the Department fully understand that this Settlement Agreement and subsequent Final Order incorporating same will in no way preclude

additional proceedings by the Board and/or the Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached as Exhibit A.

8. **Waiver of Attorney's Fees and Costs:** Upon the Board's adoption of this Settlement Agreement, the parties hereby agree that with the exception of costs noted above, the parties will bear their own attorney's fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek any attorney's fees or costs from the Department and the Board in connection with this matter under Florida Statutes, Chapters 57, 120, 456, and 490, or on any other basis.

9. **Waiver of Further Procedural Rights:** Upon the Board's adoption of this Settlement Agreement, Respondent expressly waives all rights to further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of the Settlement Agreement and the Final Order of the Board incorporating said Settlement Agreement.

SIGNED this 3<sup>rd</sup> day of June 2016.

Antoinette E. McPherson-Charles  
Antoinette E. McPherson-Charles  
CASE NO. 2014-10316  
14385

STATE OF Florida  
COUNTY OF Marion

Before me personally appeared Colleen D. Character whose identity is known to me personally or by Florida Drivers License (type of identification), and who, under oath, acknowledges that his/her signature appears above.

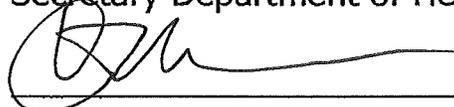
Sworn to and subscribed by Elizabeth Johnson before me this 3<sup>rd</sup> day of June 2016.

Elizabeth Johnson  
Notary Public  
My Commission Expires:



APPROVED this 6th day of June 2016.

Celeste Philip, MD, MPH  
State Surgeon General and  
Secretary Department of Health



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Carrie B. McNamara  
Assistant General Counsel  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar No.: 0062029  
(850) 245-4640 Telephone  
(850) 245-4681 Facsimile

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**Carolyn Stimel, Ph.D., ABPP**  
2704 Apalachee Parkway  
Tallahassee FL 32301  
PH 850 386 8116 stimel@aol.com FAX 850 386 8539

November 18, 2015

Addendum to Report of Expert Opinion dated March 9, 2015

Re: DOH v. Colleen D. Character, Ph.D.; Case No. 2014-14385

I have reviewed the additional information provided to me in October and my opinion is unchanged from my report done in March.

The psychologist used her licensure inappropriately to file petitions for involuntary examination on someone she had a personal relationship, made diagnoses without proper procedure, and showed extremely poor judgment. I consider this substandard psychological practice.



Carolyn Stimel, Ph.D., ABPP

## Carolyn Stimel, Ph.D., ABPP (Forensic)

2704 Apalachee Parkway  
Tallahassee, FL 32301

Phone: (850) 386-8116 Fax: (850) 386-8539  
stimel@aol.com

Diplomate	1989	Forensic Psychology, American Board of Professional Psychology
Ph.D.	1982	Counseling Psychology Ohio State University (APA Approved)
Internship	1979-80	Veterans Administration Medical Center, Northampton, Massachusetts (Clinical - APA Approved)
M.A.	1978	Counseling Psychology Ohio State University
B.S.	1976	Psychology Ohio State University

Licensed Psychologist Florida PY0003302 (since 1983)  
Georgia # 990, currently inactive  
National Register of Health Service Providers in Psychology, #33267  
Florida Vocational Rehabilitation Panel of Psychologists

### Psychotherapy, Assessment, and Consultation

1992-Present                      Independent Private Practice

Private practice consisting of assessment and psychotherapy with adults. Forensic psychology consultation including assessments of competence to stand trial, sanity at time of offense, consultation to attorneys in civil and criminal cases, law enforcement consultation, Fitness for Duty evaluations, and expert witness testimony. Additional consultation includes the following:

2014-present                      Pre-employment evaluations for Florida Department of Agriculture, Florida Department of Law Enforcement (Capitol Police), Tallahassee Community College Police Department, Florida Department of Insurance, Gretna Police Department

2014-present                      Psychological consultation to Tallahassee Police Department

2008-present                      Employee Assistance counseling to Taylor County Sheriff's Office

2007-present                      Director of Professional Affairs, Florida Psychological Association

2001-present                      Pre-employment and Fitness for Duty evaluations for Wakulla County Sheriff's Department

1998-present                      Consultant to the Department of Children and Families, Psychologist on Multidisciplinary Team, Sexually Violent Predator Program

1989-present                      Consultation to Leon County Sheriff's Department. Pre-employment and fitness-for-duty evaluations. Critical incident intervention

1988-present                      District Consultant to Office of Vocational Rehabilitation

### Past Consultation Work

2003-2007                      Psychological Consultant to Broadview Assisted Care Facility

2002-2011                      Expert review and witness services for Department of Health.

2007- 2011 Psychological Consultant/Surveyor for Correctional Medical Authority  
1997-2000 Psychological Consultant to the Leon County Jail.  
1988-1994 Consultant to the Division of Workers Compensation.  
1992-1996 Exam Consultant for Department of Professional Regulation.  
1992-1997 Consultant to Back Rehabilitation and Cardiac Wellness Programs at Tallahassee Community Hospital.  
1993-1995 Consultant to TASC (Treatment Alternatives to Street Crime).  
1989-1990 Counseling Services for Domestic Abuse Intervention Program.

1988-1992 Associate at Tallahassee Pain & Stress Management Institute  
Private practice work at a large multidisciplinary group practice. Therapy and assessment services with adults.

1984-1988 Forensic Clinical Psychologist, Apalachee Center for Human Services, Tallahassee, Florida  
Consultation to Leon County Jail courts and jail. Crisis intervention and coordination of mental health treatment in the jail. Court-referred psychological and forensic evaluations. Expert witness testimony. Training of correctional officers. Caseload of individual psychotherapy cases in community mental health outpatient programs. Consultation to crisis unit, including psychological assessment and evaluation of need for involuntary treatment/placement. Psychological evaluations for Office of Vocational Rehabilitation. Clinical Division Chair of Professional Staff Organization.

1980-1984 Supervising Clinical Psychologist, Florida State Hospital  
Forensic Service, Chattahoochee, Florida (promoted from Clinical Psychologist in 1983).  
Coordination of psychological services for three treatment teams responsible for 120 patients committed by circuit court under forensic status. Psychological assessment, treatment planning, individual and group psychotherapy, forensic evaluations. Clinical supervision, training and evaluation of psychology staff.

### **Professional Organizations/Activities/Volunteer Work**

American Psychological Association  
Committee of State Leadership, 2007--2008  
Florida Representative to Board of Directors 1998-2000  
Winner of Karl F. Heiser Award for Advocacy  
American Psychological Association Member (Divisions 18,41, 35)  
Florida Psychological Association  
President, 1995-1996  
Legislative Chair, 1994-1995  
Insurance and Health Care Policy Chair, 1988-1993  
Executive Council Representative, 1987-88  
President of Capital Chapter, 1989 & 2005  
Designated "Distinguished Psychologist," 1995  
Awards for "Distinguished Contributions to Psychology" given by Florida Psychological

Association in 1992 and 1996

Awarded Dr. Michael B. Spellman Award for Ethical Contributions to Psychology, 1998 and, 2013

What a Woman Award, 2001

2010-present Clinical Director, Critical Incident Stress Management Team, Tallahassee

1992-2005 Member of Community Crisis Response Team

1993-present Mental health volunteer coordinator with American Red Cross

2008-2014 Member of Board of Directors of Capital Chapter of American Red Cross

1996-1998 Appointed to Governor's Commission on Domestic and Sexual Violence Against Women,

Capital Area Psychological Association (Officer Positions, 1984-1988 including President)

American Academy of Forensic Psychology member

Member of Advisory Committee, Forensic Evaluator Training Project, State of Florida, 1986

Member of Task Force on Standards for the Evaluation and Treatment of Mentally Ill Offenders, State of Florida, 1986-87

Phi Beta Kappa

Mensa (Proctor for Tallahassee Chapter)

### **Teaching, Training, and Publications**

2015 Invited presentation "Behavior Analyst Legislation in Florida" at American Psychological Association State Leadership Conference.

2014 Multiple trainings statewide for psychologists on ethics, rules and laws for continuing education

Trainings for American Red Cross volunteers on "Psychological First Aid" in Panama City and Pensacola chapters

2012 "Legislation Update and Practice Issues" Presented to Florida State University Counseling Center interns

"Psychological Recordkeeping: Ethical and Regulatory Issues" Presented to Capital Chapter of the Florida Psychological Association

"Overview of Mental Health Diagnoses" Presented for Service Source

"Psychological First Aid" Presented to Spiritual Care volunteers, Capital Area, American Red Cross

"Suicide in Law Enforcement Officers" Presented to Tallahassee Police Department

Tactical Team.

2011 “Legal and Regulatory Update” Co-presented for Capital Chapter of Florida Psychological Association

“Forensic Psychology Division-Florida Legislative Issues” Presentation at Florida Psychological Association Annual Conference

2010 “Mental Health Response To Aviation Disaster” Co-presenter, Tallahassee Regional Airport.

“Legislative and Regulatory Updates for Psychological Practice,” Co-presenter, Capital Chapter of Florida Psychological Association.

2009 “Professional Ethics and Florida Laws & Rules” Presentation at Brevard/Indian River Chapter of the Florida Psychological Association.

“Ethical & Legal Implications of Legislative & Administrative Change” Co-presenter at Florida Psychological Annual Convention.

“Psychological Records and Your Practice” Co-presenter at Florida Psychological Annual Convention.

“Preparing for Board Certification by ABPP” Co-presenter at Florida Psychological Association Annual Convention.

“Keeping up with Difficult Economic Times: Establishing & Maintaining a Private Practice.” Continuing Education presentation at Capital Chapter of Florida Psychological Association.

“Bariatric Pre-Surgical Psychological Assessment.” Presentation to Vocational Rehabilitation.

2007 “Stress Management.” Invited presentation at Big Bend Disaster Animal Response Team Training.

2006 “Florida’s Regulations for Psychologists: An Overview of Statutory and Regulator Changes that Affect Psychological Practice.” Continuing Education presentation at Capital Chapter of Florida Psychological Association.

“Strategies to Deal with Traumatic Loss/PTSD”. Invited presentation at Big Bend Hospice Annual Bereavement Conference.

“Stress Management.” Invited presentation at Big Bend Disaster Animal Response Team Training.

2005 "How the Parameters of Practice are Set," Invited Presentation at Psychology Training Day sponsored by Florida State Hospital.

2005 & 2006 "To Commit or Not to Commit: What Goes Behind the MDT's Recommendation," Invited address at Florida Prosecuting Attorney's Association conference on Civil Commitment of the Sexually Violent Predator.

"Everyday Psychology". Course for Florida State University Senior Academy

2004 "Ethical Practice and the Legal Arena" Continuing Education Workshop, Florida Psychological Association. Presented at Summer Convention, at St. Pete Beach and in Tallahassee.

2003 Domestic Violence for Mental Health Professionals. Home Study Continuing Education Program. Professional Resource Press.

"The Mind of the Batterer" Continuing Education Presentation, Florida Coalition Against Domestic Violence Annual Rural Conference.

"Ethical Practice When Interacting with the Legal System" Continuing Education Workshop, Florida Psychological Association Annual Convention.

2002 "Understanding and Predicting Homicide in Cases of Intimate Partner Domestic Violence." Chapter in Innovations in Clinical Practice: A Source Book, Vandecreek & Jackson (ed.).

2001 The Mind of the Batterer, Home Study Continuing Education Module for Florida Psychological Association.

"Ethics" Presentation at Seminar on "Selected Issues in the Treatment of the Sexually Violent Predator," Department of Children and Families

"Factors Behind the MDT's Decision," Seminar on "Civil Commitment of the Sexually Violent Predator," Florida Prosecuting Attorneys Association

"Memory and its Quirks," Presentation for Depression and Manic Depression Association, Leon County

"Psychology in the Year 2000 and Beyond," Course for Florida State University Senior Academy.

2000 "Keeping Your Memory Young," Tallahassee Senior Center Health Fair Presentation.

1999 "The Intersection of Psychology and the Law," Course for Florida State

University Senior Academy.

Courses on Memory Strategies for Tallahassee Memorial Healthcare Memory Disorders Clinic.

1998 Home Study Continuing Education Module, Update on Domestic Violence for Florida Mental Health Professionals.

“The Nature of Memory,” Course for Florida State University Senior Academy

“Advanced Community Crisis Response Training,” Workshop for Florida Network of Victim Witness Advocates.

“Treating Victims/Treating Survivors of Childhood Sexual Abuse,” Florida State University Psychology Clinic, Presentation to Staff Meeting.

When Does Domestic Violence Become Lethal?, Florida Psychologist Spring, 1998

Psychological Aspects of Domestic Violence, The Florida Law Commentator, January, 1998

1997 “Community Crisis Response Team Training,” Florida Network of Victim Witness Services, presented in Daytona Beach and Fort Lauderdale.

“Transportation Disaster Response for Mental Health Professionals,” presented at Aviation Emergency Response Seminar, Tallahassee.

1996 Workshop on “The Role of the Psychologists in Domestic Violence,” Conference, Florida Psychological Association.  
Home Study Continuing Education Module, The Florida Mental Health Professional and Domestic Violence.

1995 Oral testimony to Florida Supreme Court on proposed rules for family law practices, on behalf of Florida Psychological Association.

Oral testimony to the Florida Legislative Committees and Subcommittees various bills related to mental health and psychology practice.

1993, 1995, Presentations on “Mental Health Services for Disaster Action Teams,”  
1997, 2004 Tallahassee Chapter of the American Red Cross

1995 Presentation on “Listening Skills” to Mended Hearts support group.

Presentation on “Panic Disorder and Depression,” Tallahassee Depression and Manic Depression Association.

Course on "Dealing with (Difficult) People" taught to staff at Florida Department of Law Enforcement.

1994 Presentation on "Community Response to Crisis" for Community Crisis Response Team.

1992 Presentation on "Medicare Reimbursement for Psychologists" at "Alzheimer's Disease and Related Disorders," conference sponsored by Northern Rehabilitation Services.

1988-1991 Adjunct Psychology Instructor, Tallahassee Community College.

1991 Statewide training for Florida Game and Freshwater Fish Commission. "Stress Management" portion of training program on "Dealing with Attitudes, Behavior, Conflict, and Stress," presented to five regional centers and to command staff in Tallahassee.

Adjunct faculty for Institute of Police Technology and Management. Training on "Psychological Evaluations and Background Investigation."

1989 Workshop presented for Capital Area Psychological Association on "Forensic Evaluations."

1988 Adjunct Instructor, Lively Criminal Justice Training Academy. Training of law enforcement personnel.

1985-1988 Adjunct Faculty Member, Psychology Internship Program (APA Approved), Forensic Service, Florida State Hospital, Chattahoochee, Florida.

1987 Invited presentation at American Jail Association Annual Convention, "Mental Health Services in Small Jails."

1982 Panel discussant at Southeastern Psychological Association Annual Convention, "Procedures for Trial Competency Determinations: Guidelines for psychologists in community and institutional settings."

1978-1979 Graduate Teaching Associate, Psychology Department, Ohio State University.

1978 Instructor, Education Department, Ohio State University, Columbus, Ohio

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
State Surgeon General and Secretary

**Vision:** To be the Healthiest State in the Nation

June 6, 2016

**VIA CERTIFIED MAIL**

Yvens Pierre-Antoine, Esq.  
P.O. Box 357192  
Gainesville, Florida 32635

Re: DOH vs. Colleen Character, Ph.D.  
DOH Case Number: 2014-14385

Dear Mr. Pierre-Antoine:

I am in receipt of the settlement agreement executed by your client on June 3, 2016, concerning the above referenced case.

Our office is now making preparation for this settlement to be presented at the next meeting of the Florida Board of Psychology, scheduled for **July 22, 2016, Friday, in St. Petersburg, Florida.**

Please be advised your case will be set at the convenience of the Department and/or the Florida Board of Board of Psychology and you will be notified of the date and time approximately two weeks prior to the meeting. If you have a request for this settlement to be heard on a particular day, please inform this office within seven days of the date of this letter in order for the request to be timely considered by the Florida Board of Psychology. Please be advised your case will be set at the convenience of the Department and/or the Florida Board of Psychology and you will be notified of the date and time approximately two weeks prior to the meeting.

Thank for your attention and cooperation in this matter. Should you have any questions, please feel free to contact this office.

Sincerely,

A handwritten signature in black ink, appearing to read "CBM", followed by a long horizontal line extending to the right.

Carrie B. McNamara  
Assistant General Counsel

CBM/ar

## Complaint Cost Summary

Complaint Number: 201414385

Subject's Name: CHARACTER, COLLEEN D

	***** Cost to Date *****	
	Hours	Costs
<b>Complaint:</b>	1.20	\$65.60
<b>Investigation:</b>	35.60	\$2,285.97
<b>Legal:</b>	40.10	\$4,205.67
<b>Compliance:</b>	0.00	\$0.00
	*****	*****
<b>Sub Total:</b>	76.90	\$6,557.24
<b>Expenses to Date:</b>		\$1,099.26
<b>Prior Amount:</b>		\$0.00
<b>Total Costs to Date:</b>		\$7,656.50

# PROSECUTOR'S REPORT

**DOH/PROSECUTOR'S REPORT**

**BOARD OF PSYCHOLOGY**

**Meeting Date JULY 22, 2016**

TO: Allen Hall, Executive Director  
FROM: Carrie B. McNamara, Assistant General Counsel  
DATE: June 29, 2016  
RE: Current Open / Pending Psychology Cases

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Total cases open/active in PSU:	19
Cases in EAU:	0
Cases under legal review:	13
Cases where probable cause recommendation made:	4
Cases where probable cause found/waived:	2
Cases in holding status:	0
Cases awaiting supplemental investigation:	3
Cases undergoing expert review:	0
Cases pending before DOAH:	0
Cases on agenda for current/future board meeting:	1
Cases older than one year*:	9
2014:	3
2015:	6

\*Two of these cases will be on the agenda for the next probable cause panel meeting.

## **MOTION FOR FINAL ORDER AFTER HEARING INVOLVING NO DISPUTED ISSUES OF MATERIAL FACT**

Matthew Fearington

Dr. Fearington was before the March 18, 2016 Board Quorum Meeting. His application and supervision forms indicated that he only received 1900 hours of post-doctoral supervision with only one hour per week of clinical supervision. He filed a petition for a waiver of Rule 64B19-11.005, F.A.C., Supervised Experience Requirements, requesting the Board to accept his post-doctoral supervision as acceptable for licensure. The Board denied the petition, however, they approved the application with the condition that Dr. Fearington obtain the additional 100 hours of supervision, which would include 52 hours of clinical supervision. Dr. Fearington then requested a reconsideration of the Board decision and went before the April 22, 2016 General Business meeting. The Board denied the reconsideration. Dr. Fearington has since submitted an appeal requesting the Board to review his application again.

Enclosed for the Board's review is Dr. Fearington's request for a review as well as the application.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts .



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General and Secretary

**Vision:** To be the **Healthiest State** in the Nation

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June 30, 2016

Matthew Edward Fearington  
175 Cranberry Hills Dr  
Fleetwood, NC 28626

Dear Dr. Fearington:

PLEASE TAKE NOTICE that a review of your appeal and your application for licensure will be considered by the Board of Psychology at the meeting listed below:

Date:	July 22, 2016
Time:	9:00 a.m. EST or soon thereafter
Location:	St. Petersburg Marriott Clearwater 12600 Roosevelt Boulevard St. Petersburg, FL 33716
Phone:	727-572-7800

You are not required to attend the meeting; however, it is requested that you contact me in writing if it is your intention to attend the meeting. You may e-mail, write to the address listed below, or fax your response to (850) 414-6860.

If you have any questions, please do not hesitate to contact this office at the address below, by telephone 245-4373 Ext 3482 or e-mail [michelle.branch@flhealth.gov](mailto:michelle.branch@flhealth.gov)

Sincerely,

A handwritten signature in cursive script that reads "Michelle Branch".

Michelle Branch  
Regulatory Specialist II

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C05 • Tallahassee, FL 32399-3255  
PHONE: (850)245-4444 • FAX : (850) 414-6860



Accredited Health Department  
Public Health Accreditation Board

## Branch, Michelle L

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**From:** Matt Fearington <mfearington@yahoo.com>  
**Sent:** Thursday, June 30, 2016 12:19 PM  
**To:** Branch, Michelle L  
**Subject:** Re: Florida Board of Psychology Meeting Notice

Michelle,

I will not be able to attend that meeting, but I assume that the board will have my letter and supporting documentation. Is that correct?

Thanks for your help. I hope you have a great holiday weekend.

Regards,  
Matt

---

**From:** "Branch, Michelle L" <Michelle.Branch@flhealth.gov>  
**To:** Matt Fearington <mfearington@yahoo.com>  
**Sent:** Thursday, June 30, 2016 11:20 AM  
**Subject:** Florida Board of Psychology Meeting Notice

Dr. Fearington,

Please find the attached Board of Psychology meeting notice. The Board will consider your appeal at the July 22, 2016 General Business meeting. Please let me know if you will be able to attend.

Thank you,  
*Michelle Branch*  
*Regulatory Specialist II*  
*Florida Department of Health*  
*Medical Quality Assurance*  
*Board of Psychology*  
*4052 Bald Cypress Way BIN C-05*  
*Tallahassee, FL. 32399*  
*Phone: 850-245-4373 Ext 3482*

***How Am I Doing? Please contact my manager to comment on my service to you, [Anna.King@flhealth.gov](mailto:Anna.King@flhealth.gov)***

Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Vision: **Healthiest State in the Nation.**

Purpose: To protect the public through health care licensure, enforcement and information.

Focus: To be the nation's leader in quality health care regulation.

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**Attention Health Care Practitioners:** There have been changes to the license renewal process. To learn more about CE/CME@Renewal visit [www.flhealthsource.com](http://www.flhealthsource.com) . For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at [MQAReportCE@flhealth.gov](mailto:MQAReportCE@flhealth.gov).

Please note : Florida has a very broad public records law.  
Most written communications to or from state officials regarding  
state business are public records available to the public and media

upon request. Your e-mail communications may therefore be subject to public disclosure.

Please consider the environment before printing this email.

**DEPARTMENT OF HEALTH  
BOARD OF PSYCHOLOGY  
GENERAL BUSINESS MEETING  
APRIL 22, 2016  
MINUTES  
*Excerpt***

**HYATT REGENCY JACKSONVILLE RIVERFRONT  
225 EAST COASTLINE DRIVE, JACKSONVILLE, FL 32202  
904-588-1234**

**RECONSIDERATION OF PETITION AND LICENSURE APPLICATION**

**Tab 11.**           Matthew Fearrington           Rule 64B19-11.005, F.A.C., Supervised Experience Requirements

Dr. Fearrington was not present, nor represented by counsel.

Dr. Fearrington was before the March 18, 2016 Board Quorum Meeting. His application and supervision forms indicated that he only received 1900 hours of post-doctoral supervision with only one hour per week of clinical supervision. He filed a petition for a waiver of Rule 64B19-11.005, F.A.C., Supervised Experience Requirements, requesting the Board to accept his post-doctoral supervision as acceptable for licensure. The Board denied the petition, however, they approved the application with the condition that Dr. Fearrington obtain the additional 100 hours of supervision, which would include 52 hours of clinical supervision.

Dr. Fearrington has submitted a written request asking the Board to reconsider their decision on his application and petition.

Provided for the Board's review was Dr. Fearrington's application, petition, and written request for a reconsideration.

Following discussion, Ms. Mary O'Brien moved to deny the request for a reconsideration. Dr. Randi Mackintosh seconded the motion, which carried 5/0.

Following discussion, Ms. Mary O'Brien moved to clarify the order indicating that the 52 hours of clinical supervision the Board has required Dr. Fearrington to take before licensure can be taken at any time and is not required to be spaced out over a year. Dr. Catherine Drew seconded the motion, which carried 5/0.

STATE OF FLORIDA  
BOARD OF PSYCHOLOGY

FILED  
Department Of Health  
Deputy Clerk  
CLERK *Angel Sanders*  
DATE MAY 13 2016

IN RE: THE APPLICATION FOR  
PSYCHOLOGIST BY EXAMINATION/WITH WAIVER OF

**MATTHEW EDWARD FEARRINGTON, Ph.D.**

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**AMENDED NOTICE OF INTENT TO APPROVE LICENSURE CONTINGENT**

This matter came before the Florida Board of Psychology (Board) at a duly-noticed public meeting on March 18, 2016, by telephone conference. The Applicant was present and answered questions from the Board regarding his application file. The Board was represented by Deborah Bartholow Loucks, Assistant Attorney General.

The Applicant requested that the Board reconsider this Order. The matter was placed on the April 22, 2016, board meeting agenda. The Applicant was not present in Jacksonville, Florida for the April meeting. The Board voted to deny the reconsideration of the Notice of Intent; however, the Notice of Intent did not conform with the prior vote of the Board. This Amended Notice of Intent reflects the original Board vote in March and the clarification provided by the Board in April.

Pursuant to Sections 490.009(2) and 456.072(2), Florida Statutes, the Board may refuse to certify an applicant for licensure, restrict the practice of the licensee, or impose a penalty. Dr. Fearrington's application file revealed that he did not obtain the required number of supervision hours including individual face-to-face hours. Section 490.009(1)(t), Florida Statutes, provides that violating a rule of the profession constitutes grounds for denial or approval of an application with conditions. Based on the Applicant's supervision not complying with the requirements of

Rule 64B19-11.005, Florida Administrative Code, the Board voted to approve the license contingent on the Applicant completing one hundred (100) hours of supervised experience, including fifty-two (52) hours of clinical supervision. The Board did not include a minimum time period for completion of these hours (the Applicant may obtain more than one hour of clinical supervision per week). Once the Board office has received documentation of the additional supervision in conformance with this Notice, the license shall issue.

It is therefore **ORDERED** that the application for psychologist license be **approved contingent** upon the Applicant completing one hundred (100) hours of supervised experience, including fifty-two (52) hours of clinical supervision.

This Order does not constitute disciplinary action against the license that has been approved herein. The terms of this Order are considered conditions for licensure. This Order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 12 day of May, 2016.

**BOARD OF PSYCHOLOGY**



Allen Hall, Executive Director  
for Dean Aufderheide, Ph.D., Chair

**NOTICE OF RIGHTS**

1. Mediation is not available in this matter.
2. You may seek review of this Order, pursuant to Sections 120.569 and 120.57, Florida Statutes, by filing a petition (request) with the Executive Director of the Board, within 21 days of your receipt of this Notice.

If you dispute any material fact upon which the Board's decision is based, you may request a hearing pursuant to Section 120.57(1), Florida Statutes. To do so, your petition (request) must contain the information required by Rule 28-106.201, Florida Administrative

Code, including a statement of the material facts that are in dispute.

3. If you request a hearing, you have the right to be represented by an attorney or other qualified representative, to take testimony, to call or cross-examine witnesses, to have subpoena and subpoena duces tecum issued, and to present written evidence or argument.

4. This Notice shall be placed in and become a part of the Board's official records and shall become effective upon filing with the Clerk of the Department.

5. In the alternative, a party who is adversely affected by this final order is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida rules of appellate procedure. Such proceedings are commenced by filing one copy of a notice of appeal with the agency clerk of the Department of Health and a second copy, accompanied by filing fees prescribed by law, with the District Court of Appeal, First District, or with the District Court of Appeal in the appellate district where the party resides. The notice of appeal must be filed within thirty (30) days of the filing date of the order to be reviewed.

### CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by **Certified U.S. Mail to MATTHEW FEARRINGTON, Ph.D.**, 175 Cranberry Hills Drive, Fleetwood, NC 28626; and by electronic mail to: **Deborah B. Loucks**, Assistant Attorney General, Office of the Attorney General, [deborah.loucks@myfloridalegal.com](mailto:deborah.loucks@myfloridalegal.com); and by interoffice mail to: **Rachel W. Clark**, Assistant Attorney General, Office of the Attorney General, PL-01, The Capitol, Tallahassee, Florida 32399-1050; this 13<sup>th</sup> day of May, 2016.

*Angel Sanders*

**Deputy Agency Clerk**

7016 0340 0000 8263 6376

MATTHEW EDWARD FEARRINGTON  
175 CRANBERRY HILLS DR  
FLEETWOOD, NC 28626

May 26, 2016

FILED  
Department Of Health  
Deputy Clerk  
CLERK *Angel Sanders*  
DATE JUN 02 2016

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To Whom It May Concern:

I am writing to request a review of the Order submitted by the Board of Psychology regarding my application for licensure on May 13, 2016. The Board based their original decision on inaccurate information and then denied the reconsideration of that decision at their meeting on April 22, 2016.

I understand that I need to complete another 100 hours of supervised practice in order to meet the requirement for licensure in Florida. I do not dispute that portion of the decision and it seems consistent with previous decisions made by the Board for people in my situation. However, the Board also noted that 52 of those hours have to be clinical supervision. During the meeting on March 18, 2016 when my application was first considered, Dr. Andrew Rubin stated that applying this rule to me would not "differ significantly from anyone else in a similar situation." Please see the highlighted passage on page 4 of the minutes from the Board meeting on March 18, 2016 that is included with this letter. After Dr. Rubin made this statement and moved to deny my petition, the Board voted unanimously to do so.

Unfortunately, Dr. Rubin's assertion is patently false. As evidence, please refer to the highlighted passage on page 8 of the minutes from the Board meeting on January 23, 2015 that is included with this letter. As you will see, the Board voted unanimously to approve Dr. Katherine Daly's petition to accept her hours with only 1 hour of supervision. Ironically, Dr. Daly even worked in the same state and had the same supervisor that I did when I completed my post-doctoral hours. Dr. Daly's situation is as similar to mine as possible and the Board clearly held me to a different standard.

On a different note, the imposition of 52 hours of clinical supervision does impose a very real hardship on me, despite what Dr. Rubin contended. It will be impossible to work 100 hours with over half of that being in supervision. Even if I could find someone willing to provide 1 hour of supervision for every hour that work, I am honestly not even sure what we would spend the hour discussing. It defies logic to say that 52 of supervision are needed in order for me to be able to practice independently. In fact, I have been practicing independently for the last 10 years without any complaints or charges filed against my license. If past behavior is the best predictor of future behavior, then there is nothing in my background that would suggest that I would have any difficulty practicing as a licensed psychologist in Florida in a competent and ethical manner.

In conclusion, the Board has chosen to treat my petition differently than others in similar situations, regardless of what they say. There is a clear precedent in this case, which the Board has decided to ignore. It is unclear to me why they are doing this, but I humbly ask for your help in resolving this matter.

Thank you for your time and consideration. If you need any further information from me, please do not hesitate to contact me.

Sincerely,

Matthew E. Fearrington, Ph.D.

# Minutes

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The Florida

## Board of Psychology

# Draft Minutes

**MARCH 18, 2016**

**BOARD OF PSYCHOLOGY  
BOARD QUORUM MEETING**

**BY TELEPHONE CONFERENCE CALL**

**DIAL-IN NUMBER: 1-888-670-3525  
PUBLIC CONFERENCE CODE: 7811783909**



**Dr. Dean Aufderheide, Ph.D**  
Chair

**Dr. J. Drake Miller, Psy.D**  
Vice-Chair

# Minutes

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**BOARD OF PSYCHOLOGY  
BOARD QUORUM MEETING  
BY TELEPHONE CONFERENCE CALL  
MARCH 18, 2016  
MINUTES  
(Draft)**

**DIAL-IN NUMBER: 1-888-670-3525  
PUBLIC CONFERENCE CODE: 7811783909#**

## **Call to order-Board Quorum**

**Dr. Dean Aufderheide, Chair, called the Board Quorum meeting to order at approximately 8:03 a.m. Those present for all or part of the meeting, included the following:**

### **MEMBERS PRESENT**

Dr. Dean Aufderheide, Ph.D., Chair  
J. Drake Miller, Psy.D., Vice-Chair  
Andrew S. Rubin, Ph.D  
Mary D. O'Brien, J.D  
Randi Mackintosh, Psy.D  
Catherine Drew, Ph.D

### **STAFF PRESENT**

Allen Hall, Executive Director  
Anna L. Hart King, Program Operations Administrator  
Michelle Branch, Regulatory Specialist II  
Sean Trexler, Regulatory Specialist II

### **ASSISTANT ATTORNEY GENERAL**

Deborah Loucks, Esquire

### **REVIEW OF MINUTES**

**Tab 1.** March 4, 2016 Credentials Committee Meeting Minutes

Following discussion, Dr. Catherine Drew moved to accept the minutes. Ms. Mary O'Brien seconded the motion, which carried 6/0.

### **APPLICANTS FROM APA ACCREDITED PROGRAMS FOR EXAMINATION AND LICENSURE AS NOTED**

**Tab 2.** List of Applicants

Following discussion, Dr. Andrew Rubin moved to approve the list of list of applicants for examination and licensure as noted. Dr. Randi Mackintosh seconded the motion, which carried 6/0.

Following discussion, Dr. Randi Mackintosh indicated that she is supervising three (3) of the applicants on the Bifurcation/Exam list, but it would not impact her vote. Dr. Randi Mackintosh moved to approve the list of Bifurcation applicants for examination and licensure as noted. Dr. Catherine Drew seconded the motion, which carried 6/0.

Following discussion, Ms. Mary O'Brien moved to approve the list of Endorsement of 20 Years of Licensed Psychology Experience and the list of applicants under the Endorsement of ABPP Diplomate status for examination and licensure as noted. Dr. Andrew Rubin seconded the motion, which carried 6/0.

# Minutes

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## **APPLICANT REQUESTS FOR EXTENSION PURSUANT TO §490.005(3)(b), F.S.**

### **Tab 3** Vanessa Perez

Dr. Perez was not present, nor represented by counsel.

This applicant is requesting an extension of time allowed to complete the requirements for licensure.

Following discussion, Ms. Mary O'Brien moved to approve the request for an extension for an additional twelve (12) months. Dr. Andrew Rubin seconded the motion, which carried 6/0.

### **Tab 4.** Thayra Zambrana Nieves

Dr. Nieves was not present, nor represented by counsel.

This applicant is requesting an extension of time allowed to complete the requirements for licensure.

Following discussion, Dr. Andrew Rubin moved to approve the request for an extension for an additional twelve (12) months. Dr. Randi Mackintosh seconded the motion, which carried 6/0.

## **FILE CLOSURE APPLICANTS FOR DENIAL PURSUANT TO §490.005(3)(b), F.S.**

### **Tab 5.** List of Applicants

Dr. Claudia Maria Rexach Lopez-Merino was removed from the list due to the withdrawal of her application. Dr. Thayra Marie Zambrana Nieves was removed from the list due to the granting of an extension. Following discussion, Ms. Mary O'Brien moved to approve the list of applicants for file closure as noted. Dr. Catherine Drew seconded the motion, which carried 6/0.

## **PETITION FOR VARIANCE OR WAIVER AND REVIEW OF LICENSURE APPLICATION**

### **Tab 6.** Marie Cheour Gordon Rule 64B19-11.005, F.A.C., Supervised Experience Requirements

Dr. Gordon was present. She was not represented by counsel.

Dr. Cheour Gordon has applied for licensure under the Examination method. She has received her education from the University of Helsinki in Finland. She has submitted documents from a credentials evaluation service as well as a letter of APA comparability. She also petitions for a variance or waiver of Rule 64B19-11.005, F.A.C. respectfully requesting the Board determine that her post-doctoral supervision that she received in Finland be acceptable for Florida licensure.

Provided for the Board's review and action was the petition as well as the licensure application, credentials evaluation and letter of APA comparability.

Following discussion, Dr. J. Drake Miller moved to approve the petition for variance or waiver. Dr. Catherine Drew seconded the motion, which carried 6/0.

Following discussion, Dr. J. Drake Miller moved to approve the application. Dr. Andrew Rubin seconded the motion, which carried 6/0.

# Minutes

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## PETITION FOR DECLARATORY STATEMENT

**Tab 7.** Matthew Fearington Rule 64B19-11.005, F.A.C., Supervised Experience Requirements

Dr. Fearington was present. He was not represented by counsel.

Dr. Fearington has applied for licensure under the Exam with Waiver method. The application and supervision forms indicate that he only received 1900 hours of post-doctoral supervision with only one hour per week of Clinical supervision under Dr. William Berez. Dr. Fearington has filed a petition for variance or waiver of Rule 64B19-11.005, F.A.C., Supervised Experience Requirements requesting the Board to consider his post-doctoral supervision as acceptable for licensure.

Provided for the board's review was the application, petition, transcripts and supervision forms.

Following discussion, Dr. Andrew Rubin moved to deny the petition due to making this particular applicant comply with the rule would not create a substantial hardship, nor does the application of the rule to his circumstances differ significantly from anyone else in a similar situation. Dr. Catherine Drew seconded the motion, which carried 6/0.

Following discussion, Dr. Andrew Rubin moved to approve the application with the condition that Dr. Fearington obtain the additional 100 hours of supervision to meet the requirement of the supervision rule. Within the additional 100 hours, he must receive at least 52 hours of clinical supervision. Ms. Mary O'Brien seconded the motion, which carried 6/0.

**Tab 8.** Lauren Mason Rule 64B19-11.005, F.A.C., Supervised Experience Requirements

Dr. Mason was present. She was not represented by counsel.

Dr. Mason has applied for licensure under the Exam with Waiver method. Dr. Mason's initial application for licensure was reviewed by the Credentials Committee during the January 15, 2016 General Business Meeting. She submitted supervision forms indicating she only received one hour per week of clinical supervision under Dr. Keith Hannan. The Committee denied the application due to her being deficient in providing the sufficient number of post-doctoral clinical hours.

Dr. Mason has since withdrawn her initial application and has reapplied for licensure. She has also filed a petition for variance or waiver of Rule 64B19-11.005, F.A.C., Supervised Experience Requirements requesting the Board to consider her post-doctoral supervision as acceptable for licensure.

Provided for the board's review was the application, petition, transcripts and supervision forms.

Following discussion, Dr. J. Drake Miller moved to deny the petition due to making this particular applicant comply with the rule would not create a substantial hardship, nor does the application of the rule to his circumstances differ significantly from anyone else in a similar situation. Ms. Mary O'Brien seconded the motion, which carried 6/0.

Following discussion, Dr. J. Drake Miller moved to approve the application with the condition that Dr. Mason obtain an additional thirty-two (32) hours of clinical supervision to meet the supervision rule requirement. Dr. Catherine Drew seconded the motion, which carried 6/0.

## Minutes

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**Tab 9.** Rachel Powers Rule 64B19-11.005, F.A.C., Supervised Experience Requirements

Dr. Powers was present. She was not represented by counsel.

Dr. Powers submitted an application under the Bifurcation/Examination method, which means the educational requirement for licensure has been completed, but the post-doctoral supervised experience is still in progress. Verification of the post-doctoral supervised experience and passage of the national and state examinations is required prior to licensure.

Dr. Powers completed portions of the required 2000 hours of post-doctoral supervised experience in Texas and Florida under different supervisors. Verification is pending from the Texas supervisor; however, the primary supervisor in Florida has submitted documentation of the hours completed under her supervision. The applicant has filed a Petition for Variance or Waiver from Rule 64B19-11.005, F.A.C., Supervised Experience Requirements, due to her inability to obtain a cohesive and integrated experience from the primary supervisor, as required in Paragraphs (2)(b) and (3)(h) of the supervised experience rule.

Provided for the Board's review was documentation regarding the supervised experience in question, as well as the application and petition for review and final action.

Following discussion, Dr. J. Drake Miller moved to deny the petition based on making this particular applicant comply with the rule would not create a substantial hardship and the underlying statute requirement was not met. Dr. Randi Mackintosh seconded the motion, which carried 6/0.

Following discussion, after it appeared the Board would deny the application, Dr. Powers chose to withdraw her application. Dr. J. Drake Miller moved to approve the request to withdrawal. Ms. Mary O'Brien seconded the motion, which carried 6/0.

The meeting adjourned at 9:35 a.m.

# Minutes

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The Florida

## Board of Psychology

# Draft Minutes

**JANUARY 23, 2015**

**BOARD OF PSYCHOLOGY  
GENERAL BUSINESS MEETING**

**RADISSON RESORT ORLANDO CELEBRATION  
2900 PARKWAY BLVD.  
KISSIMMEE, FL. 34747  
(407) 396-7000**



**Vacant  
Chair  
Dr. Dean Aufderheide, Ph.D  
Vice Chair**

# Minutes

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**DEPARTMENT OF HEALTH  
BOARD OF PSYCHOLOGY  
GENERAL BUSINESS MEETING  
JANUARY 23, 2015  
AGENDA**

**RADISSON RESORT ORLANDO CELEBRATION  
2900 PARKWAY BLVD.  
KISSIMMEE, FL. 34747  
(407) 396-7000**

To accommodate individuals wishing to address the board, the board Chair may adjust the sequence of the agenda items. The minutes reflect the actual sequence of events rather than the original agenda order.

## **CREDENTIALS COMMITTEE MEETING**

### **MEMBERS PRESENT**

Harry J. Reiff, Psy.D., Chair  
J. Drake Miller, Psy.D  
Ms. Mary D. O'Brien, J.D

### **STAFF PRESENT**

Allen Hall, Executive Director  
Anna L. Hart King, Program Operations Administrator

### **ASSISTANT ATTORNEY GENERAL**

Rachel Clark, Esq.

**Dr. Harry Reiff, Chair, called the Credentials Committee to order at approximately 8:04 a.m.**

**(The applicants were not present or represented at the committee meeting unless otherwise noted.)**

**Tab 1.            Kristy Quackenbush-Orr            Examination**

Dr. Quackenbush-Orr was present and sworn in. She was not represented by counsel.

Dr. Quackenbush-Orr has applied for licensure under the Examination method. Dr. Quackenbush-Orr's supervisor, April Jackson-James, holds a psychology license in North Carolina. The supervisor's North Carolina license verification indicates there was discipline in 2005 regarding inaccurate documentation of supervision that she provided. Provided for the Board's review was the license application as well as the supervisor's discipline information.

Following discussion, Ms. Mary O'Brien moved to approve the application. Dr. J. Drake Miller seconded the motion, which carried 3/0.

The Credentials Committee adjourned at 8:12 a.m.

# Minutes

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## GENERAL BUSINESS MEETING

Dr. Dean Aufderheide, Vice-Chair, called the general business meeting to order at approximately 9:00 a.m. Those present for all or part of the meeting, included the following:

### MEMBERS PRESENT

Dean Aufderheide, Ph.D., Vice Chair  
Harry J. Reiff, Psy.D.  
J. Drake Miller, Psy.D.  
Andrew Rubin, Ph.D.  
Mary D. O'Brien, J.D

### STAFF PRESENT

Allen Hall, Executive Director  
Anna L. Hart King, Program Operations Administrator

### ASSISTANT ATTORNEY GENERAL

Rachel Clark, Esq.

### ASSISTANT GENERAL COUNSEL

Elana Jones, Esq.  
Linda McMullen, Esq.

### COURT REPORTER

American Court Reporting  
3213 Hargill Dr.  
Orlando, FL 32806  
407-896-1813

## DISCIPLINARY PROCEEDINGS

**Tab 1.** Keenan Ray Ferrell, Case # 2011-14629 (p/c/p Dr. Luis Orta, Dr. Amy Swan, Ms. Ana Martin Lavielle)

Dr. Ferrell was not present nor represented by counsel.

Dr. Ferrell is before the Board due to a violation of Section 490.009(1)(w), F.S. (2011), through a violation of Section 456.072(1)(ii), F.S. (2011) by being found guilty of six (6) counts of health care fraud in violation of 18 U.S.C. Section 1347. Provided for the Board's review was the Administrative Complaint and all relevant documents.

Following discussion Ms. Mary O'Brien moved that the respondent has been properly served and has waived their right to a formal hearing. Dr. Harry Reiff seconded the motion, which carried 5/0.

Following discussion, Ms. Mary O'Brien moved that the material facts as alleged in the Administrative Complaint are not in dispute and to adopt the Findings of Fact set forth in the Administrative Complaint. Dr. Andrew Rubin seconded the motion, which carried 5/0.

Following discussion, Ms. Mary O'Brien moved to adopt the allegations of law in the Administrative Complaint as the Board's conclusions of law. Dr. Andrew Rubin seconded the motion, which carried 5/0.

Following discussion, Ms. Mary O'Brien moved to adopt the materials and any addendum materials in this Tab 1 as evidence. Dr. Andrew Rubin seconded the motion, which carried 5/0.

Following discussion, Ms. Mary O'Brien moved that the respondent is in violation of Florida statutes as charged in the Administrative Complaint. Dr. Andrew Rubin seconded the motion, which carried 5/0.

# Minutes

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The Department recommends revocation of license and costs of \$265.80.

Following discussion, Dr. Harry Reiff moved to revoke Dr. Ferrell's license and impose a \$10,000.00 fine and costs. Dr. Andrew Rubin seconded the motion, which carried 5/0.

## **PROSECUTOR'S REPORT**

### **Tab 2. Elana Jones, Esq**

Cases under legal review:	7	(2 in Emergency Action; 1 on appeal)
Cases awaiting probable cause determination:	1	
Total Cases where PC has been found:	7	
<b>Total Cases open/active in PSU:</b>	<b>15</b>	
Cases Prepared for Board Action:	1	
Cases on Appeal:	1	

### **Total Number of Cases Older Than One Year:**

2009:	1
2010:	2
2011:	1
2012:	1
2013:	3

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**Total: 8**

Following discussion, Ms. Mary O'Brien moved to continue prosecuting cases older than a year. Dr. Andrew Rubin seconded the motion, which carried 5/0.

## **ULA PRESENTATION**

### **Tab 3. Scott Flowers, CSU, ISU Administrator, Bureau of Enforcement**

Mr. Scott Flowers provided an update on the Unlicensed Activity Program. He indicated that Mr. Sidronio Casas will be the new Unlicensed Activity Liaison. He stated the ULA program has distributed a public service announcement regarding the psychology profession to movie theaters across south Florida. They are also looking to increase ads in television and radio, including PBS and I Heart Radio. They have also increased their investigators from twelve (12) to nineteen (19) as well as provided re-training.

Dr. Harry Reiff indicated that he would like to provide information to ASPPB regarding the ULA program.

# Minutes

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## **ADMINISTRATIVE PROCEEDINGS**

### **MOTION FOR FINAL ORDER AFTER HEARING INVOLVING NO DISPUTED ISSUES OF MATERIAL FACT**

#### **Tab 4. Ruth Prevor**

Dr. Prevor was not present nor represented by counsel. Mr. Sydney Prevor was present on behalf of Dr. Prevor. He was sworn in.

Dr. Prevor was before the Board at the July 26, 2013 General Business meeting for a reconsideration of her petition and her license application. She filed a petition for a variance or waiver of rule 64B19-11.0035 F.A.C. so that her education would be acceptable for licensure. Dr. Prevor graduated with a Ph.D in Clinical Psychology from the Caribbean Center for Advanced Studies in Puerto Rico, which was not accredited by the APA.

After further review, the Board determined that even if they were to reconsider the rule, they are still bound by the statute and the Board does not have the authority to waive the statute. Consequently, the Board denied the petition. Dr. Prevor then requested that the application remain in abeyance for an additional six (6) months, which the Board granted.

Dr. Prevor appealed the Board's decision on the petition to the Division of Administrative Hearings (DOAH). The DOAH hearing was held on December 11, 2013 and the Recommended Order from the Administrative Law Judge was issued on January 28, 2014 with a recommendation that the Board enter a Final Order dismissing the petition. The Board accepted the Administrative Law Judge's recommendation at the April 25, 2014 General Business Meeting and a notice of Intent to Deny was issued on May 22, 2014.

Following a DOAH hearing held on August 18, 2014, it was established that there were no material facts in dispute. Provided for the Board's review was an Order Closing File and Relinquishing Jurisdiction as well as all items previously reviewed by the Board. The entry of a Final Order is now pending.

Mr. Sydney Prevor had the opportunity to present information and address the Board.

Following discussion, Ms. Mary O'Brien moved to uphold the denial of the application. Dr. Andrew Rubin seconded the motion, which carried 5/0.

### **APPLICANTS FROM APA ACCREDITED PROGRAMS FOR EXAMINATION AND LICENSURE AS NOTED**

#### **Tab 5. List of Applicants**

Following discussion, Dr. Harry Reiff moved to approve the list of applicants for examination and licensure under the examination method as noted. Dr. J. Drake Miller seconded the motion, which carried 5.0.

Following discussion, Dr. Harry Reiff moved to approve the list of applicants for examination and licensure under the Bifurcation/Examination method as noted. Dr. J. Drake Miller seconded the motion, which carried 5.0.

## Minutes

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Following discussion, Dr. Harry Reiff moved to approve the list of applicants for examination and licensure under the Endorsement of 20 Years of Licensed Psychology Experience method as noted. Dr. J. Drake Miller seconded the motion, which carried 5/0.

Following discussion, Dr. Harry Reiff moved to approve the list of applicants for examination and licensure under the Endorsement of ABPP Diplomate Status method as noted. Dr. J. Drake Miller seconded the motion, which carried 5/0.

### **APPLICANT REQUESTS FOR EXTENSION PURSUANT TO §490.005(3)(b), F.S.**

**Tab 6.** Haana Ali

Dr. Ali was not present nor represented by counsel.

Dr. Ali is requesting an extension on her Examination application. Passing scores of the EPPP have not been completed.

Following discussion, the Board determined there has been a good faith effort to complete the exam requirements. Dr. J. Drake Miller moved to approve the request for an extension for an additional twelve (12) months. Ms. Mary O'Brien seconded the motion, which carried 5/0.

**Tab 7.** Katia Araujo

Dr. Araujo was not present nor represented by counsel.

Dr. Araujo is requesting an extension on her Examination application. Passing scores of the EPPP exam and the Laws and Rules exam have not been completed.

Following discussion, the Board determined there has been a good faith effort to complete the exam requirements. Dr. J. Drake Miller moved to approve the request for an extension for an additional twelve (12) months. Dr. Andrew Rubin seconded the motion, which carried 5/0.

**Tab 8.** Nancy Blair

Dr. Blair was not present nor represented by counsel.

Dr. Blair is requesting an extension on her Examination application. Passing scores of the EPPP have not been completed.

Following discussion, the Board determined there has been a good faith effort to complete the exam requirements. Ms. Mary O'Brien moved to approve the request for an extension for an additional twelve (12) months. Dr. Andrew Rubin seconded the motion, which carried 5/0.

**Tab 9.** Kim Conradson

Dr. Conradson was not present nor represented by counsel.

Dr. J. Drake Miller recused himself due to him being employed at the same facility as Dr. Conradson.

Dr. Conradson is requesting an extension on her Examination application. Passing scores of the EPPP and the Laws and Rules exam have not been completed.

## Minutes

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Following discussion, the Board determined there has been a good faith effort to complete the exam requirements. Ms. Mary O'Brien moved to approve the request for an extension for an additional twelve (12) months. Dr. Andrew Rubin seconded the motion, which carried 4/0.

**Tab 10.** Lawrence Simon

Dr. Simon was not present nor represented by counsel.

Dr. Dean Aufderheide recused himself as he has personal knowledge of the licensee.

Dr. Simon is requesting an extension on his Examination application. Passing scores of the EPPP and the Laws and Rules exam have not been completed.

Following discussion, the Board determined there has been a good faith effort to complete the exam requirements. Ms. Mary O'Brien moved to approve the request for an extension for an additional twelve (12) months. Dr. Andrew Rubin seconded the motion, which carried 4/0.

### **FILE CLOSURE APPLICANTS FOR DENIAL PURSUANT TO §490.005(3)(b), F.S.**

**Tab 11.** List of Applicants

Dr. Haana Ali, Dr. Katia Araujo, Dr. Nancy Blair, Dr. Kim Conradson and Dr. Lawrence Simon were all removed from the list due to the granting of twelve (12) month extensions. Following discussion, Dr. Harry Reiff moved to approve the amended list of applicants for file closure as noted. Dr. J. Drake Miller seconded the motion, which carried 5/0.

### **RECONSIDERATION OF LICENSURE APPLICATION**

**Tab 12.** Lisa Schwellinger

Dr. Schwellinger was present and sworn in. She was not represented by counsel.

Dr. Schwellinger's application and petition for variance or waiver of Rule 64B19-11.005, F.A.C. Supervised Experience Requirements was before the November 21, 2014 Board Quorum Conference Call. The Board denied the petition based on it not meeting the underlying statute and requested that Dr. Schwellinger file an amended petition. They also requested a personal appearance at the January 23, 2015 General Business Meeting. A clarifying statement submitted by Dr. Schwellinger as well as a statement from her supervisor indicates that all of Dr. Schwellinger's post-doctoral supervision was before licensure, therefore, an amended petition is no longer necessary.

Provided for the Board's review were the items previously reviewed as well statements from Dr. Schwellinger and her post-doctoral supervisor.

Following discussion, Dr. J. Drake Miller moved to approve the application. Ms. Mary O'Brien seconded the motion, which carried 5/0.

### **PETITION FOR VARIANCE OR WAIVER AND REVIEW OF APPLICATION FOR LICENSURE**

**Tab 13.** Michele Brenneman

Dr. Brenneman was present and sworn in. She was not represented by counsel.

## Minutes

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Dr. Brenneman petitions for a variance or waiver of Rule 64B19-11.005, F.A.C. Supervised Experience Requirements, for the Board to consider her post-doctoral supervision hours as well as supervision hours she received as a certified school psychologist as meeting Florida requirements for license.

Provided for the Board's review was the petition as well as her licensure application.

Following discussion, the Board requested a signed letter from Dr. Brenneman's supervisor confirming they were a licensed psychologist during the time of supervision as well as indicating the hours of supervision she received from August 2007 through May 2014.

Dr. Brenneman waived the ninety (90) day requirement for Board action on her application and petition.

**Tab 14.** Katherine Daly

Dr. Daly was present and sworn in. She was not represented by counsel.

Dr. Daly's licensure application and petition for variance or waiver of Rule 64B19-11.005 F.A.C. was before the November 21, 2014 Board Quorum Conference Call. Dr. Daly petitioned for a variance or waiver of Rule 64B19-11.005 F.A.C. requesting the Board consider her post-doctoral supervision as substantially equivalent to Florida's requirements. The supervisor in question, Kyle Bishop, was licensed in (Maryland) as a Mental Health Counselor, not a Psychologist.

During the meeting Dr. Harry Reiff noted that 1,920 hours of supervision were received under a licensed psychologist, Dr. William Berez. He requested that supervision forms be submitted by Dr. Berez. The Board also requested a personal appearance at the January 23, 2015 General Business Meeting. Dr. Berez has submitted supervision forms indicating only 1,720 hours.

Provided for the Board's review and action was the petition as well as her licensure application, transcripts and supervision forms, and a letter from Dr. Elizabeth Williams, Ph.D. from St. Mary College of Maryland.

Following discussion, the Board requested a signed letter from Dr. Daly's supervisor at The University of Central Florida verifying an additional 280 hours she has received.

Dr. Daly waived the ninety (90) day requirement for Board action on her application and petition.

Following discussion, Dr. J. Drake Miller moved to grant the petition and accept the 1,720 hours with one (1) hour of face-to-face supervision. Mr. Mary O'Brien seconded the motion, which carried 5/0.

# Minutes

## RULE STATUS REPORT

**Tab 15.** Rachel Clark, Assistant Attorney General

- Rule 64B19-11.012 F.A.C., Application Forms

Rule Number	Title	Approved by Board	Sent to OFARR	Rule Day Published	Notice Published	Adopted	Effective
THE FOLLOWING RULES ARE IN PROCESS:							
64B19-11.012	Application Forms	11/21/14	01/09/15	01/12/15			

- Rule 64B19-15.003 F.A.C., Reactivation of Inactive Licenses

Rule Number	Title	Approved by Board	Sent to OFARR	Rule Day Published	Notice Published	Adopted	Effective
THE FOLLOWING RULES ARE IN PROCESS:							
64B19-15.003	Reactivation of Inactive Licenses	10/17/14	11/04/14	11/10/14	12/03/14		

## REPORTS, IF ANY

**Tab 16.** Dr. Luis Orta, Ph.D.  
Other Board Members

Dr. Dean Aufderheide requested that a letter of appreciation be sent to the staff at the Unlicensed Activity office for their presentation at this meeting.

Dr. Harry Reiff indicated that they had received several pieces of legislation that had been filed and after review, he expressed concerns regarding the Behavior Analysts bill. FPA Executive Director, Mr. Cheval Breggins addressed the Board informing the Board that the FPA lobbyist has been in communication with sponsors and has been targeting top legislators.

Dr. Harry Reiff acknowledged and congratulated Dr. Dean Aufderheide on his recognition in the Florida Veteran Health Hero's brochure.

Dr. Harry Reiff also recognized and thanked Dr. Luis Orta for his service on the Board.

**Tab 17.** Executive Director

Report topics

- Cash Balance Reports

Informational Item

- Expenditures by Function Report

Informational Item

# Minutes

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## **Tab 18.** Credentials Committee Report

Dr. Harry Reiff reported to the full Board the Credentials Committee's recommendation. The committee recommended approval of tab 1.

Dr. Harry Reiff moved to ratify the recommendation of the committee. Dr. Andrew Rubin seconded the motion, which carried 5/0.

## **Tab 19.** Continuing Education Ratification List

### List of Applicants

Dr. Harry Reiff moved to approve the list of applicants for continuing education provider status and medical errors courses as noted. Dr. Andrew Rubin seconded the motion, which carried 5/0.

## **NEW BUSINESS**

## **Tab 20.** 2015 Election of Officers

BOARD CHAIR: Dr. Dean Aufderhiede

VICE CHAIR: Dr. J. Drake Miller

BUDGET LIASION: Dr. Harry Reiff

LEGISLATIVE LIASION: Dr. J. Drake Miller

COMMUNICATIONS LIASION: Dr. Andrew Rubin

UNLICENSED ACTIVITY LIASION: Ms. Mary O'Brien

CONTINUING EDUCATION LIASION: Dr. Andrew Rubin with Dr. J. Drake Miller as back-up.

CREDENTIALS COMMITTEE: Dr. Harry Reiff, Dr. J. Drake Miller, Ms. Mary O'Brien

LEGISLATIVE SUBCOMMITTEE: Dr. J. Drake Miller, Dr. Harry Reiff, Ms. Mary O'Brien

EXAMINATION LIASION: Dr. Dean Aufderhiede

IMPAIRED PRACTITIONERS LIASION: Dr. Andrew Rubin

HEALTHY WEIGHT LIASION: Dr. Andrew Rubin

PROBABLE CAUSE PANEL: Dr. Amy Swan, Chair, Dr. Harry Reiff, current Board Member, Ms. Ana Martin- Lavielle, past consumer member.

Following discussion, Dr. J. Drake Miller moved to approve the list of candidate assignments as nominated. Dr. Andrew Rubin seconded the motion, which carried 5/0.

## **Tab 21.** Sunshine Laws Refresher

Florida's Government in the Sunshine Law, commonly referred to as the Sunshine Law, provides a right of access to governmental proceedings at both the state and local levels. The law is equally applicable to elected and appointed boards and has been applied to any gathering of two or more members of the same board to discuss some matter, which will foreseeably come before that board for action.

Ms. Rachel Clark provided an update on the Sunshine Laws.

## **Tab 22.** Delegation of Authority and Conviction Records Guidelines

Following discussion, the Board ratified the 2015 Delegation of Authority.

# Minutes

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Following discussion, Dr. Harry Reiff moved to approve the Conviction Records Guidelines. Dr. Andrew Rubin seconded the motion, which carried 5/0.

## **OLD BUSINESS**

### **Tab 23. 2014 Fee History**

The Florida Board of Psychology, in the past 5 years, has reduced the fees for licensure by more than 60 percent. In the Fall of 2009, the fees to apply for a Florida psychologist license exceeded \$1,000.00, exclusive of the additional fees applicants were required to pay to the national examination vendor. As of November 5, 2014, the total application and state exam fees for the psychologist license will be just under \$400.00, excluding national exam fees.

At the October 17, 2014 General Business meeting, the Board requested the Senior Health Budget Analyst review the feasibility of reducing fees associated with initial licensure. Ms. Simmons provided this statement.

"I would not recommend a fee reduction at this time. Psychology lowered fees in 3/2012, 7/2013 and 11/2014. I recommend waiting a year to ensure the impact of these reductions will not negatively impact the cash balance."

The resultant scenarios and recommendations were provided for the Board's consideration.

Following discussion, Dr. Harry Reiff suggested a reduction of fees for first time psychology applicants.

Following discussion, Dr. Harry Reiff moved to accept the report. Dr. Dean Aufderheide seconded the motion, which carried 5/0.

### **Tab 24. October 17, 2014 General Business Meeting Minutes**

Dr. Harry Reiff moved to accept the minutes. Ms. Mary O'Brien seconded the motion, which carried 5/0.

### **Tab 25. November 21, 2014 Board Quorum Conference Call Minutes**

Dr. Harry Reiff moved to accept the minutes. Ms. Mary O'Brien seconded the motion, which carried 5/0.

### **Tab 26. Healthiest Weight Liaison Presentation**

Mr. Allen Hall provided information and an update on the Department's Healthiest Weight campaign. The Department questioned whether the Board would like quarterly emails and handouts on Healthiest Weight. Dr. Dean Aufderheide suggested a tab for each meeting for a brief presentation from the Board's Healthiest Weight Liaison, Dr. Andrew Rubin. The Department also questioned on how the Board can work with their professional associations to further address the Healthiest Weight issue. FPA Executive Director, Mr. Cheval Breggins addressed the Board requesting the Healthiest Weight link be sent to him for posting to the FPA website. He also stated he will provide information to the Healthiest Weight Liaison to have a presentation booth at the FPA meetings.

# Minutes

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## **OTHER BUSINESS AND INFORMATION**

### **Tab 27.** Public Health Accomplishment

The Florida Board of Psychology has reduced licensing fees more than 60 percent over the past five years. In the fall of 2009, the fees to apply for a Florida psychologist license exceeded \$1,000, exclusive of the additional fees applicants were required to pay to the national examination vendor. As of November 5, 2014, the total application and state exam fees for the psychologist license will be just under \$400, excluding national exam fees. Dr. Harry Reiff, a member of the Florida board since 2008, was instrumental in achieving this due to his attention to the board's financial status and his goal to make licensure more attainable for prospective applicants, many of whom he understood were faced with significant financial obligations accrued while obtaining the required education and training.

### **Tab 28.** ASPPB Disciplinary Data Report

Informational Item

### **Tab 29.** ASPPB Meeting Minutes

Informational Item

### **Tab 30.** Psychology Staff Recognition

Informational Item

The meeting adjourned at 11:58 a.m.

STATE OF FLORIDA  
BOARD OF PSYCHOLOGY

FILED  
Department Of Health  
Deputy Clerk  
CLERK *Angel Sanders*  
DATE MAY 13 2016

IN RE: THE APPLICATION FOR  
PSYCHOLOGIST BY EXAMINATION/WITH WAIVER OF  
  
**MATTHEW EDWARD FEARRINGTON, Ph.D.**

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**AMENDED NOTICE OF INTENT TO APPROVE LICENSURE CONTINGENT**

This matter came before the Florida Board of Psychology (Board) at a duly-noticed public meeting on March 18, 2016, by telephone conference. The Applicant was present and answered questions from the Board regarding his application file. The Board was represented by Deborah Bartholow Loucks, Assistant Attorney General.

The Applicant requested that the Board reconsider this Order. The matter was placed on the April 22, 2016, board meeting agenda. The Applicant was not present in Jacksonville, Florida for the April meeting. The Board voted to deny the reconsideration of the Notice of Intent; however, the Notice of Intent did not conform with the prior vote of the Board. This Amended Notice of Intent reflects the original Board vote in March and the clarification provided by the Board in April.

Pursuant to Sections 490.009(2) and 456.072(2), Florida Statutes, the Board may refuse to certify an applicant for licensure, restrict the practice of the licensee, or impose a penalty. Dr. Fearrington's application file revealed that he did not obtain the required number of supervision hours including individual face-to-face hours. Section 490.009(1)(t), Florida Statutes, provides that violating a rule of the profession constitutes grounds for denial or approval of an application with conditions. Based on the Applicant's supervision not complying with the requirements of

Rule 64B19-11.005, Florida Administrative Code, the Board voted to approve the license contingent on the Applicant completing one hundred (100) hours of supervised experience, including fifty-two (52) hours of clinical supervision. The Board did not include a minimum time period for completion of these hours (the Applicant may obtain more than one hour of clinical supervision per week). Once the Board office has received documentation of the additional supervision in conformance with this Notice, the license shall issue.

It is therefore **ORDERED** that the application for psychologist license be **approved contingent** upon the Applicant completing one hundred (100) hours of supervised experience, including fifty-two (52) hours of clinical supervision.

This Order does not constitute disciplinary action against the license that has been approved herein. The terms of this Order are considered conditions for licensure. This Order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 12 day of May, 2016.

**BOARD OF PSYCHOLOGY**



Allen Hall, Executive Director  
for Dean Aufderheide, Ph.D., Chair

**NOTICE OF RIGHTS**

1. Mediation is not available in this matter.
2. You may seek review of this Order, pursuant to Sections 120.569 and 120.57, Florida Statutes, by filing a petition (request) with the Executive Director of the Board, within 21 days of your receipt of this Notice.

If you dispute any material fact upon which the Board's decision is based, you may request a hearing pursuant to Section 120.57(1), Florida Statutes. To do so, your petition (request) must contain the information required by Rule 28-106.201, Florida Administrative

Code, including a statement of the material facts that are in dispute.

3. If you request a hearing, you have the right to be represented by an attorney or other qualified representative, to take testimony, to call or cross-examine witnesses, to have subpoena and subpoena duces tecum issued, and to present written evidence or argument.

4. This Notice shall be placed in and become a part of the Board's official records and shall become effective upon filing with the Clerk of the Department.

5. In the alternative, a party who is adversely affected by this final order is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida rules of appellate procedure. Such proceedings are commenced by filing one copy of a notice of appeal with the agency clerk of the Department of Health and a second copy, accompanied by filing fees prescribed by law, with the District Court of Appeal, First District, or with the District Court of Appeal in the appellate district where the party resides. The notice of appeal must be filed within thirty (30) days of the filing date of the order to be reviewed.

#### CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by Certified U.S. Mail to **MATTHEW FEARRINGTON, Ph.D.**, 175 Cranberry Hills Drive, Fleetwood, NC 28626; and by electronic mail to: **Deborah B. Loucks**, Assistant Attorney General, Office of the Attorney General, [deborah.loucks@myfloridalegal.com](mailto:deborah.loucks@myfloridalegal.com); and by interoffice mail to: **Rachel W. Clark**, Assistant Attorney General, Office of the Attorney General, PL-01, The Capitol, Tallahassee, Florida 32399-1050; this 13<sup>th</sup> day of May, 2016.

*Deborah Loucks*

**Deputy Agency Clerk**

7016 0340 0000 8263 6376

MATTHEW EDWARD FEARRINGTON  
175 CRANBERRY HILLS DR  
FLEETWOOD, NC 28626

## ITEMS PREVIOUSLY REVEIEWED BY THE BOARD

## **RECONSIDERATION OF PETITION FOR WAIVER OR VARIANCE AND LICENSE APPLICATION**

Matthew Fearrington re: 64B19-11.005, F.A.C., Supervised Experience Requirements

Dr. Fearrington was before the March 18, 2016 Board Quorum Meeting. His application and supervision forms indicated that he only received 1900 hours of post-doctoral supervision with only one hour per week of clinical supervision. He filed a petition for a waiver of Rule 64B19-11.005, F.A.C., Supervised Experience Requirements, requesting the Board to accept his post-doctoral supervision as acceptable for licensure. The Board denied the petition, however, they approved the application with the condition that Dr. Fearrington obtain the additional 100 hours of supervision, which would include 52 hours of clinical supervision.

Dr. Fearrington has submitted a written request asking the Board to reconsider their decision on his application and petition.

Enclosed for the Board's review is Dr. Fearrington's application, petition, and written request for a reconsideration.



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

April 8, 2016

Matthew Edward Fearington  
175 Cranberry Hills Dr  
Fleetwood, NC 28626

Dear Dr. Fearington:

PLEASE TAKE NOTICE that a reconsideration of your petition for variance or waiver and your application for licensure will be considered by the Board of Psychology at the meeting listed below:

Date: April 22, 2016  
Time: 9:00 a.m. EST or soon thereafter  
Location: Hyatt Regency Jacksonville Riverfront  
225 East Coastline Dr.  
Jacksonville, FL 32202  
Phone: 904-588-1234

You are not required to attend the meeting; however, it is requested that you contact me in writing if it is your intention to attend the meeting. You may e-mail, write to the address listed below, or fax your response to (850) 414-6860.

If you have any questions, please do not hesitate to contact this office at the address below, by telephone 245-4373 Ext 3482 or e-mail [michelle.branch@flhealth.gov](mailto:michelle.branch@flhealth.gov)

Sincerely,

A handwritten signature in cursive script that reads "Michelle Branch".

Michelle Branch  
Regulatory Specialist II

## Branch, Michelle L

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**From:** Matt Fearington <mfearington@yahoo.com>  
**Sent:** Friday, April 08, 2016 8:39 AM  
**To:** Branch, Michelle L  
**Subject:** Re: Board of Psychology Meeting Notice

Hi Michelle,

Yes, I will be there. Thanks for getting me on the agenda.

Regards,  
Matt

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**From:** "Branch, Michelle L" <Michelle.Branch@flhealth.gov>  
**To:** Matt Fearington <mfearington@yahoo.com>  
**Sent:** Friday, April 8, 2016 8:29 AM  
**Subject:** Board of Psychology Meeting Notice

Dr. Fearington,

Please find the attached meeting notice. The Board will reconsider your petition and application at the April 22, 2016 General Business Meeting. Please let me know if you will be able to attend.

Thank you,

*Michelle Branch*

*Regulatory Specialist II*

*Florida Department of Health*

*Medical Quality Assurance*

*Board of Psychology*

*4052 Bald Cypress Way BIN C-05*

*Tallahassee, FL 32399*

*Phone: 850-245-4373 Ext 3482*

*How Am I Doing? Please contact my manager to comment on my service to you, [Anna.King@flhealth.gov](mailto:Anna.King@flhealth.gov)*

Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Vision: **Healthiest State in the Nation.**

Purpose: To protect the public through health care licensure, enforcement and information.

Focus: To be the nation's leader in quality health care regulation.

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**Attention Health Care Practitioners:** There have been changes to the license renewal process. To learn more about CE/CME@Renewal visit [www.flhealthsource.com](http://www.flhealthsource.com). For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at [MQAReportCE@flhealth.gov](mailto:MQAReportCE@flhealth.gov).

Please note : Florida has a very broad public records law.  
Most written communications to or from state officials regarding state business are public records available to the public and media

**Branch, Michelle L**

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**From:** Matt Fearrington <mfearrington@yahoo.com>  
**Sent:** Thursday, April 07, 2016 3:15 PM  
**To:** Branch, Michelle L  
**Subject:** Appeal of Petition/Application Decisions

Dear Michelle,

I am writing to request that the Board reconsider their decisions on my petition and application. I don't believe that the rationale given for denying my petition was consistent with other cases and decisions, nor do I think it was about protecting the citizens of Florida. Additionally, the requirement of 52 hours of supervision is an unreasonable burden. As the Board required me to get another 100 hours, that works out to more than one hour of supervision for each clinical hour. I honestly don't know where or how I would be able to meet that requirement.

I have been licensed to practice independently for several years now in other states and I have done so without any actions taken against my license. I've also now passed the Ethics and Laws exam in Florida, so I believe that I am qualified to work as a psychologist in Florida.

I respectfully ask that the Board reevaluate my petition and application.

Sincerely,

Matthew Fearrington, Ph.D.

BOARD OF PSYCHOLOGY  
BOARD QUORUM MEETING  
BY TELEPHONE CONFERENCE CALL  
MARCH 18, 2016  
MINUTES  
(Excerpt)

DIAL-IN NUMBER: 1-888-670-3525  
PUBLIC CONFERENCE CODE: 7811783909#

PETITION FOR VARIANCE OR WAIVER AND REVIEW OF LICENSURE APPLICATION

Tab 7. Matthew Fearrington Rule 64B19-11.005, F.A.C., Supervised Experience Requirements

Dr. Fearrington was present. He was not represented by counsel.

Dr. Fearrington has applied for licensure under the Exam with Waiver method. The application and supervision forms indicate that he only received 1900 hours of post-doctoral supervision with only one hour per week of Clinical supervision under Dr. William Berez. Dr. Fearrington has filed a petition for variance or waiver of Rule 64B19-11.005, F.A.C., Supervised Experience Requirements requesting the Board to consider his post-doctoral supervision as acceptable for licensure.

Provided for the board's review was the application, petition, transcripts and supervision forms.

Following discussion, Dr. Andrew Rubin moved to deny the petition due to making this particular applicant comply with the rule would not create a substantial hardship, nor does the application of the rule to his circumstances differ significantly from anyone else in a similar situation. Dr. Catherine Drew seconded the motion, which carried 6/0.

Following discussion, Dr. Andrew Rubin moved to approve the application with the condition that Dr. Fearrington obtain the additional 100 hours of supervision to meet the requirement of the supervision rule. Within the additional 100 hours, he must receive at least 52 hours of clinical supervision. Ms. Mary O'Brien seconded the motion, which carried 6/0.

STATE OF FLORIDA  
BOARD OF PSYCHOLOGY

FILED  
Department Of Health  
Deputy Clerk  
CLERK *Angel Sanders*  
DATE APR 07 2016

IN RE: PETITION FOR VARIANCE  
OR WAIVER OF

MATTHEW EDWARD FEARRINGTON, Ph.D.

ORDER DENYING PETITION FOR VARIANCE OR WAIVER

This matter came before the Florida Board of Psychology at a duly-noticed public meeting on March 18, 2016, by telephone conference call. Petitioner was present at the meeting.

STATEMENT OF RELEVANT FACTS

1. Petitioner, MATTHEW EDWARD FEARRINGTON, Ph.D., filed a Petition for Variance or Waiver of Rule 64B19-11.005, Florida Administrative Code.
2. The Petition for Variance and Waiver of Rule 64B19-11.005, Florida Administrative Code, was published on January 11, 2016, in Volume 42, No. 06, of the Florida Administrative Register. No comments by interested persons were received.
3. Rule 64B19-11.005, Florida Administrative Code, provides, in relevant part, (2) All applicants for licensure must complete at least 2,000 hours of postdoctoral experience under a supervisor whose supervision comports with subsection (3) of this rule.
4. Rule 64B19-11.005, Florida Administrative Code, provides, in relevant part, (3) Supervisors' Responsibilities. The

Board requires each primary supervisor to perform and to certify that the primary supervisor has...(d) Provided two (2) hours of clinical supervision each week, one (1) hour of which was individual, face-to-face supervision.

5. Petitioner states and has provided documentation that he completed a 12 month pre-doctoral internship consisting of 2000 hours and 60 weeks of postdoctoral experience consisting of 1900 hours. During his postdoctoral experience, Petitioner received individual face-to-face supervision for one hour per week.

#### GROUND FOR DENIAL

6. The Board has jurisdiction of this matter pursuant to Chapter 490, Florida Statutes.

7. The Board finds that the Petition should be denied on the following grounds:

- a. Petitioner has not established that the purpose of the underlying statute, Section 490.005, Florida Statutes, would be met were the Petitioner to be granted a variance from the rule.

- b. Petitioner further has failed to establish that the Board's application of Rule 64B19-11.005, Florida Administrative Code, to the Petitioner's circumstances would violate the principles of fairness or would impose a substantial hardship.

WHEREFORE, the Board hereby DENIES the Petition for Variance and Waiver of Rule 64B19-11.005, Florida Administrative Code.

This Order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 5 day of April, 2016.

BOARD OF PSYCHOLOGY

*Allen Hall*

Allen Hall, Executive Director  
for Dean Aufderheide, Ph.D., Chair

NOTICE OF RIGHT TO HEARING

This notice constitutes final agency action if no request for a hearing is received by the Board on or before the twenty-first day after the Petitioner's receipt of the notice. The Petitioner may request a hearing by filing an appropriate petition with the Executive Director of the Board at 4052 Bald Cypress Way, Bin #C-05, Tallahassee, Florida 32399-3255. The Petitioner may petition for a hearing involving disputed issues of material fact before an administrative law judge pursuant to Section 120.57 (1), Florida Statutes, or for a hearing not involving disputed issues of material fact pursuant to Section 120.57 (2), Florida Statutes.

A petition for a hearing involving disputed issues of material fact must contain information required by Rule 28-106.201, Florida Administrative Code, *including a statement of all disputed issues of material fact*. The Board may refer a petition to the Division of Administrative Hearings for assignment of an administrative law judge only if the petition is in substantial compliance with the rule requirements. A petition for a proceeding not involving disputed issues of material fact must contain information required by Rule 28-106.301, Florida Administrative Code, including a concise

statement of the ultimate facts alleged, as well as the rules and statutes which entitle petitioner to relief.

In accordance with Section 120.573, Florida Statutes, mediation is not available.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by Certified U.S. Mail to MATTHEW FEARRINGTON, Ph.D., 175 Cranberry Hills Drive, Fleetwood, NC 28626; and by electronic mail to: Deborah B. Loucks, Assistant Attorney General, Office of the Attorney General, deborah.loucks@myfloridalegal.com and Cassandra Fullove, Paralegal Specialist, Office of the Attorney General, cassandra.fullove@myfloridalegal.com; and by interoffice mail to Rachel W. Clark, Assistant Attorney General, Office of the Attorney General, PL-01, The Capitol, Tallahassee, Florida 32399-1050; this 7<sup>th</sup> day of April, 2016.

MATTHEW EDWARD FEARRINGTON  
175 CRANBERRY HILLS DR  
FLEETWOOD, NC 28626

Angel Sanders  
Deputy Agency Clerk

7014 2120 0003 8707 6864

CLERK *Angel Sanders*

DATE JAN 06 2016

**Petition for Variance or Waiver of Florida Statute 490.005(c) and Florida Administrative Code  
Section 64B19-11.005 (Supervised Post-Doctoral Experience Requirement)**

16 APR -7 PM 4:51

The petitioner, Matthew Edward Ferrington, Ph.D., petitions the Board of Psychology members to grant him a variance or waiver of the above described Florida Statute and/or Administrative Code. In support of his request, he offers a written application and explanation as to why such a waiver should be granted in his specific case.

1. Dr. Ferrington was advised by a Regulatory Specialist II with the Florida Department of Health that he would need to apply for a Variance or Waiver in his application due to the differential between the Post-Doctoral Experience requirements of the Florida and Tennessee statutes.
2. Dr. Ferrington is a graduate of the APA-approved program in Counseling Psychology at the University of Tennessee (Ph.D. August 2004).
3. Dr. Ferrington completed a 2000 hour (12 month) Pre-Doctoral Internship at the Appalachian State University Counseling and Psychological Services center located in Boone, NC. During his internship, Dr. Ferrington gained experience in individual and group therapy, supervision, and program consultation. He was supervised by 4 different licensed psychologists during the internship.
4. For his Post-Doctoral Experience, Dr. Ferrington applied for, and was granted, a provisional license to practice as a psychologist in the state of Tennessee.
5. Dr. Ferrington worked at Cherokee Health Systems, a community mental health center that also provides integrated healthcare for its patients, in Lenoir City, TN for his Post-Doctoral Experience. He worked for approximately 60 weeks to accumulate the 1900 hours that were required in Tennessee at that time. In fact, he actually accumulated over 2000 supervised hours, although he stopped keeping track of the hours once he met the state requirement. This overage was due to the meeting schedule of the Tennessee Board of Psychology. On average, he worked 40 hours per week during this time.
6. During his Post-Doctoral Experience, Dr. Ferrington was involved in approximately 1200 hours of direct client contact. This is 300 hours more than the 900 hours minimum stipulated in the Florida Administrative Code.
7. Also during his Post-Doctoral Experience, Dr. Ferrington received individual face-to-face supervision for 1 hour each week, which was the requirement in Tennessee at the time. Additionally, he participated in 1 hour, weekly treatment team meetings with the physicians, nurses, case workers, and other therapists in the center.
8. After fulfilling his Post-Doctoral Experience requirement, Dr. Ferrington was licensed as a psychologist in the State of Tennessee and he continued to work for Cherokee Health Systems.
9. Dr. Ferrington maintained his license in Tennessee until 2008, when he voluntarily retired it because he had moved to North Carolina.
10. In 2007, Dr. Ferrington moved to North Carolina and got licensed to practice as a psychologist in that state. He has maintained his license in North Carolina since that time. Overall, he has been continuously licensed to practice as a psychologist since 2006. During this time, he has

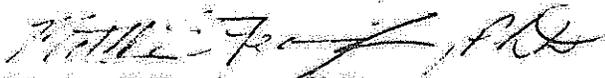
practiced in a variety of settings, including community mental health, college counseling, and employee assistance.

11. Dr. Fearrington has never received any complaints regarding his work as a healthcare provider, nor has he has faced any disciplinary actions.
12. Dr. Fearrington is applying for Licensure as a Psychologist in the State of Florida in order to support the behavioral health needs of the state.
13. Dr. Fearrington contends that strict application of uniformly applicable licensing requirements may lead to unintended and unreasonable consequences. In this particular instance, applying this rule explicitly in regard to his application would create an economic and professional hardship for Dr. Fearrington.
14. Dr. Fearrington suggests that given the depth of the clinical experience and supervision provided during his Post-Doctoral Experience, the purpose of the underlying Florida statute to establish satisfactory training and competency in order to preserve the health, safety, and welfare of the public would be maintained were he to be granted the Variance or Waiver of the Licensure law.

Dr. Fearrington wishes to appeal to the Board of Psychology for their collective sense of fairness, reason, and empathy for a fellow licensed Psychologist wishing to become part of the professional community in the State of Florida.

Dr. Fearrington believes his training and experience, his service to the communities in which he has practiced, and his interest in contributing to the well-being of Floridians speaks to the merit of his petition to the Board for considering a Variance or Waiver of the Administration Code.

Respectfully Submitted,



Matthew E. Fearrington, Ph.D.  
19 December 2015

STATE OF FLORIDA  
BOARD OF PSYCHOLOGY

FILED  
Department Of Health  
Deputy Clerk  
Clerk *Angal Sanders*  
DATE **APR 08 2016**

IN RE: THE APPLICATION FOR  
PSYCHOLOGIST BY EXAMINATION/WITH WAIVER OF

**MATTHEW EDWARD FEARRINGTON, Ph.D.**

**NOTICE OF INTENT TO APPROVE LICENSURE CONTINGENT**

This matter came before the Florida Board of Psychology (Board) at a duly-noticed public meeting on March 18, 2016, by telephone conference. The Applicant was present and answered questions from the Board regarding his application file. The Board was represented by Deborah Bartholow Loucks, Assistant Attorney General.

Pursuant to Sections 490.009(2) and 456.072(2), Florida Statutes, the Board may refuse to certify an applicant for licensure, restrict the practice of the licensee, or impose a penalty. Dr. Fearrington's application file revealed that he did not obtain the required number of supervision hours including individual face-to-face hours. Section 490.009(1)(t), Florida Statutes, provides that violating a rule of the profession constitutes grounds for denial or approval of an application with conditions. Based on the Applicant's supervision not complying with the requirements of Rule 64B19-11.005, Florida Administrative Code, the Board voted to approve the license contingent on the Applicant completing a total of one hundred (100) hours of supervised experience to include fifty-two (52) hours of clinical supervision. Once the Board office has received documentation of the additional supervision in conformance with this Notice, the license shall issue.

It is therefore **ORDERED** that the application for psychologist license be approved

contingent upon the Applicant completing a total of one hundred (100) hours of supervised experience to include fifty-two (52) hours of clinical supervision.

This Order does not constitute disciplinary action against the license that has been approved herein. The terms of this Order are considered conditions for licensure. This Order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 7<sup>th</sup> day of April, 2016.

**BOARD OF PSYCHOLOGY**

*for* Anna King  
Allen Hall, Executive Director  
for Dean Aufderheide, Ph.D., Chair

**NOTICE OF RIGHTS**

1. Mediation is not available in this matter.
2. You may seek review of this Order, pursuant to Sections 120.569 and 120.57, Florida Statutes, by filing a petition (request) with the Executive Director of the Board, within 21 days of your receipt of this Notice.

If you dispute any material fact upon which the Board's decision is based, you may request a hearing pursuant to Section 120.57(1), Florida Statutes. To do so, your petition (request) must contain the information required by Rule 28-106.201, Florida Administrative Code, including a statement of the material facts that are in dispute.

3. If you request a hearing, you have the right to be represented by an attorney or other qualified representative, to take testimony, to call or cross-examine witnesses, to have subpoena and subpoena duces tecum issued, and to present written evidence or argument.

4. This Notice shall be placed in and become a part of the Board's official records and shall become effective upon filing with the Clerk of the Department.

5. In the alternative, a party who is adversely affected by this final order is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida rules of appellate procedure. Such proceedings are commenced by filing one copy of

a notice of appeal with the agency clerk of the Department of Health and a second copy, accompanied by filing fees prescribed by law, with the District Court of Appeal, First District, or with the District Court of Appeal in the appellate district where the party resides. The notice of appeal must be filed within thirty (30) days of the filing date of the order to be reviewed.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by Certified U.S. Mail to MATTHEW FEARRINGTON, Ph.D., 175 Cranberry Hills Drive, Fleetwood, NC 28626; and by electronic mail to: Deborah B. Loucks, Assistant Attorney General, Office of the Attorney General, deborah.loucks@myfloridalegal.com; and by interoffice mail to: Rachel W. Clark, Assistant Attorney General, Office of the Attorney General, PL-01, The Capitol, Tallahassee, Florida 32399-1050; this 8<sup>th</sup> day of April, 2016.

Angel Sanders

Agency Clerk

7014 2120 0003 8707 6871

# ITEMS PREVIOUSLY REVIEWED BY THE BOARD

**PETITION FOR VARIANCE OR WAIVER AND REVIEW OF LICENSURE APPLICATION**

Applicant: Matthew Fearrington

Applicant File #: 8644

Application Method(s): Exam w/Waiver

Application received: 12/28/2015

File Complete On: 01/21/2016

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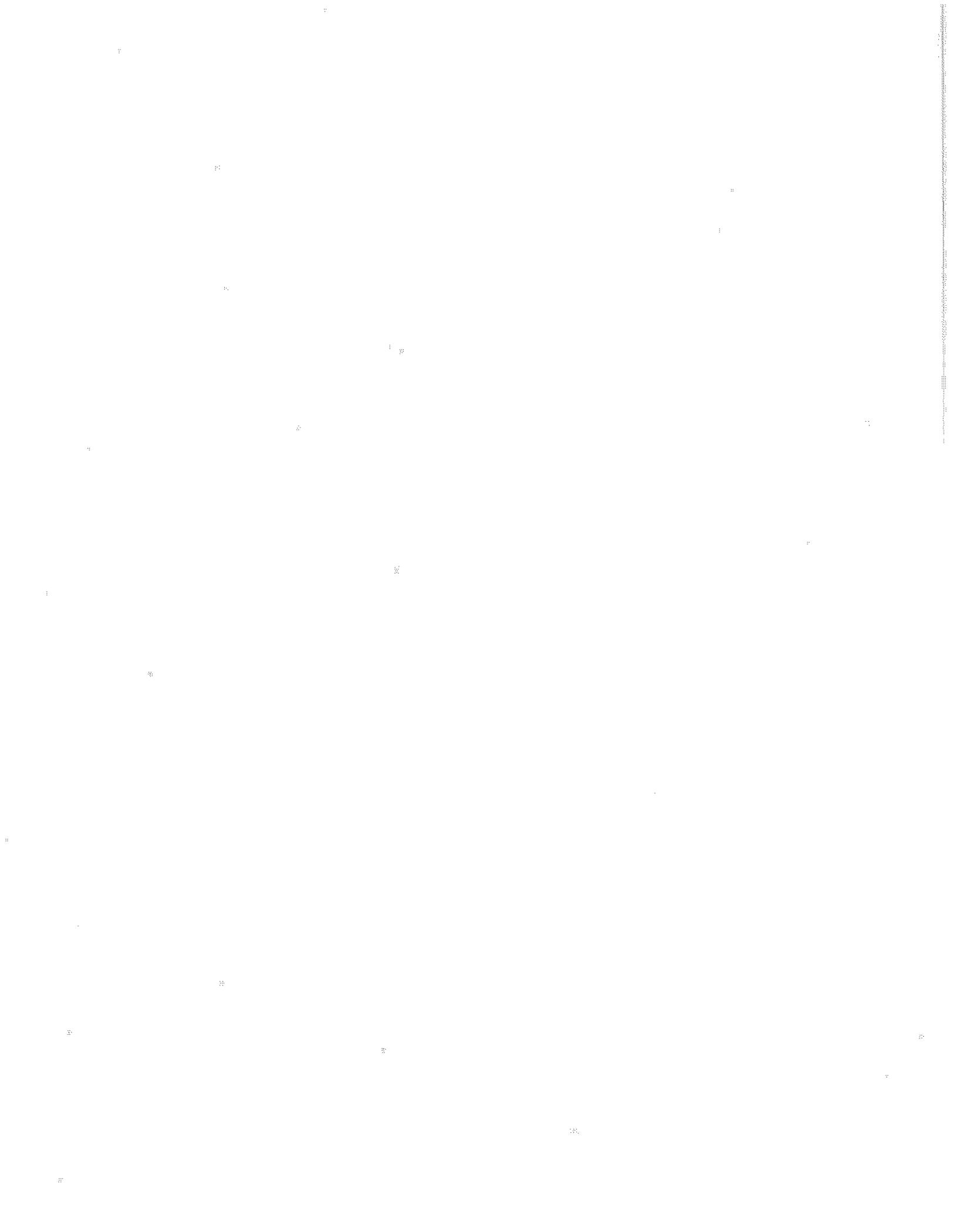
APA Education Issues: Yes \_\_\_\_\_ No  X

Supervision Issues: Yes  X  No \_\_\_\_\_

History Issues: Yes \_\_\_\_\_ No  X

Dr. Fearrington has applied for licensure under the Exam with Waiver method. The application and supervision forms indicate that he only received 1900 hours of post-doctoral supervision with only one hour per week of Clinical supervision under Dr. William Berez. Dr. Fearrington has filed a petition for variance or waiver of Rule 64B19-11.005, F.A.C., Supervised Experience Requirements requesting the Board to consider his post-doctoral supervision as acceptable for licensure.

Enclosed for the board's review is the application, petition, transcripts and supervision forms.



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

February 11, 2016

Matthew Edward Fearington  
175 Cranberry Hills Dr  
Fleetwood, NC 28626

Dear Dr. Fearington:

Thank you for your application for licensure as a Florida psychologist. Your application has been reviewed by board staff and is administratively complete. Your application and additional materials will be considered by the Board of Psychology's Board Quorum Conference Call at the date and time below to discuss the following issues: Supervision. You are not required to be present for the meeting. However, your participation may be beneficial should the committee have questions about your application. You will be notified of the Board's decision approximately two (2) weeks following the meeting.

Date:	March 18, 2016
Time:	8:00 a.m. or soon thereafter (EST)
Location:	Conference Call
Dial-in number:	1-888-670-3525

When prompted, enter the following conference code number: **7811783909**, followed by the "#" sign.

Please allow two weeks to receive verification of the Board's decision. If you have not received notification within two weeks following the meeting, please contact me at the address below. You may also reach me at (850) 245-4373 ext. 3482, or e-mail [michelle.branch@flhealth.gov](mailto:michelle.branch@flhealth.gov)

Sincerely,

A handwritten signature in cursive script that reads "Michelle Branch".

Michelle Branch  
Regulatory Specialist II

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C05 • Tallahassee, FL 32399-3255  
PHONE: (850)245-4444 • FAX: (850) 414-6860

**www.FloridaHealth.gov**

TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh  
FLICKR: HealthyFla  
PINTEREST: HealthyFla

## Trexler, Sean

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**From:** Matt Fearrington <mfearrington@yahoo.com>  
**Sent:** Thursday, February 11, 2016 10:19 PM  
**To:** Trexler, Sean  
**Subject:** Re: Florida Psychology Application

Sean,

I can't be there in person, but I could call in, if that would be helpful.

Thanks,  
Matt

---

**From:** "Trexler, Sean" <Sean.Trexler@flhealth.gov>  
**To:** "Matt Fearrington <mfearrington@yahoo.com>" <mfearrington@yahoo.com>  
**Sent:** Thursday, February 11, 2016 2:56 PM  
**Subject:** Florida Psychology Application

Dr. Fearrington,

Please find the attached letter regarding your psychology application.

Please indicate if you will be present for the meeting.

Thank you,

*Sean Trexler  
Regulatory Specialist II  
Florida Department of Health  
Medical Quality Assurance  
Board of Psychology  
4052 Bald Cypress Way BIN C-05  
Tallahassee, FL 32399  
Phone: 850-245-4373 Ext 3480*

**How Am I Doing? Please contact my manager to comment on my service to you, [Anna.King@flhealth.gov](mailto:Anna.King@flhealth.gov)**

**Mission:** To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

**Values:**

- Innovation: We search for creative solutions and manage resources wisely.
- Collaboration: We use teamwork to achieve common goals & solve problems.
- Accountability: We perform with integrity and respect.
- Responsiveness: We achieve our mission by serving our customers & engaging our partners.
- Excellence: We promote quality outcomes through learning & continuous performance improvement.

**Attention Health Care Practitioners:** There have been changes to the license renewal process. To learn more about CE/CME@Renewal visit [www.flhealthsource.com](http://www.flhealthsource.com). For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at [MQARReportCE@flhealth.gov](mailto:MQARReportCE@flhealth.gov).

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**Please note:**

Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

Please consider the environment before printing this e-mail.

**Petition for Variance or Waiver of Florida Statute 490.005(c) and Florida Administrative Code Section 64B19-11.005 (Supervised Post-Doctoral Experience Requirement)**

The petitioner, Matthew Edward Fearrington, Ph.D., petitions the Board of Psychology members to grant him a variance or waiver of the above described Florida Statute and/or Administrative Code. In support of his request, he offers a written application and explanation as to why such a waiver should be granted in his specific case.

1. Dr. Fearrington was advised by a Regulatory Specialist II with the Florida Department of Health that he would need to apply for a Variance or Waiver in his application due to the differential between the Post-Doctoral Experience requirements of the Florida and Tennessee statutes.
2. Dr. Fearrington is a graduate of the APA-approved program in Counseling Psychology at the University of Tennessee (Ph.D. August 2004).
3. Dr. Fearrington completed a 2000 hour (12 month) Pre-Doctoral Internship at the Appalachian State University Counseling and Psychological Services center located in Boone, NC. During his internship, Dr. Fearrington gained experience in individual and group therapy, supervision, and program consultation. He was supervised by 4 different licensed psychologists during the internship.
4. For his Post-Doctoral Experience, Dr. Fearrington applied for, and was granted, a provisional license to practice as a psychologist in the state of Tennessee.
5. Dr. Fearrington worked at Cherokee Health Systems, a community mental health center that also provides integrated healthcare for its patients, in Lenoir City, TN for his Post-Doctoral Experience. He worked for approximately 60 weeks to accumulate the 1900 hours that were required in Tennessee at that time. In fact, he actually accumulated over 2000 supervised hours, although he stopped keeping track of the hours once he met the state requirement. This overage was due to the meeting schedule of the Tennessee Board of Psychology. On average, he worked 40 hours per week during this time.
6. During his Post-Doctoral Experience, Dr. Fearrington was involved in approximately 1200 hours of direct client contact. This is 300 hours more than the 900 hours minimum stipulated in the Florida Administrative Code.
7. Also during his Post-Doctoral Experience, Dr. Fearrington received individual face-to-face supervision for 1 hour each week, which was the requirement in Tennessee at the time. Additionally, he participated in 1 hour, weekly treatment team meetings with the physicians, nurses, case workers, and other therapists in the center.
8. After fulfilling his Post-Doctoral Experience requirement, Dr. Fearrington was licensed as a psychologist in the State of Tennessee and he continued to work for Cherokee Health Systems.
9. Dr. Fearrington maintained his license in Tennessee until 2008, when he voluntarily retired it because he had moved to North Carolina.
10. In 2007, Dr. Fearrington moved to North Carolina and got licensed to practice as a psychologist in that state. He has maintained his license in North Carolina since that time. Overall, he has been continuously licensed to practice as a psychologist since 2006. During this time, he has

practiced in a variety of settings, including community mental health, college counseling, and employee assistance.

11. Dr. Fearrington has never received any complaints regarding his work as a healthcare provider, nor has he has faced any disciplinary actions.
12. Dr. Fearrington is applying for Licensure as a Psychologist in the State of Florida in order to support the behavioral health needs of the state.
13. Dr. Fearrington contends that strict application of uniformly applicable licensing requirements may lead to unintended and unreasonable consequences. In this particular instance, applying this rule explicitly in regard to his application would create an economic and professional hardship for Dr. Fearrington.
14. Dr. Fearrington suggests that given the depth of the clinical experience and supervision provided during his Post-Doctoral Experience, the purpose of the underlying Florida statute to establish satisfactory training and competency in order to preserve the health, safety, and welfare of the public would be maintained were he to be granted the Variance or Waiver of the Licensure law.

Dr. Fearrington wishes to appeal to the Board of Psychology for their collective sense of fairness, reason, and empathy for a fellow licensed Psychologist wishing to become part of the professional community in the State of Florida.

Dr. Fearrington believes his training and experience, his service to the communities in which he has practiced, and his interest in contributing to the well-being of Floridians speaks to the merit of his petition to the Board for considering a Variance or Waiver of the Administration Code.

Respectfully Submitted,



Matthew E. Fearrington, Ph.D.

19 December 2015

#### **64B19-11.005 Supervised Experience Requirements.**

The law requires 4,000 hours of supervised experience for licensure. The Board recognizes that the applicant's internship satisfies 2,000 of those hours. This rule concerns the remaining 2,000 hours.

(1) Definitions. Within the context of this rule, the following definitions apply:

(a) "Association" or "in association with": the supervisory relationship between the supervisor and the psychological resident.

(b) "Psychology Resident or Post-Doctoral Fellow." A psychology resident or post-doctoral fellow is a person who has met Florida's educational requirements for licensure and intends from the outset of the supervised experience to meet that part of the supervised experience requirement for licensure which is not part of the person's internship.

(c) "Supervisor." A supervisor is either a licensed Florida psychologist in good standing with the Board, or a doctoral-level psychologist licensed in good standing in another state or United States territory providing supervision for licensure in that state or territory. However, where the psychology resident or post-doctoral fellow is on active duty with the armed services of the United States, or employed full time by the United States as a civilian psychology resident or post-doctoral fellow to provide services to the armed services or to a veterans administration facility, the supervisor may be a doctoral-level psychologist licensed in good standing in any state or territory, regardless of where the supervision is conducted.

(d) All applicants for licensure shall use the title psychology resident or post-doctoral fellow until licensed as a psychologist.

(e) The psychology resident or post-doctoral fellow shall inform all service users of her or his supervised status and provide the name of the supervising psychologist. Consultation reports, and summaries shall be co-signed by the supervising psychologist. Progress notes may be co-signed at the discretion of the supervision psychologist.

(2) Requirements and Prohibitions. All applicants for licensure must complete at least 2,000 hours of post doctoral experience under a supervisor whose supervision comports with subsection (3) of this rule.

(a) There may be no conflict of interest created by the supervisory association and no relationship may exist between the supervisor and the psychological resident except the supervisory association.

(b) A psychology resident or post-doctoral fellow may be supervised by more than one supervisor, at more than one location. If there is more than one supervisor, however, then one of the supervisors must be identified as the primary supervisor. The primary supervisor shall be the supervisor who enters into the agreement with the applicant for licensure, for supervision, and who integrates all of the applicant's supervisory experiences.

(c) The post-doctoral training must be a cohesive and integrated training experience which includes the following criteria:

1. It averages at least twenty (20) hours a week over no more than one hundred and four (104) weeks. Alternatively, it averages no more than forty (40) hours a week over no more than fifty-two (52) weeks;

2. It requires at least 900 hours in activities related to direct client contact;

3. It includes an average of at least two (2) hours of clinical supervision each week, at least one (1) hour of which is individual face-to-face supervision.

(3) Supervisors' Responsibilities. The Board requires each primary supervisor to perform and to certify that the primary supervisor has:

(a) Entered into an agreement with the applicant for licensure, which details the applicant's obligations and remuneration as well as the supervisor's responsibilities to the applicant;

(b) Determined that the psychology resident or post-doctoral fellow was capable of providing competent and safe psychological service to that client;

(c) Maintained professional responsibility for the psychology resident or post-doctoral fellow's work;

(d) Provided two (2) hours of clinical supervision each week, one (1) hour of which was individual, face-to-face supervision;

(e) Prevailed in all professional disagreements with the psychology resident or post-doctoral fellow;

(f) Kept informed of all the services performed by the psychology resident or post-doctoral fellow;

(g) Advised the Board if the supervisor has received any complaints about the psychology resident or post-doctoral fellow or has any reason to suspect that the resident is less than fully ethical, professional, or qualified for licensure.

(h) When there is more than one supervisor, pursuant to paragraph (2)(b) above, the primary supervisor shall provide the Board with a written statement describing the manner in which the training and supervision comprised a cohesive and integrated experience.

(4) Until licensure, an individual who completes post doctoral training residency may continue to practice under supervision so long as the individual does so in the manner prescribed by this rule and so long as the individual has applied for licensure and no

final order of denial has been entered in the application case before the Board.

*Rulemaking Authority 490.004(4) FS. Law Implemented 490.005(1) FS. History—New 11-18-92, Amended 7-14-93, Formerly 21U-11.007, Amended 6-14-94, Formerly 61F13-11.007, Amended 1-7-96, Formerly 59AA-11.005, Amended 12-4-97, 8-5-01, 7-27-04, 3-4-10, 8-15-11, 9-24-13.*

## 490.005 Licensure by examination.—

(1) Any person desiring to be licensed as a psychologist shall apply to the department to take the licensure examination. The department shall license each applicant who the board certifies has:

- (a) Completed the application form and remitted a nonrefundable application fee not to exceed \$500 and an examination fee set by the board sufficient to cover the actual per applicant cost to the department for development, purchase, and administration of the examination, but not to exceed \$500.
- (b) Submitted proof satisfactory to the board that the applicant has:
  1. Received doctoral-level psychological education, as defined in s. 490.003(3);
  2. Received the equivalent of a doctoral-level psychological education, as defined in s. 490.003(3), from a program at a school or university located outside the United States of America and Canada, which was officially recognized by the government of the country in which it is located as an institution or program to train students to practice professional psychology. The burden of establishing that the requirements of this provision have been met shall be upon the applicant;
  3. Received and submitted to the board, prior to July 1, 1999, certification of an augmented doctoral-level psychological education from the program director of a doctoral-level psychology program accredited by a programmatic agency recognized and approved by the United States Department of Education; or
  4. Received and submitted to the board, prior to August 31, 2001, certification of a doctoral-level program that at the time the applicant was enrolled and graduated maintained a standard of education and training comparable to the standard of training of programs accredited by a programmatic agency recognized and approved by the United States Department of Education. Such certification of comparability shall be provided by the program director of a doctoral-level psychology program accredited by a programmatic agency recognized and approved by the United States Department of Education.
- (c) Had at least 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. The experience requirement may be met by work performed on or off the premises of the supervising psychologist if the off-premises work is not the independent, private practice rendering of psychological services that does not have a psychologist as a member of the group actually rendering psychological services on the premises.
- (d) Passed the examination. However, an applicant who has obtained a passing score, as established by the board by rule, on the psychology licensure examination designated by the board as the national licensure examination need only pass the Florida law and rules portion of the examination.

(2) Any person desiring to be licensed as a school psychologist shall apply to the department to take the licensure examination. The department shall license each applicant who the department certifies has:

- (a) Satisfactorily completed the application form and submitted a nonrefundable application fee not to exceed \$250 and an examination fee sufficient to cover the per applicant cost to the department for development, purchase, and administration of the examination, but not to exceed \$250 as set by department rule.
- (b) Submitted satisfactory proof to the department that the applicant:
  1. Has received a doctorate, specialist, or equivalent degree from a program primarily psychological in nature and has completed 60 semester hours or 90 quarter hours of graduate study, in areas related to school psychology as defined by rule of the department, from a college or university which at the time the applicant was enrolled and graduated was accredited by an accrediting agency recognized and approved by the Commission on Recognition of Postsecondary Accreditation or an institution which is publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada.
  2. Has had a minimum of 3 years of experience in school psychology, 2 years of which must be supervised by an individual who is a licensed school psychologist or who has otherwise qualified as a school psychologist supervisor, by education and experience, as set forth by rule of the department. A doctoral internship may be applied toward the supervision requirement.
  3. Has passed an examination provided by the department.

(3)(a) The board shall close the application file of any applicant who fails to pass the psychology licensure examination and the Florida law and rules portion of the examination or who fails to submit evidence of completion of the postdoctoral, supervised experience within a timeframe no longer than 24 months.

(b) The board shall implement a procedure by which an applicant may apply for an extension beyond the required timeframe.

(c) An individual who completes the required postdoctoral training residency may continue to practice under supervision if she or he does so in a manner prescribed by the board by rule, has a current application on file, and no final order of denial has been issued. History.—ss. 1, 3, ch. 81-235; ss. 1, 3, ch. 83-265; s. 91, ch. 83-329; ss. 4, 18, 19, ch. 87-252; s. 36, ch. 88-205; s. 36, ch. 88-392; ss. 3, 12, 13, ch. 89-70; s. 10, ch. 90-192; s. 4, ch. 91-429; s. 109, ch. 92-149; s. 30, ch. 94-310; s. 5, ch. 95-279; s. 3, ch. 97-198; s. 195, ch. 97-264; s. 302, ch. 98-166; s. 162, ch. 99-397; s. 1, ch. 2008-125.



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

Name: <u>Fearrington Matthew Edward</u>			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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> NO

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.

2853674

APPLICATION FOR PSYCHOLOGIST LICENSURE

PART II. PROFILE DATA FORM

<sup>1</sup> APPLICATION METHOD: <input type="checkbox"/> EXAM <input type="checkbox"/> BIFURCATION/EXAM <input checked="" type="checkbox"/> EXAM W/ WAIVER <input type="checkbox"/> BIFURCATION W/ WAIVER Endorsement applicants, check all that apply <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 fee.</b>
<sup>2</sup> Have you ever applied for psychology licensure in Florida?   If "YES", give date(s) below:		YES JAN 2001 PH 3:20 MEDICAL THERAPIST / PSYCHOLOGY
<sup>3</sup> List your full, legal NAME as it should appear on license (no nicknames or shortened versions): First: <u>Matthew</u> Middle: <u>Edward</u> Last: <u>Fearrington</u>		
<sup>4</sup> List all names, by which you are currently known, and have been known as in the past: <u>Matt Fearrington</u>		
<sup>5</sup> Date of Birth (m/d/yr) <u>12/5/74</u>		
<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): <u>175 Cranberry Hills Dr</u>		
<sup>7</sup> Practice Address (required - business name, street address, city, state, ZIP): <u>175 Cranberry Hills Dr</u>		If currently unemployed, please check <input type="checkbox"/> . You must provide an address when employment is secured.
<sup>8a</sup> Work Telephone Number: <u>(828) 773-1982</u>	<sup>9</sup> Fax Number: ( ) <u>NA</u>	
<sup>10</sup> Name of School, College or University OF DOCTORAL DEGREE: <u>University of Tennessee</u> <small>(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.)</small>		<sup>11</sup> Date Graduated(m/d/yr): <u>8/14/04</u> <sup>12</sup> Type of Degree: <input checked="" type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D. <input type="checkbox"/> Ed.D. <input type="checkbox"/> Other _____
<sup>13</sup> 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 checked="" type="checkbox"/> M   Are you a US Citizen? <input checked="" 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 checked="" type="checkbox"/> White <input type="checkbox"/> Other _____		
<sup>14</sup> 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 <input checked="" type="checkbox"/> or No <input type="checkbox"/>		

PRINT APPLICANT NAME HERE: Matthew Edward Fearrington

2701  
f-8699

FLORIDA DEPARTMENT OF HEALTH  
BOARD OF PSYCHOLOGY

12/28/2015 305.00  
ID: 8644 Type: F  
BT: 3012354  
R#: 915031983

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:

APPLICATION FOR PSYCHOLOGIST LICENSURE

PART II. PROFILE DATA FORM

<sup>1</sup> APPLICATION METHOD: <input type="checkbox"/> EXAM <input type="checkbox"/> BIFURCATION/EXAM <input checked="" type="checkbox"/> EXAM W/ WAIVER <input type="checkbox"/> BIFURCATION W/ WAIVER Endorsement applicants, check all that apply <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>
<sup>2</sup> Have you ever applied for psychology licensure in Florida? If "YES", give date(s) below:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<sup>3</sup> List your full, legal NAME as it should appear on license (no nicknames or shortened versions): First: <u>Matthew</u> Middle: <u>Edward</u> Last: <u>Fearrington</u>		
<sup>4</sup> List all names, by which you are currently known, and have been known as in the past: <u>Matt Fearrington</u>		
<sup>5</sup> Date of Birth (m/d/yr) <u>12/5/74</u>		
<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): <u>175 Cranberry Hills Dr., Fleetwood, NC 28626</u>		
<sup>7</sup> Practice Address (required - business name, street address, city, state, ZIP): <u>Dynamic Management Consulting</u> <u>175 Cranberry Hills Dr., Fleetwood, NC 28626</u>		If currently unemployed, please check <input type="checkbox"/> . You must provide an address when employment is secured.
<sup>8a</sup> Work Telephone Number: <u>828 773-1982</u>	<sup>9</sup> Fax Number: ( ) <u>NA</u>	
<sup>8b</sup> Alternative Telephone Number: ( )		
<sup>10</sup> Name of School, College or University OF DOCTORAL DEGREE: <u>University of Tennessee - Knoxville</u> <small>(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.)</small>		<sup>11</sup> Date Graduated(m/d/yr): <u>8/15/04</u> <sup>12</sup> Type of Degree: <input checked="" type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D. <input type="checkbox"/> Ed.D. <input type="checkbox"/> Other _____
<sup>13</sup> 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 checked="" type="checkbox"/> M Are you a US Citizen? <input checked="" 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 checked="" type="checkbox"/> White <input type="checkbox"/> Other _____		
<sup>14</sup> 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 <input checked="" type="checkbox"/> or No <input type="checkbox"/>		

PRINT APPLICANT NAME HERE: Matthew Edward Fearrington

**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 checked="" 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 checked="" type="checkbox"/> NO						
<table border="1"> <tr> <th>Diploma Number</th> <th>Date of Diploma</th> <th>Specialty</th> </tr> <tr> <td> </td> <td align="center">_ / _ / _</td> <td> </td> </tr> </table>	Diploma Number	Date of Diploma	Specialty		_ / _ / _		
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 checked="" 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
University of Tennessee Knoxville, TN	—	Psychology	Ph.D.	8/14/04
				_ / _ / _
<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 checked="" 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: <u>8/14/04</u> 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 checked="" 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 checked="" type="checkbox"/> NO

PRINT APPLICANT NAME HERE: Matthew Fearington

**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:  Internship or  Post Doctoral Supervision**

22 Practice Setting (name of business, street address, city, state, ZIP): <i>Appalachian State University, Counseling and Psychological Services P.O. Box 32044, Boone, NC 28608</i>	
Title by Which You were Known: <i>Pre-Doctoral Intern</i>	
Supervisor's Name: <i>Dan Jones, Ph.D.</i>	Supervisor's License Number: <i>1451</i>
Supervised Experience -- Starting Date: <i>08/01/2003</i> Ending Date: <i>07/31/2004</i> <small>mm/dd/yyyy mm/dd/yyyy</small>	
<i>(If supervision is not yet complete please do not provide a future ending date. Please provide the current numerical date.)</i>	
Total Number of Weeks of Experience: <i>52</i>	Total Number of Hours per Week of Clinical Supervision: <i>24</i>
Total Number of Hours per Week of Experience: <i>40</i>	Of the above Total Number of Hours, how many were Individual Face-to-Face per week: <i>3</i>
<i>(If supervision is not yet complete please provide the correct information to date.)</i>	

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

23 Practice Setting (name of business, street address, city, state, ZIP): <i>Cherokee Health Systems 501 Adessa Blvd, #A150, Lenoir City, TN 37771</i>	
Title by Which You were Known: <i>Provisional Psychologist</i>	
Supervisor's Name: <i>William Berez, Ph.D.</i>	Supervisor's License Number: <i>495</i>
Supervised Experience -- Starting Date: <i>1/17/05</i> Ending Date: <i>3/15/06</i> <small>mm/dd/yyyy mm/dd/yyyy</small>	
<i>(If supervision is not yet complete please do not provide a future ending date. Please provide the current numerical date.)</i>	
Total Number of Weeks of Experience: <i>60</i>	Total Number of Hours per Week of Clinical Supervision: <i>1</i>
Total Number of Hours per Week of Experience: <i>40</i>	Of the above Total Number of Hours, how many were Individual Face-to-Face per week: <i>1</i>
<i>(If supervision is not yet complete please provide the correct information to date.)</i>	

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

24 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: _____ Ending Date: _____ <small>mm/dd/yyyy mm/dd/yyyy</small>	
<i>(If supervision is not yet complete please do not provide a future ending date. Please provide the current numerical date.)</i>	
Total Number of Weeks of Experience: _____	Total Number of Hours per Week of Clinical Supervision: _____
Total Number of Hours per Week of Experience: _____	Of the above Total Number of Hours, how many were Individual Face-to-Face per week: _____
<i>(If supervision is not yet complete please provide the correct information to date.)</i>	

PRINT APPLICANT NAME HERE: *Matthew Edward Feuring*

**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	
TN	Psychologist	2641	3/15/06	5/5/08	Voluntarily Retired	
NC	Psychologist	3416	7/5/07	10/1/16	Active	
<sup>26</sup> Was there any time period during which any license listed above was not active? If yes, please specify which license and list beginning and ending dates of all non-active periods:						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<sup>27</sup> Do you currently have a license/certificate or application pending in any state or jurisdiction, or have you ever withdrawn an application in any state or jurisdiction or allowed a licensure/certification application to lapse for any reason, including Florida? If "yes", indicate the state(s) involved:						<input type="checkbox"/> YES <input checked="" 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)? 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.						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**PART VII. DISCIPLINARY & CRIMINAL HISTORY**

You must answer all of the following questions. If you answer "yes", you must explain in detail on a separate sheet. In your explanation, include date(s), location(s), 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.

*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.*

<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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> NO

PRINT APPLICANT NAME HERE: Matthew Edward Fearrington

**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.

1. 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 checked="" 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
2. 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 checked="" 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
3. 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 checked="" 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
4. 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 checked="" 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
5. 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 checked="" type="checkbox"/> No
6. 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: Matthew Edward Farrington

**34 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.

**35 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 \*(Optional)

mfearrington@yahoo.com

**THE FOLLOWING STATEMENT MUST BE COMPLETED:**

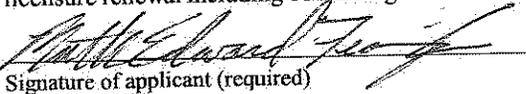
**STATEMENT OF APPLICANT**

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)

12/15/15  
Date signed (required)

PRINT APPLICANT NAME HERE: Matthew Edward Fearrington

2741132

**SUPERVISING PSYCHOLOGIST VERIFICATION FORM**

- FLORIDA LAW REQUIRES 4,000 HOURS OF SUPERVISED EXPERIENCE FOR LICENSURE. BY RULE 64B19-11.005, F.A.C., THE BOARD RECOGNIZES THAT THE APPLICANT'S INTERNSHIP SATISFIES 2,000 OF THOSE HOURS. THIS FORM IS TO BE USED TO VERIFY THE REMAINING 2,000 POSTDOCTORAL HOURS.

Applicant Name: Matthew E. Fearrington, Ph.D.

**TO BE COMPLETED BY THE PRIMARY SUPERVISING PSYCHOLOGIST.**

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

- For applicants who completed the required post-doctoral supervised experience at more than one location under more than one supervisor, the Board requires the primary supervising psychologist to provide a written statement describing the manner in which the training and supervision comprised a cohesive and integrated training experience.

Supervisor's Name: William Berez, Ph.D.

Address: 2018 WESTERN AVENUE  
KNOXVILLE, TN 37924

Supervisor's Telephone Number: (865) 544-0406

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): TN P495

Please list your highest level of degree, the date it was conferred, and the school and program from which it was received:

Ph.D. AUGUST, 1976  
UNIVERSITY OF TENNESSE  
CLINICAL PSYCHOLOGY

Location of the applicant's supervised experience:

CHEROKEE Health Systems  
501 ADESA BLVD. #A150  
LENDOR CITY, TN 37771

15 DEC 28 PM 1:42  
HUMAN CAPITAL SERVICES  
P. SCHOENHOLZ

PRINT APPLICANT NAME HERE Matthew E. Fearrington, Ph.D. 1

1. Dates of the supervised experience (m/d/y): From: 01/17/05 To: 03/15/06

2. In your opinion, was the post-doctoral training a cohesive and integrated training experience?  Yes  No

3. Did the applicant's supervised experience for a total of 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?  Yes  No

If "no", indicate the total hours of supervised experience the applicant accrued while under your supervision and the number of weeks of experience: Total number of hours: 1900

Total number of weeks: 60

4. Did the supervised experience require at least 900 hours in activities related to direct client contact?  Yes  No

If "no", how many hours were completed? approximately 1200

5. 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?  Yes  No

If "no", complete the following:

Total number of Clinical supervision

hours/week: 1

Total number of individual face-to-face supervision

hours/week: 1

6. Was there any other relationship existing between the supervisor and the psychological applicant other than the supervisory association? If "yes", please explain.  Yes  No

7. What was the applicant's title while under your supervision? Provisional Psychologist

8. Was the applicant supervised by more than one supervisor?  Yes  No

9. If you answered "yes" to item number 8, were you the primary supervisor; e.g., the supervisor who entered into the agreement with the applicant for supervision and who integrated all of the resident's supervised experiences?  Yes  No  N/A

10. Were there other licensed psychologists who provided supervision for the purpose of fulfilling Florida's licensure requirements?  Yes  No

If so, please provide the name(s) and license number(s) below:

11. Did you, as the primary supervisor, enter into an agreement with the applicant which detailed the applicant's obligations and remuneration as well as your responsibilities to the applicant?  Yes  No

12. Did you, as the primary supervisor, determine that the applicant was capable of providing competent and safe psychological service to each client?  Yes  No  
If "no", please explain

PRINT APPLICANT NAME HERE Matthew E. Fearington, Ph.D. 2

13. Did you maintain professional responsibility for the applicant's Work? X Yes \_\_\_ No  
If "no", please explain.

14. Did you have complete authority in all professional disagreements with the applicant? If "no", please explain. X Yes \_\_\_ No

15. Were you kept informed of all the services performed by the Applicant? If "no", please explain. X Yes \_\_\_ No

16. 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? If "yes", please explain. \_\_\_ Yes X No

\*\*\*\*\*  
**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.*

William Berry, Ph.D.  
Supervisor's Signature

12/22/2015  
Date

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

# University of Tennessee - Knoxville

[http://psychology.utk.edu/phd\\_counseling.php](http://psychology.utk.edu/phd_counseling.php)

Program/Department Name	Department of Psychology
Substantive Area	Counseling Psychology
Degree	Ph.D.

- **Address**
- 312 Austin Peay Building  
1404 Circle Drive  
Knoxville, TN 37996-0900  
United States
- **Program Description**
- **Executive Summary**
- This program was last reviewed and accredited for 7 years. The decision is based on the CoA's professional judgment of compliance or substantial compliance with all domains of the Guidelines and Principles for Accreditation (G&P). No serious deficiencies.

Initial Accreditation Date	Accreditation Status	Next site visit date
4/18/1980	Accredited	2016

- **Grant of Accreditation**
- **Student Admissions, Outcomes and Other Data**
- **View Info**

## FEARRINGTON 2701-8644 VERIFICATION OF APPLICANT AND SUPERVISOR

- [Home](#)
- [Exclusions](#)

### Exclusions Search Results: Individuals

No Results were found for:

- fearrington , matthew
- berez , william

If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

[Search Again](#)

Search conducted 1/6/2016 10:29:54 AM EST on OIG LEIE Exclusions database.

Source data updated on 12/8/2015 11:11:00 AM EST.

### North Carolina Psychology Board

Name:	Matthew Edward Fearington
Licensure Level:	Psychologist
Degree License Based Upon:	Ph.D.
License Number:	3416
Initial License Date:	7/5/2007
License Status:	Current
Renewal Date:	10/1/2016
Health Services Provider Certification:	HSP-P
Board Action:	No
City/State:	Fleetwood, NC

Information uploaded on 1/5/2016 11:59:06 PM

\*If Board Action is other than "No," to request information regarding Board Action on this individual's license, you may fill out the [on-line request form](#), or write or fax the North Carolina Psychology Board at the following:

North Carolina Psychology Board  
895 State Farm Road, Suite 101  
Boone, NC 28607  
Fax: (828) 265-8611

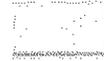
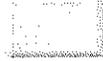
#### Disclaimer

All information provided by the North Carolina Psychology Board on this web site is made available to provide immediate access for the convenience of interested persons. While the Board believes the information to be reliable, human or mechanical error remains a possibility, as does delay in the posting or updating of information. Therefore, the Board makes no guarantee as to the accuracy, completeness, timeliness, currency, or for any errors or omissions, or for the use or results obtained from the use of this information. All access to and use of this web site is governed by the Disclaimers as set forth by the North Carolina Psychology Board.

Licensure Verification

## Search Results

You are viewing page 1 of 1...



1. FEARRINGTON, MATTHEW  
EDWARD  
Fleetwood, NC 28626

**Profession:** Psychologist

**Rank:** Psychologist

**Qualifications:**

Health Service

**License Number:** 2641

**Status:** Volunt Retired

**Original Date:** 03/15/2006

**Expiration Date:** 12/31/2008

[View  
Practitioner Profile](#)

[Certification Letter](#)

Practitioner Profile Data

## Practitioner Profile Data

*This information is provided by the licensee as required by law.*

*Print Date: 1/6/2016*

While searching for information on a particular health care professional, consumers should be aware that there are several locations available to aid them with their research. (Licensure Verification, Abuse Registry, Monthly Disciplinary Actions, and Recently Suspended Licenses For Failure to Pay Child Support) Links to various Internet sites are available from the Department of Health Website home page and from the Health Related Boards Website.

FEARRINGTON, MATTHEW EDWARD

**PRACTICE ADDRESS:** MATTHEW EDWARD FEARRINGTON PHD  
501 ADESA BLVD  
Lenoir City, TN 37771

**LANGUAGES: (Other than English)** None Reported

**SUPERVISING PHYSICIAN:** None Reported

### GRADUATE/POSTGRADUATE MEDICAL/PROFESSIONAL EDUCATION AND TRAINING

PROGRAM/ INSTITUTION	CITY STATE/ COUNTRY	DATE OF GRADUATION	TYPE OF DEGREE
UNIV OF NC	GREENSBORO NC	05/01/1999	MS

UNIV OF TN                      KNOXVILLE TN                      08/01/2004                      PH.D.

**OTHER EDUCATION AND TRAINING**

<b>PROGRAM/ INSTITUTION</b>	<b>CITY STATE/ COUNTRY</b>	<b>FROM</b>	<b>TO</b>
APPALACHIAN STATE UNIV/PREDOCTORAL PSYCHOLOGY INTERNSHIP	BOONE NC	08/01/2003	07/31/2004

**SPECIALTY BOARD CERTIFICATIONS**

<b>CERTIFYING BODY/ BOARD/ INSTITUTION</b>	<b>CERTIFICATION/ SPECIALTY/ SUBSPECIALTY</b>
--	---

None Reported

None Reported

**FACULTY APPOINTMENTS**

<b>TITLE</b>	<b>INSTITUTION</b>	<b>CITY/STATE</b>
--------------	--------------------	-------------------

None Reported

None Reported

None Reported

**STAFF PRIVILEGES**

This practitioner currently holds staff privileges at the following hospitals

<b>HOSPITAL</b>	<b>CITY/STATE</b>
-----------------	-------------------

None Reported

None Reported

**This practitioner currently participates in the following *TennCare* plans**

PREMIER BEHAVIORAL HEALTH

TENNESSEE BEHAVIORAL HEALTH

**FINAL DISCIPLINARY ACTION**

**ACTIONS BY STATE REGULATORY BOARD**

**AGENCY**

**VIOLATION**

**ACTION**

None Reported

None Reported

None Reported

**RESIGNATIONS IN LIEU OF TERMINATION**

**HOSPITAL**

**ACTION**

None Reported

None Reported

**ACTIONS BY HOSPITAL**

**HOSPITAL**

**VIOLATION**

**ACTION**

None Reported

None Reported

None Reported

**CRIMINAL OFFENSES**

**OFFENSE****JURISDICTION**

None Reported

None Reported

**LIABILITY CLAIMS**

Some studies have shown that there is no significant correlation between malpractice history and a doctor's competence. At the same time, the Legislature believes that consumers should have access to malpractice information. In these profiles, the Department has given you information about both the malpractice history of the physician's specialty and the physician's history of payments. The Legislature has placed payment amounts into three statistical categories: below average, average, and above average. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high quality care by selecting a doctor based solely on malpractice history.

When considering malpractice data, please keep in mind:

Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation. This report compares doctors only to the members of their specialty, not to all doctors, in order to make individual doctor's history more meaningful.

The incident causing the malpractice claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to move through the legal system.

Some doctors work primarily with high risk patients. These doctors may have malpractice histories that are higher than average because they specialize in cases or patients who are at very high risk for problems.

- Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the provider. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

You may wish to discuss information provided in this report, and malpractice generally, with your doctor. The Department can refer you to other articles on this subject.

The Health Department started getting reports for claims paid after May, 1998.

Settlements valued below \$75,000 are not included here.

**DATE****Settlement amount was:**

None Reported

None Reported

**OPTIONAL INFORMATION****COMMUNITY SERVICE / AWARD / HONOR****DESCRIPTION****ORGANIZATION**

None Reported

None Reported

## PUBLICATIONS

**TITLE**

**PUBLICATION**

**DATE**

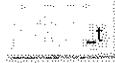
None Reported

None Reported

None Reported

## Search Results

You are viewing page 1 of 1...



1. BEREZ, WILLIAM  
Knoxville, TN 37934

**License Number:** 495  
**Status:** Licensed

[View  
Practitioner Profile](#)

**Profession:** Psychologist  
**Rank:** Psychologist  
**Qualifications:**  
Clinical  
Health Service

**Original Date:** 02/10/1977  
**Expiration Date:** 08/31/2017

[Certification Letter](#)

Practitioner Profile Data

## Practitioner Profile Data

*This information is provided by the licensee as required by law.*

*Print Date: 1/6/2016*

While searching for information on a particular health care professional, consumers should be aware that there are several locations available to aid them with their research. (Licensure Verification, Abuse Registry, Monthly Disciplinary Actions, and Recently Suspended Licenses For Failure to Pay Child Support) Links to various Internet sites are available from the Department of Health Website home page and from the Health Related Boards Website.

BEREZ, WILLIAM

**PRACTICE ADDRESS:**

CHEROKEE HEALTH SYSTEMS  
255 East Watt Street  
Alcoa, TN 37701

**LANGUAGES: (Other than English)**

None Reported

**SUPERVISING PHYSICIAN:**

None Reported

**GRADUATE/POSTGRADUATE MEDICAL/PROFESSIONAL EDUCATION AND TRAINING**

PROGRAM/ INSTITUTION	CITY STATE/ COUNTRY	DATE OF GRADUATION	TYPE OF DEGREE
-------------------------	---------------------------	-----------------------	-------------------

UNIV OF TN	KNOXVILLE TN	08/23/1976	PH D
------------	--------------	------------	------

**OTHER EDUCATION AND TRAINING**

**PROGRAM/  
INSTITUTION**

**CITY  
STATE/  
COUNTRY**

**FROM**

**TO**

None Reported

None Reported

None Reported

None Reported

**SPECIALTY BOARD CERTIFICATIONS**

**CERTIFYING BODY/  
BOARD/  
INSTITUTION**

**CERTIFICATION/  
SPECIALTY/  
SUBSPECIALTY**

None Reported

None Reported

**FACULTY APPOINTMENTS**

**TITLE**

**INSTITUTION**

**CITY/STATE**

None Reported

None Reported

None Reported

**STAFF PRIVILEGES**

**This practitioner currently holds staff privileges at the following hospitals**

**HOSPITAL**

**CITY/STATE**

None Reported

None Reported

**This practitioner currently participates in the following *TennCare* plans**

ACCESS MED PLUS

BLUECARE

JOHN DEERE

PHOENIX

PHP

PREMIER

TBH

### FINAL DISCIPLINARY ACTION

#### ACTIONS BY STATE REGULATORY BOARD

AGENCY

VIOLATION

ACTION

None Reported

None Reported

None Reported

#### RESIGNATIONS IN LIEU OF TERMINATION

HOSPITAL

ACTION

None Reported

None Reported

#### ACTIONS BY HOSPITAL

HOSPITAL

VIOLATION

ACTION

None Reported

None Reported

None Reported

### CRIMINAL OFFENSES

#### OFFENSE

#### JURISDICTION

None Reported

None Reported

### LIABILITY CLAIMS

Some studies have shown that there is no significant correlation between malpractice history and a doctor's competence. At the same time, the Legislature believes that consumers should have access to malpractice information. In these profiles, the Department has given you information about both the malpractice history of the physician's specialty and the physician's history of payments. The Legislature has placed payment amounts into three statistical categories: below average, average, and above average. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high quality care by selecting a doctor based solely on malpractice history.

When considering malpractice data, please keep in mind:

Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation. This report compares doctors only to the members of their specialty, not to all doctors, in order to make individual doctor's history more meaningful.

The incident causing the malpractice claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to move through the legal system.

Some doctors work primarily with high risk patients. These doctors may have malpractice histories that are higher than average because they specialize in cases or patients who are at very high risk for problems.

- Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the provider. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

You may wish to discuss information provided in this report, and malpractice generally, with your doctor. The Department can refer you to other articles on this subject.

The Health Department started getting reports for claims paid after May, 1998.

Settlements valued below \$75,000 are not included here.

#### DATE

#### Settlement amount was:

None Reported

None Reported

### OPTIONAL INFORMATION

#### COMMUNITY SERVICE / AWARD / HONOR

**DESCRIPTION**

**ORGANIZATION**

None Reported

None Reported

**PUBLICATIONS**

**TITLE**

**PUBLICATION**

**DATE**

None Reported

None Reported

None Reported

# Vista Continuing Education

This Certifies that  
**Matthew Fearington**

License  
**3416**

has successfully completed a **2 credit/unit course**

**Prevention of Medical Errors**

on **12/20/2015** and was issued certificate number **13391**



**Julie West, CE Coordinator**



**Kathleen Gates, Ph.D. Program Director**

- \* American Psychological Association (APA)
- \* Florida Board of Psychology and the Florida Office of School Psychology (Provider #50-4672)
- \* National Association of Social Workers (Provider #886422049)
- \* National Board for Certified Counselors (Provider #6154)
- \* State of California Board of Behavioral Sciences (#PCE2926)
- \* Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling (Provider #50-4672)
- \* CAADAC #2C-07-381-0213
- \* California Board of Registered Nursing #CEP13992
- \* Florida Board of Nursing and Certified Nursing Assistants (Provider #50-4672)
- Florida Physician Assistants (Provider #50-4672)
- District of Columbia Board of Nursing #50-4672
- \* Texas State Board of Examiners of Marriage and Family Therapists #680

This document must be retained by the licensee for a period of seven years after the course concludes

P.O. Box 1284  
Camarillo, CA 93012

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

January 6, 2016

Matthew Edward Fearrington  
175 Cranberry Hills Dr  
Fleetwood, NC 28626

Applicant ID: 8644

Dear Dr. Fearrington:

Thank you for your application for licensure as a Florida Psychologist. Your application has been received and is pending the following documentation:

- On Pg 7 #11 of your application you indicate your graduation date was 08/15/2004, however, your transcripts indicate your graduation date was 08/14/2004. Please correct and resubmit.
- On Pg 8 #18 of your application you indicate your graduation date was 08/15/2004, however, your transcripts indicate your graduation date was 08/14/2004. Please correct and resubmit.

To verify we received the documentation, you may want to send your documentation via certified mail, overnight mail, or contact the originating source of outstanding documentation. Additional documentation will be processed in the order it is received.

The Board does not review incomplete applications. Applications must be complete thirty days prior to a scheduled Board meeting to ensure review by the Board. Applications that become complete after the deadline will be reviewed at the following meeting.

As a reminder to all applicants, please understand that section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department. Your application will expire December 28, 2016.

Thank you for your interest in practicing psychology in Florida. If you have any questions, please contact me at the address below. You may also reach me at ext. 3480, or e-mail [Sean.Trexler@flhealth.gov](mailto:Sean.Trexler@flhealth.gov)

Sincerely,

Sean Trexler  
Regulatory Specialist II

## Trexler, Sean

---

**From:** Rachel Clark <Rachel.Clark@myfloridalegal.com>  
**Sent:** Tuesday, January 19, 2016 1:57 PM  
**To:** Trexler, Sean  
**Subject:** Re: FW: Petition for VW; PY, Matthew Fearington

This petition appears legally sufficient and may be placed on an agenda. Thanks.

## Rachel W. Clark

Assistant Attorney General  
Administrative Law Bureau  
Office of the Attorney General  
The Capitol, PL-01  
Tallahassee, FL 32399-1050  
(850) 414-3300  
(850) 922-6425 Facsimile  
(850) 414-3751 Direct Line  
Rachel.Clark@myfloridalegal.com



\*\*\* Florida has a broad public records law. Most written communications, including emails, to or from state officials are public records subject to disclosure upon request. \*\*\*

"Trexler, Sean" ---01/06/2016 10:24:53 AM---Hi Rachel, Is this acceptable to go before the Board?

From: "Trexler, Sean" <Sean.Trexler@flhealth.gov>  
To: "Rachel.Clark@myfloridalegal.com" <Rachel.Clark@myfloridalegal.com>  
Date: 01/06/2016 10:24 AM  
Subject: FW: Petition for VW; PY, Matthew Fearington

Hi Rachel,

Is this acceptable to go before the Board?

Thank you,

Sean Trexler

Regulatory Specialist II

Florida Department of Health

Medical Quality Assurance

Board of Psychology

4052 Bald Cypress Way BIN C-05

Tallahassee, FL 32399

Phone: 850-245-4373 Ext 3480

How Am I Doing? Please contact my manager to comment on my service to you, [Anna.King@flhealth.gov](mailto:Anna.King@flhealth.gov)

# APA List 07/22/2016

**PROCEDURAL STATEMENT REGARDING APPROVED APPLICANTS:**

Regardless of application method, if board staff becomes aware of any issues of concern, approved applicants will be brought back before the Board for reconsideration prior to issuance of a license.

**Examination Applicants:**

Examination applicants have met the educational and supervision requirements for psychologist licensure.

By ratifying this list, the Board is approving the listed applicants under this method to sit for the required examination(s) and for issuance of a license upon completion of the remaining requirements for licensure to include: 1) passage of the required examination(s) and 2) submission of a medical errors course certificate from a Board-approved medical errors course provider, if not previously submitted.

<b>Name</b>	<b>File</b>	<b>University</b>	<b>Major</b>
Greenstone, Robert	8785	Carlos Albizu University, Miami	Clinical
Penna, Rebecca	8748	Temple University	School
Craig, Jamie	8802	University of Tennessee, Knoxville	Clinical
Rohrer, Jennifer	8759	Kent State University	Clinical
Venosa, Daniela	8770	Florida School of Professional Psychology at Argosy University	Clinical
Rivera, Wilfredo	8793	Carlos Albizu University, Miami	Clinical
Simpson, Justin	8753	Regent University	Clinical
Chastain Graham	8807	Immaculata University	Clinical
Barboza, Sharen	8798	Fairleigh-Dickinson University	Clinical
Levy, Brianna	8816	William James College	Clinical
Goldblatt, Jon	6935	Carlos Albizu University, Miami	Clinical
Dance, Danielle	8797	Nova SE University	Clinical
Bernal, Darren	8817	University of Miami	Counseling
Baker, Leigh	8791	Florida State University	Combined-Counseling & School Psychology
Williams, Ronnetta	8822	University of Kentucky	Counseling
Musser, Erica	8820	University of Oregon	Clinical

**Bifurcation/Examination Applicants:**

Bifurcation/Examination applicants have met the educational requirements for psychologist licensure and are pursuing the required post-doctoral supervised experience.

By ratifying this list, the Board is approving the listed applicants under this method to sit for the required examination(s) and for issuance of a license upon completion of the remaining requirements for licensure to include: 1) passage of the required examination(s); 2) submission of satisfactory Supervised Experience Verification forms documenting completion of the required hours of post-doctoral supervised experience; and 3) submission of a medical errors course certificate from a Board-approved medical errors course provider, if not previously submitted.

Name	File	University	Major
Kamel, Kelly	8801	American School of Professional Psychology at Argosy University, Washington DC	Clinical
Alethea, Sarah	8795	Argosy University, Honolulu	Clinical
Vaughn, Laura	8804	Florida Institute of Technology	Clinical
Whitt, Courtney	8803	University of Miami	Counseling
Chop, Angela	8782	Alliant University	Clinical
Burguera, Mayra	8715	Nova Southeastern University	Clinical
Stripling, Andrea	8808	University of South Dakota	Clinical
Samanez-Larkin, Sylvia	8812	Vanderbilt University	Clinical
Lelie, Nozanin	8813	Argosy University, Hawaii	Clinical

**Endorsement of 20 Years Applicants**

Applicants by Endorsement of 20 years Licensed Psychologist experience have met all requirements for licensure under this method, except, passage of the State psychology laws and rules exam.

By ratifying this list, the Board is approving the listed applicants under this method to sit for the State laws and rules examination and for issuance of a license upon passage of the examination and submission of a medical errors course certificate from a Board-approved medical errors course provider, if not previously submitted.

Name	File	University	Major
Kavanaugh-Wallace, Lauren	8754	Forest Institute of Professional Psychology	Clinical
Trgovac, Marie	8722	Spalding University	Clinical
Grace, Cynthia	8809	The Graduate School and University, The City University of New York	Clinical

**Endorsement of ABPP Diplomate Status**

Applicants by ABPP Endorsement have met all the requirements for licensure, under this method, except, passage of the State psychology laws and rules exam.

By ratifying this list, the Board is approving the listed applicants under this method to sit for the State laws and rules examination and for issuance of a license upon passage of the examination and submission of a medical errors course certificate from a Board-approved medical errors course provider, if not previously submitted.

Name	File	University	Major

**MQA Reports**  
**Psychologist Applications Proposed for File Closure**  
**July 22, 2016**

Expiring: 07/22/2016

Processed: 07/01/2016 9:35:32AM

Page 1 of 1

Section 490.005(3)(a), Florida Statutes, requires that the Board shall close the application file of any applicant who fails to pass the psychology licensure examination and the Florida laws and rules portion of the examination or who fails to submit evidence of completion of the postdoctoral supervised experience within a timeframe no longer than 24 months. Listed below are applicants proposed for closure based upon failure to complete one or more remaining requirements, under their chosen application method, as identified by the following symbol "X".

**Examination Applicants:**

Examination applicants must meet the educational and supervision requirements for psychologist licensure.

The Board is denying the listed applicants for failure to pass one or both of the examinations\* required for psychology licensure within the required timeframe.

Name	Address	File No.	Board Approval Date	Extension Date	Deficient L&R	Deficient EPPP	Not Used
Perez, Alina	11920 Ne 11 Place Biscayne Park, FL 33161	8191	06/19/2014		X	X	
Victoria, Alexandra Marie	222 Lakeside Cir Sunrise, FL 33326	8205	07/08/2014		X	X	

**2 Applicants**

\* Examination for Professional Practice in Psychology (EPPP), Rule 64B19-11.001(1)(a), F.A.C.  
 Florida Statutes and Rules Relevant to the Practice of Psychology (L&R), Rule 64B19-11.001(2)(a), F.A.C.  
 \*\* Supervising Psychologist Verification Form, Rule 64B19-11.012(4), F.A.C.  
 \*\*\* Supervising Psychologist Verification Form, Rule 64B19-11.012(4), F.A.C.

## ***Additional Information for Applicants re: File Closure***

### ***Requests for Extension***

As per Rule 64B19-11.0075(2), Florida Administrative Code, the Board may grant an additional twelve (12) months, beyond the scheduled application expiration date, for an applicant to complete outstanding requirements for licensure, if the applicant can demonstrate a good faith effort to comply, but has failed to do so due to illness or unusual hardship.

If you are interested in requesting an extension under this provision, you must do so in writing, and include the circumstances you would like the Board to consider when determining whether an extension will be granted. It is encouraged that you also include with your written request any supplemental documentation you believe would be beneficial in supporting your bid for an extension.

Please note that a request for extension should be submitted ***prior to*** the scheduled application expiration date. Your request for extension would then be agendaed for consideration by the Board at the next scheduled full Board meeting.

### ***Application Withdrawal***

If you find that you will not complete the requirements for licensure and have not requested or have not been granted an extension of time to complete the requirements, prior to your scheduled application expiration date, you have the option to submit a request to withdraw your application to avoid being placed on the list of applicants proposed for file closure. In order to continue to pursue licensure, after withdrawing the previous application, you will be required to re-apply and meet the licensure requirements in effect at that time.

### ***File Closure Information***

Applicants who do not complete the requirements for licensure by the expiration date, and have not been granted an extension or withdrawn the licensure application, will be placed on a list of applicants proposed for file closure at the next scheduled Board meeting immediately after the application expiration date.

If the Board votes to close the application, a final order of denial will be issued and reflected on the application record as required by Rule 64B19-11.0075(1), Florida Administrative Code. As of the date of this notice, the denial orders do allow applicants to request withdrawal of the application, if submitted within the timeframes specified in the order.

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To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

---

June 19, 2014

Alina Perez  
11920 Ne 11 Place  
Biscayne Park, FL 33161

Applicant ID#: 8191

Dear Dr. Perez:

The Board of Psychology has reviewed your psychologist application. You have been authorized for the Florida laws and rules exam and the national exam. You have been approved for licensure upon passage of your exams.

**Florida Laws & Rules Exam Information**

The Florida laws and rules exam is a computer-based test administered on a continual basis by Prometric, Inc. You may schedule your examination through Prometric at any time\*, beginning 7-10 days from your receipt of this letter. After you have taken the examination, our testing services unit will forward your score to this office.

You may obtain a Candidate Information Booklet (CIB) and study packet on the Department of Health Testing Services website at <http://www.floridahealth.gov/licensing-and-regulation/psychology/exam-services/schedule/index.html> . The CIB includes information about how to schedule your examination, examination procedures, and what you should expect after taking your examination. You may download a study packet, or request one by contacting this office. Study packets and CIBs are only valid effective as of the month and year listed on the front cover. Please use the most recent version.

**National Examination for Professional Practice in Psychology (EPPP) Information**

For the national exam, please go to the Association of State and Provincial Psychology Boards (ASPPB) website, <http://www.asppb.net/EPPPsignup>, where you will find important information for exam candidates, as well as a link to where you will complete the application for the exam online and pay the required examination fee. Please note that, effective March 1, 2013, the registration fee for the EPPP will be \$600. Once you complete the 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\*. The candidate bulletin for the EPPP is available at <http://www.asppb.net/InfoForCandidates>.

**\*SPECIAL NOTE:** If you do not schedule your examinations within 60 days of this authorization, you may need to contact the Board office to request that your eligibility be re-submitted to the testing vendor.

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C05 • Tallahassee, FL 32399-3255  
PHONE: (850)245-4444 • FAX: (850) 414-6860

**www.FloridaHealth.gov**

TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh  
Created on 6/19/2014 10:24 AM

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

---

If you have any questions, please contact me at the address below. You may also reach me at (850) 245-4373 ext. 3482, or e-mail [Michelle.Branch@flhealth.gov](mailto:Michelle.Branch@flhealth.gov).

Sincerely,

Michelle Branch  
Regulatory Specialist II

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C05 • Tallahassee, FL 32399-3255  
PHONE: (850)245-4444 • FAX: (850) 414-6860

**www.FloridasHealth.com**

TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth

YOUTUBE: fldoh

Created on 6/19/2014 10:24 AM

## ***Additional Information for Applicants re: File Closure***

### ***Requests for Extension***

As per Rule 64B19-11.0075(2), Florida Administrative Code, the Board may grant an additional twelve (12) months, beyond the scheduled application expiration date, for an applicant to complete outstanding requirements for licensure, if the applicant can demonstrate a good faith effort to comply, but has failed to do so due to illness or unusual hardship.

If you are interested in requesting an extension under this provision, you must do so in writing, and include the circumstances you would like the Board to consider when determining whether an extension will be granted. It is encouraged that you also include with your written request any supplemental documentation you believe would be beneficial in supporting your bid for an extension.

Please note that a request for extension should be submitted ***prior to*** the scheduled application expiration date. Your request for extension would then be agendaed for consideration by the Board at the next scheduled full Board meeting.

### ***Application Withdrawal***

If you find that you will not complete the requirements for licensure and have not requested or have not been granted an extension of time to complete the requirements, prior to your scheduled application expiration date, you have the option to submit a request to withdraw your application to avoid being placed on the list of applicants proposed for file closure. In order to continue to pursue licensure, after withdrawing the previous application, you will be required to re-apply and meet the licensure requirements in effect at that time.

### ***File Closure Information***

Applicants who do not complete the requirements for licensure by the expiration date, and have not been granted an extension or withdrawn the licensure application, will be placed on a list of applicants proposed for file closure at the next scheduled Board meeting immediately after the application expiration date.

If the Board votes to close the application, a final order of denial will be issued and reflected on the application record as required by Rule 64B19-11.0075(1), Florida Administrative Code. As of the date of this notice, the denial orders do allow applicants to request withdrawal of the application, if submitted within the timeframes specified in the order.

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**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

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July 8, 2014

Alexandra Marie Victoria  
222 Lakeside Cir  
Sunrise, FL 33326

Applicant ID#: 8205

Dear Dr. Victoria:

The Board of Psychology has reviewed your psychologist application. You have been authorized for the Florida laws and rules exam and the national exam. You have been approved for licensure upon passage of your exams.

**Florida Laws & Rules Exam Information**

The Florida laws and rules exam is a computer-based test administered on a continual basis by Prometric, Inc. You may schedule your examination through Prometric at any time\*, beginning 7-10 days from your receipt of this letter. After you have taken the examination, our testing services unit will forward your score to this office.

You may obtain a Candidate Information Booklet (CIB) and study packet on the Department of Health Testing Services website at <http://floridaspsychology.gov/resources/examination/>. The CIB includes information about how to schedule your examination, examination procedures, and what you should expect after taking your examination. You may download a study packet, or request one by contacting this office. Study packets and CIBs are only valid effective as of the month and year listed on the front cover. Please use the most recent version.

**National Examination for Professional Practice in Psychology (EPPP) Information**

For the national exam, please go to the Association of State and Provincial Psychology Boards (ASPPB) website, <http://www.asppb.net/EPPPsignup>, where you will find important information for exam candidates, as well as a link to where you will complete the application for the exam online and pay the required examination fee. Please note that, effective March 1, 2013, the registration fee for the EPPP will be \$600. Once you complete the 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\*. The candidate bulletin for the EPPP is available at <http://www.asppb.net/InfoForCandidates>.

**\*SPECIAL NOTE:** If you do not schedule your examinations within 60 days of this authorization, you may need to contact the Board office to request that your eligibility be re-submitted to the testing vendor.

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C05 • Tallahassee, FL 32399-3255  
PHONE: (850)245-4444 • FAX: (850) 414-6860

**www.FloridaHealth.gov**

TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh  
Created on 7/8/2014 8:52 AM

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

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If you have any questions, please contact me at the address below. You may also reach me at (850) 245-4373 ext. 3482, or e-mail [Michelle.Branch@flhealth.gov](mailto:Michelle.Branch@flhealth.gov).

Sincerely,

Michelle Branch  
Regulatory Specialist II

---

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TWITTER: HealthyFLA  
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YOUTUBE: fldoh

Created on 7/8/2014 8:52 AM

**PETITION FOR DECLARATORY STATEMENT AND REVIEW OF  
LICENSURE APPLICATION**

**Section 490.003, F.S., Definitions**

**Rule 64B19-11.005, Supervised Experience Requirements**

Applicant: Nicole Whitt

Applicant File #: 8784

Application Method(s): Examination

Application received: 05/13/2016

File Complete On: 06/01/2016

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APA Education Issues: Yes \_\_\_\_\_ No \_\_\_X\_\_\_\_\_

Supervision Issues: Yes \_\_\_\_\_ No \_\_\_X\_\_\_\_\_

History Issues: Yes \_\_\_\_\_ No \_\_\_X\_\_\_\_\_

Dr. Whitt has applied for licensure under the Examination method. She has also submitted a petition for declaratory statement requesting clarification on whether she is permitted to complete reports on patient files from a mental health practice that is separate from where she completed her post-doctoral supervision.

Enclosed for the Board's review is the petition, application, transcripts and supervision forms.

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**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General and Secretary

**Vision:** To be the Healthiest State in the Nation.

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June 29, 2016

Nicole M. Whitt  
546 Kettering Rd.  
Davenport, FL 33897

Dear Dr. Whitt:

PLEASE TAKE NOTICE that a reconsideration of your petition for declaratory statement and your application for licensure will be considered by the Board of Psychology at the meeting listed below:

Date: July 22, 2016  
Time: 9:00 a.m. EST or soon thereafter  
Location: St. Petersburg Marriott Clearwater  
12600 Roosevelt Boulevard  
St. Petersburg, FL 33716  
Phone: 727-572-7800

You are not required to attend the meeting; however, it is requested that you contact me in writing if it is your intention to attend the meeting. You may e-mail, write to the address listed below, or fax your response to (850) 414-6860.

If you have any questions, please do not hesitate to contact this office at the address below, by telephone 245-4373 Ext 3482 or e-mail [michelle.branch@flhealth.gov](mailto:michelle.branch@flhealth.gov)

Sincerely,

A handwritten signature in cursive script, appearing to read "Michelle Branch".

Michelle Branch  
Regulatory Specialist II

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C05 • Tallahassee, FL 32399-3255  
PHONE: (850)245-4444 • FAX: (850) 414-6860



Accredited Health Department  
Public Health Accreditation Board

## Branch, Michelle L

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**From:** nmota.whitt@gmail.com  
**Sent:** Wednesday, June 29, 2016 6:35 PM  
**To:** Branch, Michelle L  
**Subject:** Re: Florida Board of Psychology Meeting Notice

Dear Ms. Branch,

I will be attending this meeting. Thank you.

Best Regards,  
Nicole M. Whitt, Psy.D.

On Jun 29, 2016, at 2:41 PM, Branch, Michelle L <[Michelle.Branch@flhealth.gov](mailto:Michelle.Branch@flhealth.gov)> wrote:

Dr. Whitt,

Please find the attached Board of Psychology Meeting Notice. The Board will consider your application and petition for declaratory statement at the July 22, 2016 General Business Meeting. Please let me know if you will be able to attend.

Thank you,

*Michelle Branch  
Regulatory Specialist II  
Florida Department of Health  
Medical Quality Assurance  
Board of Psychology  
4052 Bald Cypress Way BIN C-05  
Tallahassee, FL 32399  
Phone: 850-245-4373 Ext 3482*

*How Am I Doing? Please contact my manager to comment on my service to you,  
[Anna.King@flhealth.gov](mailto:Anna.King@flhealth.gov)*

Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Vision: **Healthiest State in the Nation.**

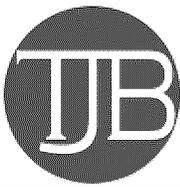
Purpose: To protect the public through health care licensure, enforcement and information.

Focus: To be the nation's leader in quality health care regulation.

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**Attention Health Care Practitioners:** There have been changes to the license renewal process. To learn more about CE/CME@Renewal visit [www.flhealthsource.com](http://www.flhealthsource.com) . For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at [MQAReportCE@flhealth.gov](mailto:MQAReportCE@flhealth.gov).

Please note : Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.



**LAW OFFICES OF TIFFANY J. BROWN, P.A.**

2028 Harrison Street Suite #204, Hollywood, FL 33020

Phone: (954) 543-0852 • Fax: (954)416-6663 • E-Mail: [tbrown@tjbrownlaw.com](mailto:tbrown@tjbrownlaw.com)

TIFFANY J. BROWN, ESQ.  
(ADMITTED FL AND DC)

E-MAIL: [TBROWN@TJBROWNLAW.COM](mailto:TBROWN@TJBROWNLAW.COM)

June 15, 2016

**Via Electronic Transmission (michelle.branch@flhealth.gov)**

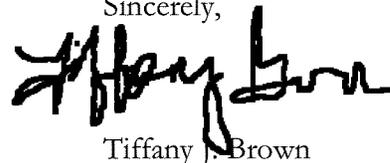
Michelle Branch

**Re: Non-Representation of Nicole M. Whitt**

Dear Ms. Branch,

Please accept this letter as formal notice that I do not represent Nicole Whitt in the Declaratory Action matter. Please remove my name as representative for Mrs. Whitt in these proceedings. If you would like to discuss this matter further, please contact me at (954)543-0852.

Sincerely,



Tiffany J. Brown

June 29<sup>th</sup> 2016

Dear Psychology Board Members,

This letter serves as a statement to waive the 90 day limit requirement for the Board to respond to a petition submitted by me on April 19<sup>th</sup> 2016. It is absolutely acceptable for the Board to address said petition on July 22<sup>nd</sup> 2016, as currently planned.

Sincerely,

A handwritten signature in black ink that reads "Nicole M. Whitt, Psy.D." The signature is written in a cursive style with a large, stylized initial "N".

Nicole M. Whitt, Psy.D.

June 29, 2016

Dear Psychology Board Members,

This letter serves as a statement to clarify that Dr. Matthew Simon is in no way involved in the event regarding the petition of declaratory statement that I submitted to the Board on April 19<sup>th</sup> 2016. Dr. Matthew Simon was my post-doctoral residency supervisor. He signed my submitted hours of post-doctoral training after I successfully completed my training requirements in his practice (Keller Simon Healthcare.) The petition pertains to my involvement with a completely different entity described in the petition.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicole M. Whitt, Psy.D.", with a long horizontal flourish extending to the right.

Nicole M. Whitt, Psy.D.

Petition for Declaratory Statement Before Florida Board of Psychology

**Petitioner Information:**

**Name:** Nicole M. Whitt, Psy.D.  
**Address:** 5241 SW 132 Ave Miramar, FL 33027  
**Telephone Number:** 786-973-1751

**Attorney Information:**

Tiffany J. Brown, Esq.  
2028 Harrison Street Ste. 204  
Hollywood, Florida 33020  
P: 954-543-0852  
F: 954-416-6663

FILED  
Department Of Health  
Deputy Clerk  
CLERK *Angel Sanders*  
DATE **APR 19 2016**

**Regulations on Which  
Declaration Sought:**

64B19-11.005 (4)  
Fl. Stat. §490.003(4)

**Description of Matter:**

I am writing to request clarification on Fl. Stat. §490.003(4) regarding what entails the practice of psychology. If a post-doctoral clinical psychology graduate has completed the requisite 4,000 hours of supervised practice, but has not yet applied for licensure, can she complete reports on patient files from a mental health practice different than where she completed her required supervision that would include recording her observations, describing, evaluating, and interpreting behavior using scientific and applied psychological principles, methods, and procedures, in order to describe, prevent, alleviate, or eliminate symptomatic, maladaptive, or undesired behavior? The post-doctoral clinical psychology graduate already completed the observation/interview with the patient, but has not completed the reports. She is beyond the 4,000 hours permitted by the Board to practice under supervision without a provisional license, but is being told by the mental health practice director that she must complete the reports, even though her license application has not been submitted.

The concern for the post-doctoral clinical psychology graduate is that completing the reports while knowing the contents of Rule 64B19-11.005 (4) would constitute the unlicensed practice of psychology.

  
Signature \_\_\_\_\_ Date **4-18-16**

490.003 Definitions.—As used in this chapter:

(4) "Practice of psychology" means the observations, description, evaluation, interpretation, and modification of human behavior, by the use of scientific and applied psychological principles, methods, and procedures, for the purpose of describing, preventing, alleviating, or eliminating symptomatic, maladaptive, or undesired behavior and of enhancing interpersonal behavioral health and mental or psychological health. The ethical practice of psychology includes, but is not limited to, psychological testing and the evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning, including evaluation of mental competency to manage one's affairs and to participate in legal proceedings; counseling, psychoanalysis, all forms of psychotherapy, sex therapy, hypnosis, biofeedback, and behavioral analysis and therapy; psychoeducational evaluation, therapy, remediation, and consultation; and use of psychological methods to diagnose and treat mental, nervous, psychological, marital, or emotional disorders, illness, or disability, alcoholism and substance abuse, and disorders of habit or conduct, as well as the psychological aspects of physical illness, accident, injury, or disability, including neuropsychological evaluation, diagnosis, prognosis, etiology, and treatment.

(a) Psychological services may be rendered to individuals, couples, families, groups, and the public without regard to place of service.

(b) The use of specific modalities within the practice of psychology is restricted to psychologists appropriately trained in the use of such modalities.

(c) The practice of psychology shall be construed within the meaning of this definition without regard to whether payment is requested or received for services rendered.

#### 64B19-11.005 Supervised Experience Requirements.

The law requires 4,000 hours of supervised experience for licensure. The Board recognizes that the applicant's internship satisfies 2,000 of those hours. This rule concerns the remaining 2,000 hours.

(1) Definitions. Within the context of this rule, the following definitions apply:

(a) "Association" or "in association with": the supervisory relationship between the supervisor and the psychological resident.

(b) "Psychology Resident or Post-Doctoral Fellow." A psychology resident or post-doctoral fellow is a person who has met Florida's educational requirements for licensure and intends from the outset of the supervised experience to meet that part of the supervised experience requirement for licensure which is not part of the person's internship.

(c) "Supervisor." A supervisor is either a licensed Florida psychologist in good standing with the Board, or a doctoral-level psychologist licensed in good standing in another state or United States territory providing supervision for licensure in that state or territory. However, where the psychology resident or post-doctoral fellow is on active duty with the armed services of the United States, or employed full time by the United States as a civilian psychology resident or post-doctoral fellow to provide services to the armed services or to a veterans administration facility, the supervisor may be a doctoral-level psychologist licensed in good standing in any state or territory, regardless of where the supervision is conducted.

(d) All applicants for licensure shall use the title psychology resident or post-doctoral fellow until licensed as a psychologist.

(e) The psychology resident or post-doctoral fellow shall inform all service users of her or his supervised status and provide the name of the supervising psychologist. Consultation reports, and summaries shall be co-signed by the supervising psychologist. Progress notes may be co-signed at the discretion of the supervision psychologist.

(2) Requirements and Prohibitions. All applicants for licensure must complete at least 2,000 hours of post doctoral experience under a supervisor whose supervision comports with subsection (3) of this rule.

(a) There may be no conflict of interest created by the supervisory association and no relationship may exist between the supervisor and the psychological resident except the supervisory association.

(b) A psychology resident or post-doctoral fellow may be supervised by more than one supervisor, at more than one location. If there is more than one supervisor, however, then one of the supervisors must be identified as the primary supervisor. The primary supervisor shall be the supervisor who enters into the agreement with the applicant for licensure, for supervision, and who integrates all of the applicant's supervisory experiences.

(c) The post-doctoral training must be a cohesive and integrated training experience which includes the following criteria:

1. It averages at least twenty (20) hours a week over no more than one hundred and four (104) weeks. Alternatively, it averages no more than forty (40) hours a week over no more than fifty-two (52) weeks;

2. It requires at least 900 hours in activities related to direct client contact;

3. It includes an average of at least two (2) hours of clinical supervision each week, at least one (1) hour of which is individual face-to-face supervision.

(3) Supervisors' Responsibilities. The Board requires each primary supervisor to perform and to certify that the primary supervisor has:

(a) Entered into an agreement with the applicant for licensure, which details the applicant's obligations and remuneration as well as the supervisor's responsibilities to the applicant;

(b) Determined that the psychology resident or post-doctoral fellow was capable of providing competent and safe psychological service to that client;

(c) Maintained professional responsibility for the psychology resident or post-doctoral fellow's work;

(d) Provided two (2) hours of clinical supervision each week, one (1) hour of which was individual, face-to-face supervision;

(e) Prevailed in all professional disagreements with the psychology resident or post-doctoral fellow;

(f) Kept informed of all the services performed by the psychology resident or post-doctoral fellow;

(g) Advised the Board if the supervisor has received any complaints about the psychology resident or post-doctoral fellow or has any reason to suspect that the resident is less than fully ethical, professional, or qualified for licensure.

(h) When there is more than one supervisor, pursuant to paragraph (2)(b) above, the primary supervisor shall provide the Board with a written statement describing the manner in which the training and supervision comprised a cohesive and integrated experience.

(4) Until licensure, an individual who completes post doctoral training residency may continue to practice under supervision so long as the individual does so in the manner prescribed by this rule and so long as the individual has applied for licensure and no

final order of denial has been entered in the application case before the Board.

*Rulemaking Authority 490.004(4) FS. Law Implemented 490.005(1) FS. History—New 11-18-92, Amended 7-14-93, Formerly 21U-11.007, Amended 6-14-94, Formerly 61F13-11.007, Amended 1-7-96, Formerly 59AA-11.005, Amended 12-4-97, 8-5-01, 7-27-04, 3-4-10, 8-15-11, 9-24-13.*

**Branch, Michelle L**

---

**From:** Deborah Loucks <Deborah.Loucks@myfloridalegal.com>  
**Sent:** Tuesday, April 19, 2016 4:34 PM  
**To:** Branch, Michelle L  
**Subject:** Re: FW: Petition for Declaratory Statement-Nicole Whitt

Hi Michelle,

Please file it and place it on the next available agenda.

Thank you. Deby Loucks

Deborah Bartholow Loucks  
Assistant Attorney General  
Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399-1050  
850/ 414-3783

**\*\*Florida has a broad public records law. Most written communications to or from state officials are public records disclosable to the public and the media upon request. Your e-mail communications may be subject to public disclosure. \*\***

"Branch, Michelle L" ---04/19/2016 10:52:20 AM---Sorry, it would help if I attached it. Thank you,

From: "Branch, Michelle L" <Michelle.Branch@flhealth.gov>  
To: "deborah.loucks@myfloridalegal.com" <deborah.loucks@myfloridalegal.com>  
Cc: Rachel Clark <Rachel.Clark@myfloridalegal.com>  
Date: 04/19/2016 10:52 AM  
Subject: FW: Petition for Declaratory Statement-Nicole Whitt

---

Sorry, it would help if I attached it.

Thank you,

*Michelle Branch  
Regulatory Specialist II  
Florida Department of Health  
Medical Quality Assurance  
Board of Psychology  
4052 Bald Cypress Way BIN C-05  
Tallahassee, FL 32399  
Phone: 850-245-4373 Ext 3482  
**How Am I Doing? Please contact my manager to comment on my service to you, [Anna.King@flhealth.gov](mailto:Anna.King@flhealth.gov)***

Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Vision: **Healthiest State in the Nation.**

Purpose: To protect the public through health care licensure, enforcement and information.

Focus: To be the nation's leader in quality health care regulation.

FLORIDA DEPARTMENT OF HEALTH  
BOARD OF PSYCHOLOGY

2201  
F8784

16 MAY 16 PM 2:27

Mailing Address for Initial Application, Supporting Documents & Fees:  
P.O. Box 6330  
Tallahassee FL 32314-6330

05/13/2016 305.00  
ID: 8784 TYPE: F  
BT: 3020915  
R#: 915056813

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

APPLICATION METHODS:

Please select method of application. Requirements for each method are provided on pages 2 and 3 of this packet.

APA GRADUATES

- EXAM
- EXAM W/ WAIVER
- BIFURCATION/EXAM
- BIFURCATION/EXAM W/ WAIVER
- ENDORSEMENT OF 20 YEARS OF LICENSED PSYCHOLOGY EXPERIENCE

ABPP DIPLOMATES or NON-APA GRADUATES

- ENDORSEMENT OF DIPLOMATE STATUS WITH ABPP
- ENDORSEMENT OF OTHER STATE LICENSE

\$200 Application processing fee  
\$100 Initial licensure fee  
\$5 Unlicensed activity fee  
All application methods require a \$305.00 fee.

2 Have you ever applied for psychology licensure in Florida? If "YES", give date(s) below:

YES  
 NO

3 List your full, legal NAME as it should appear on license (no nicknames or shortened versions).

First: NICOLE Middle: M. Last: WHITT

4 List all names, by which you are currently known, and have been known as in the past:

NICOLE MOTA ; NICOLE MOTA WHITT.

5 Date of Birth (mm/dd/yyyy)

04/22/1980

6 MAILING Address (street address, city, state, ZIP)(Mailing address will display on the Internet if you have not provided a practice location):

546 KETTERING RD. DAVENPORT, FL. 33897

7 Practice Address (required - business name, street address, city, state, ZIP):

N/A

If currently unemployed, please check . You must provide an address when employment is secured.

8a Work Telephone Number: ( )

8b Alternative Telephone Number: ( ) N/A

9 Fax Number: ( )

N/A

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:  F  M Are you a US Citizen?  Yes  No If no, give alien number

Ethnic Origin:  American Indian  Asian  Black or African American  Hispanic or Latino  White  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: NICOLE M. WHITT

PART III. ENDORSEMENT METHODS

16 MAY 16 2014  
 REGISTRATION DIVISION  
 FLORIDA PSYCHOLOGICAL ASSOCIATION

ENDORSEMENT OF DIPLOMATE STATUS WITH THE ABPP:

<p><sup>12</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</p> <p><i>If yes, enter the information below and request that the ABPP complete and submit the Board's ABPP Diploma Verification Form available at <a href="http://floridapsychology.gov/applications/abpp-diploma-verification-form.pdf">http://floridapsychology.gov/applications/abpp-diploma-verification-form.pdf</a> directly to this office. Reference Rule 64B19-11.012(3), F.A.C.</i></p>			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Diploma Number	Date of Diploma	Specialty	

ENDORSEMENT OF 20 YEARS OF EXPERIENCE AS A LICENSED PSYCHOLOGIST:

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

ENDORSEMENT OF ANOTHER STATE LICENSE:

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

PART IV. EDUCATIONAL DATA

<p><sup>15</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. <b>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.</b></p>				
College, School or University and Location	Name (if different from current legal name)	Major(s)	Degree Received	Date of Graduation (mm/dd/yyyy)
CARLOS ALBIZU UNIVERSITY, MIAMI, FL		CLINICAL	PSY.D.	12/13/2014
<p><sup>16</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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<p><sup>17</sup> Did you complete all of the requirements for your degree before your graduation date?</p> <p><i>If "yes", please give the date (mm/dd/yyyy) of completion: 10-24-2014. 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.</i></p>				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<p><sup>18</sup> Did you graduate from an educational institution outside of the U.S. or Canada?</p> <p><i>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.</i></p>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

PRINT APPLICANT NAME HERE: NICOLE M. WHITE

**PART V. LICENSURE/CERTIFICATION DATA**

<p><sup>19</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? <span style="float:right"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span></p>					
State	License Title	License Number	Original Issue Date	Expiration Date <span style="float:right">16 MAY 16 PM 2:27</span>	License Status
<p><sup>20</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></p>					<input type="checkbox"/> YES <input type="checkbox"/> NO <span style="float:right">N/A</span>
<p><sup>21</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></p>					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<p><sup>22</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 www.asppb.net.</i></p>					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**PART VI. DISCIPLINARY & CRIMINAL HISTORY**

You must answer all of the following questions. If you answer "yes," you must explain in detail on a separate sheet. In your explanation, include date(s), location(s), 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.  
 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.*

<b>DISCIPLINARY HISTORY</b>	
<p><sup>23</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?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<p><sup>24</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?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<p><sup>25</sup> Are you now under investigation in any jurisdiction for an offense, which would be a violation of Chapters 456 or 490, Florida Statutes?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>CRIMINAL HISTORY</b>	
<p><sup>26</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. <i>Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.</i></p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

PRINT APPLICANT NAME HERE: NICOLE M. WHITT

**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 checked="" 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 N/A
	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 N/A
	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 N/A
	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 N/A
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 checked="" 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 N/A
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 checked="" 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 N/A
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 checked="" 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 N/A
	b. Did the termination occur at least 20 years before the date of this application?	<input type="checkbox"/> YES <input type="checkbox"/> NO N/A
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 checked="" type="checkbox"/> NO
32	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 N/A

PRINT APPLICANT NAME HERE: NICOLE M. WHITT

33 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.

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

YES  
 NO

E-MAIL ADDRESS\*

N M O T A . W H I T T @ G M A I L . C O M

\*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.

THE FOLLOWING STATEMENT MUST BE COMPLETED:

35 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)

5-9-16  
 Date signed (required)

PRINT APPLICANT NAME HERE: NICOLE M. WHITT



MQA/ML/INCA/14/14/MS/1  
16 MAY 16 PM 2:27

1. Dates of the supervised experience (m/d/y): From: 9-3-14 To: 8-28-15

2. In your opinion, was the post-doctoral training a cohesive and integrated training experience?

Yes  No

3. Did the applicant's supervised experience for a total of 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?

Yes  No

If "no", indicate the total hours of supervised experience the applicant accrued while under your supervision and the number of weeks of experience:

Total number of hours: \_\_\_\_\_

Total number of weeks: \_\_\_\_\_

4. Did the supervised experience require at least 900 hours in activities related to direct client contact?

Yes  No

If "no", how many hours were completed? \_\_\_\_\_

5. 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?

Yes  No

If "no", complete the following:

Total number of Clinical supervision

hours/week: \_\_\_\_\_

Total number of individual face-to-face supervision

hours/week: \_\_\_\_\_

6. Was there any other relationship existing between the supervisor and the psychological applicant other than the supervisory association? If "yes", please explain.

Yes  No

7. What was the applicant's title while under your supervision? PSY. D.

8. Was the applicant supervised by more than one supervisor?

Yes  No

9. If you answered "yes" to item number 8, were you the primary supervisor; e.g., the supervisor who entered into the agreement with the applicant for supervision and who integrated all of the resident's supervised experiences?

Yes  No  
 N/A

10. Were there other licensed psychologists who provided supervision for the purpose of fulfilling Florida's licensure requirements?

Yes  No

If so, please provide the name(s) and license number(s) below:

11. Did you, as the primary supervisor, enter into an agreement with the applicant which detailed the applicant's obligations and remuneration as well as your responsibilities to the applicant?

Yes  No

12. Did you, as the primary supervisor, determine that the applicant was capable of providing competent and safe psychological service to each client? If "no", please explain.

Yes  No

PRINT APPLICANT NAME HERE NICOLE M. WHITT 2

16 MAY 16 PM 2

13. Did you maintain professional responsibility for the applicant's Work?  Yes \_\_\_ No  
If "no", please explain.

14. Did you have complete authority in all professional disagreements with the applicant? If "no", please explain.  Yes \_\_\_ No

15. Were you kept informed of all the services performed by the Applicant? If "no", please explain.  Yes \_\_\_ No

16. 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? If "yes", please explain. \_\_\_ Yes  No

\*\*\*\*\*  
**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.*

*Nathaniel D. Smith, Psy.D.*  
Supervisor's Signature

12/21/2015  
Date

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 NICOLE M. WHITE 3



## Department of Health

MATTHEW DAVID SIMON

License Number: PY6724

*Data As Of 6/2/2016*

<b>Profession</b>	Psychologist
<b>License</b>	PY6724
<b>License Status</b>	CLEAR/ACTIVE
<b>License Expiration Date</b>	5/31/2018
<b>License Original Issue Date</b>	04/23/2003
<b>Address of Record</b>	7469 NW 4 ST PLANTATION, FL 33317 UNITED STATES
<b>Controlled Substance Prescriber</b>	No
<b>Discipline on File</b>	No
<b>Public Complaint</b>	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

NICOLE WHITT-2701-8784-VERIFICATION OF  
APPLICANT AND SUPERVISOR

Exclusions Search Results: Individuals

No Results were found for

WHITT, NICOLE

MOTA, NICOLA

SIMON, MATTHEW

If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

Search Again

Search conducted 5/18/2016 11:11:18 AM EST on OIG LEIE Exclusions database.  
Source data updated on 5/5/2016 10:20:00 AM EST.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Interim State Surgeon General

**Vision:** To be the Healthiest State in the Nation

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May 18, 2016

Nicole M. Whitt  
546 Kettering Rd.  
Davenport, FL 33897

Applicant ID: 8784

Dear Dr. Whitt:

Thank you for your application for licensure as a Florida Psychologist. Your application has been received and is pending the following documentation:

- The Supervising Psychologist Verification form that we received with your application indicates that your post-doctoral supervision began on September 3, 2014, however, your transcripts indicate that you did not receive your doctorate degree until December 13, 2014. Please note, post-doctoral supervision cannot begin until after your degree is received, unless your degree requirements were completed beforehand. If your degree requirements were complete when you began your post-doctoral supervision, please submit a letter from the university providing the completion date.

To verify we received the documentation, you may want to send your documentation via certified mail, overnight mail, or contact the originating source of outstanding documentation. Additional documentation will be processed in the order it is received.

The Board does not review incomplete applications. Applications must be complete thirty days prior to a scheduled Board meeting to ensure review by the Board. Applications that become complete after the deadline will be reviewed at the following meeting.

As a reminder to all applicants, please understand that section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department. Your application will expire May 13, 2017.

Thank you for your interest in practicing psychology in Florida. If you have any questions, please contact me at the address below. You may also reach me at (850) 245-4373 ext. 3482, or e-mail [Michelle.Branch@flhealth.gov](mailto:Michelle.Branch@flhealth.gov).

Sincerely,

A handwritten signature in cursive script, appearing to read "Michelle Branch".

Michelle Branch  
Regulatory Specialist II

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C05 • Tallahassee, FL 32399-3255  
PHONE: (850)245-4444 • FAX: (850) 414-6860



**Accredited Health Department**  
Public Health Accreditation Board

## Branch, Michelle L

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**From:** Nicole M. Whitt <nmota.whitt@gmail.com>  
**Sent:** Tuesday, May 03, 2016 9:22 AM  
**To:** Branch, Michelle L  
**Subject:** Nicole M. Whitt, Psy.D.

Dear Ms. Branch,

I recently left a phone message for you; however, I understand that the high volume of messages must make it difficult for you to answer them soon after they are left. My concern is regarding my application for licensure. Since my application includes additional material to be reviewed, will it take an unusually long time for it to be processed? I plan to take my exam in June; however, I worry that this special circumstance will delay my ability to take the exam so soon.

The ex-employer that I am having problems with has become very aggressive since I left the practice immediately after finding out I was not allowed to practice without a provisional license. The reasons for her becoming aggressive stem from a variety of issues, including my knowledge of why two major doctoral programs in the area blocked their students from attending her site for internship. There is a long history of questionable behavior in her practice, and I am also taking care of my responsibility to report those matters as a separate issue. I mention this, because the employer's attorney sent me a letter (a very intimidating letter) stating that they are also sending in a petition for Declaratory Statement against my actions for breaching their contract by leaving without completing a few notes (not allowing them to bill for the services I provided). I fear this will also delay my application process. Please give me some insight regarding the timeline of my application process if I were to send in my application by the end of this week.

Best Regards,

Nicole M. Whitt, Psy.D.

## REVIEW OF APPLICATION AND SUPERVISION

Applicant: Lauren Mason

Applicant File #: 8620

Application Method(s): Exam w/Waiver

Application received: 02/09/2016

File Complete On: 02/09/2016

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APA Education Issues: Yes \_\_\_\_\_ No \_\_\_X\_\_\_\_\_

Supervision Issues: Yes \_\_\_X\_\_\_\_\_ No \_\_\_\_\_

History Issues: Yes \_\_\_\_\_ No \_\_\_X\_\_\_\_\_

Dr. Mason's application was initially before the January 15, 2016 Credentials Committee. She submitted supervision forms indicating that she only received one hour per week of clinical supervision under Dr. Keith Hannan. The Committee denied the application due to her being deficient in providing the sufficient number of post-doctoral clinical hours. Dr. Mason withdrew her application and reapplied for licensure. Her application and petition for variance or waiver of Rule 64B119-11.005, F.A.C. went before the March 18, 2016 Board Quorum Conference Call. The Board denied the petition, however, they approved the application with the condition that she obtain an additional thirty-two (32) hours of clinical supervision to meet the supervision rule requirement. Dr. Mason has since submitted a statement and new supervision forms from Dr. Hannan indicating that she had received the required hours of supervision.

Enclosed for the board's review is the application, transcripts and supervision forms.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts .



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

July 5, 2016

Lauren K Mason  
11016 Lakeland Circle  
Fort Myers, FL 33913

Dear Dr. Mason:

Thank you for your application for licensure as a Florida psychologist. Your application has been reviewed by board staff and is administratively complete. Your application and additional materials will be considered by the Board of Psychology's Credentials Committee at the date and time below to discuss the following issues: Supervision. You are not required to be present for the meeting. However, your participation may be beneficial should the committee have questions about your application. You will be notified of the Board's decision approximately two (2) weeks following the meeting.

Date: July 22, 2016  
Time: 9:00 a.m. EST or soon thereafter  
Location: St. Petersburg Marriott Clearwater  
12600 Roosevelt Boulevard  
St. Petersburg, FL 33716  
Phone: 727-572-7800

Please allow two weeks to receive verification of the Board's decision. If you have not received notification within two weeks following the meeting, please contact me at the address below. You may also reach me at (850) 245-4373 ext. 3482, or e-mail [michelle.branch@flhealth.gov](mailto:michelle.branch@flhealth.gov)

Sincerely,

Michelle Branch  
Regulatory Specialist II

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C05 • Tallahassee, FL 32399-3255  
PHONE: (850)245-4444 • FAX : (850) 414-6860

**www.FloridaHealth.gov**  
TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh  
FLICKR: HealthyFla  
PINTEREST: HealthyFla

**Branch, Michelle L**

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**From:** drlkmason@mymindspa.net  
**Sent:** Tuesday, July 5, 2016 12:34 PM  
**To:** Branch, Michelle L  
**Subject:** Re: Florida Board of Psychology Meeting Notice

Hi Ms. Branch,

I just read the notice. I will attend. I didn't realize that it will be in St. Petersburg.

Thank you,

Lauren K. Mason, Ph.D.  
Director, Licensed Psychologist  
The Mind Spa  
Anxiety and Mood Disorder Center for Children, Adults and Families  
[www.mymindspa.net](http://www.mymindspa.net)

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**From:** "Branch, Michelle L" <Michelle.Branch@flhealth.gov>  
**To:** "drlkmason@mymindspa.net" <drlkmason@mymindspa.net>  
**Sent:** Tuesday, July 5, 2016 11:00 AM  
**Subject:** Florida Board of Psychology Meeting Notice

Dr. Mason,

Please find the attached Board of Psychology meeting notice. The Board will consider your application and supervision at the July 22, 2016 General Business meeting. Please let me know if you will be able to attend.

Thank you,  
*Michelle Branch*  
*Regulatory Specialist II*  
*Florida Department of Health*  
*Medical Quality Assurance*  
*Board of Psychology*  
*4052 Bald Cypress Way BIN C-05*  
*Tallahassee, FL. 32399*  
*Phone: 850-245-4373 Ext 3482*

***How Am I Doing? Please contact my manager to comment on my service to you, [Anna.King@flhealth.gov](mailto:Anna.King@flhealth.gov)***

Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Vision: **Healthiest State in the Nation.**

Purpose: To protect the public through health care licensure, enforcement and information.

Focus: To be the nation's leader in quality health care regulation.

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**Attention Health Care Practitioners:** There have been changes to the license renewal process. To learn more about CE/CME@Renewal visit [www.flhealthsource.com](http://www.flhealthsource.com) . For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at [MQAReportCE@flhealth.gov](mailto:MQAReportCE@flhealth.gov).

Please note : Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

Please consider the environment before printing this email.

**BOARD OF PSYCHOLOGY  
BOARD QUORUM MEETING  
BY TELEPHONE CONFERENCE CALL  
MARCH 18, 2016  
MINUTES  
(Excerpt)**

**DIAL-IN NUMBER: 1-888-670-3525  
PUBLIC CONFERENCE CODE: 7811783909#**

**PETITION FOR DECLARATORY STATEMENT**

**Tab 8.**            Lauren Mason                            Rule 64B19-11.005, F.A.C., Supervised Experience Requirements

Dr. Mason was present. She was not represented by counsel.

Dr. Mason has applied for licensure under the Exam with Waiver method. Dr. Mason's initial application for licensure was reviewed by the Credentials Committee during the January 15, 2016 General Business Meeting. She submitted supervision forms indicating she only received one hour per week of clinical supervision under Dr. Keith Hannan. The Committee denied the application due to her being deficient in providing the sufficient number of post-doctoral clinical hours.

Dr. Mason has since withdrawn her initial application and has reapplied for licensure. She has also filed a petition for variance or waiver of Rule 64B19-11.005, F.A.C., Supervised Experience Requirements requesting the Board to consider her post-doctoral supervision as acceptable for licensure.

Provided for the board's review was the application, petition, transcripts and supervision forms.

Following discussion, Dr. J. Drake Miller moved to deny the petition due to making this particular applicant comply with the rule would not create a substantial hardship, nor does the application of the rule to his circumstances differ significantly from anyone else in a similar situation. Ms. Mary O'Brien seconded the motion, which carried 6/0.

Following discussion, Dr. J. Drake Miller moved to approve the application with the condition that Dr. Mason obtain an additional thirty-two (32) hours of clinical supervision to meet the supervision rule requirement. Dr. Catherine Drew seconded the motion, which carried 6/0.

STATE OF FLORIDA  
BOARD OF PSYCHOLOGY

CLERK  
DATE

FILED  
Department Of Health  
Deputy Clerk  
*Angel Sanders*  
**APR 08 2016**

IN RE: THE APPLICATION FOR  
PSYCHOLOGIST BY EXAMINATION/WITH WAIVER OF

**LAUREN K. MASON, Ph.D.**

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**NOTICE OF INTENT TO APPROVE LICENSURE CONTINGENT**

This matter came before the Florida Board of Psychology (Board) at a duly-noticed public meeting on March 18, 2016, by telephone conference. The Applicant was present and answered questions from the Board regarding her application file. The Board was represented by Deborah Bartholow Loucks, Assistant Attorney General.

Pursuant to Sections 490.009(2) and 456.072(2), Florida Statutes, the Board may refuse to certify an applicant for licensure, restrict the practice of the licensee, or impose a penalty. Dr. Mason's application file revealed that she did not obtain the required number of supervision hours including individual face-to-face hours. Section 490.009(1)(t), Florida Statutes, provides that violating a rule of the profession constitutes grounds for denial or approval of an application with conditions. Based on the Applicant's supervision not complying with the requirements of Rule 64B19-11.005, Florida Administrative Code, the Board voted to approve the license contingent on the Applicant completing thirty-two (32) hours of clinical supervised experience. Once the Board office has received documentation of the additional supervision in conformance with this Notice, the license shall issue.

It is therefore **ORDERED** that the application for psychologist license be **approved contingent** upon the Applicant completing thirty-two (32) hours of clinical supervised

experience.

This Order does not constitute disciplinary action against the license that has been approved herein. The terms of this Order are considered conditions for licensure. This Order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 7<sup>th</sup> day of April, 2016.

**BOARD OF PSYCHOLOGY**

  
for Allen Hall, Executive Director  
for Dean Aufderheide, Ph.D., Chair

**NOTICE OF RIGHTS**

1. Mediation is not available in this matter.
2. You may seek review of this Order, pursuant to Sections 120.569 and 120.57, Florida Statutes, by filing a petition (request) with the Executive Director of the Board, within 21 days of your receipt of this Notice.

If you dispute any material fact upon which the Board's decision is based, you may request a hearing pursuant to Section 120.57(1), Florida Statutes. To do so, your petition (request) must contain the information required by Rule 28-106.201, Florida Administrative Code, including a statement of the material facts that are in dispute.

3. If you request a hearing, you have the right to be represented by an attorney or other qualified representative, to take testimony, to call or cross-examine witnesses, to have subpoena and subpoena duces tecum issued, and to present written evidence or argument.

4. This Notice shall be placed in and become a part of the Board's official records and shall become effective upon filing with the Clerk of the Department.

5. In the alternative, a party who is adversely affected by this final order is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida rules of appellate procedure. Such proceedings are commenced by filing one copy of a notice of appeal with the agency clerk of the Department of Health and a second copy,

accompanied by filing fees prescribed by law, with the District Court of Appeal, First District, or with the District Court of Appeal in the appellate district where the party resides. The notice of appeal must be filed within thirty (30) days of the filing date of the order to be reviewed.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by Certified U.S. Mail to **LAUREN K. MASON, Ph.D.**, 11016 Lakeland Circle, Fort Myers, Florida 33913; and by electronic mail to: **Deborah B. Loucks**, Assistant Attorney General, Office of the Attorney General, [deborah.loucks@myfloridalegal.com](mailto:deborah.loucks@myfloridalegal.com) and by interoffice mail to: **Rachel W. Clark**, Assistant Attorney General, Office of the Attorney General, PL-01, The Capitol, Tallahassee, Florida 32399-1050; this 8<sup>th</sup> day of April, 2016.

*Angel Sanders*

**Deputy Agency Clerk**

7014 2120 0003 8707 6888  
APR 11 2016

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Interim State Surgeon General

**Vision:** To be the Healthiest State in the Nation

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**INTEROFFICE MEMORANDUM**

**DATE:** April 7, 2016  
**TO:** Adrienne C. Rodgers, BSN, JD  
Bureau Chief Health Care Practitioner Regulation  
**FROM:** Allen Hall, Executive Director  
**SUBJECT:** Delegation of Authority

---

This is to advise you that while I am out of the office, attending a Board of Respiratory Care meeting, Thursday, April 7, and Friday, April 8, the following has delegated authority to serve as the Acting Executive Director for the Medical Therapies/Psychology Unit.

Anna King, Programs Operations Administrator, 245-4375

Cc Jennifer Wenhold  
Karol Moore  
Sylvia Sanders  
Paula Drye  
Vicki Grant  
Anna King  
Katrina Adams

## Branch, Michelle L

---

**From:** drkmason@mymindspa.net  
**Sent:** Monday, June 13, 2016 10:37 AM  
**To:** Branch, Michelle L  
**Subject:** Re: Florida Psychology Application

Hi Ms. Branch,

As I've been preparing for the Laws and Rules exam, I've gained a better understanding of the Florida supervision requirements. I communicated this to my supervisor, Dr. Hannan, and we agree that our previous arrangement actually does fulfill the criteria. Although we only met face-to-face individually once a week, he did provide at least an additional hour of supervision throughout the week in other ways (e.g., joint meetings with other psych residents, reviewing my written assessments and treatment summaries, phone calls, etc.). Therefore, he mailed to you a corrected Supervising Psychologist Verification form documenting that I did receive the required 2 hours/week of supervision.

Will you please confirm receipt of the form when it arrives and also confirm that this correction removes the need for me to obtain any additional supervised training in order to be licensed?

Thank you. I look forward to hearing from you soon!

Sincerely,

Lauren K. Mason, Ph.D.  
Director, Licensed Psychologist  
The Mind Spa  
Anxiety and Mood Disorder Center for Children, Adults and Families  
www.mymindspa.net

---

**From:** "Branch, Michelle L" <Michelle.Branch@flhealth.gov>  
**To:** "drkmason@mymindspa.net" <drkmason@mymindspa.net>  
**Sent:** Friday, March 25, 2016 3:02 PM  
**Subject:** RE: Florida Psychology Application

Dr. Mason,

Your additional supervision hours will need to be documented on the Supervising Psychologist Verification form. <http://floridaspsychology.gov/applications/supervising-psychologist-verification-form.pdf>. Your supervisor can be a licensed psychologist in good standing in any state, however, if you choose to obtain a supervisor in Florida, you will need to apply for the Provisional License. <http://floridaspsychology.gov/applications/provisional-psychology-license-app.pdf>. This license only allows you to work under the direct supervision of a licensed psychologist in good standing. It is only valid for 2 years and cannot be renewed or reissued.

2972568

MQA/MEDICAL THERAPIES/  
PSYCHOLOGY

**SUPERVISING PSYCHOLOGIST VERIFICATION FORM**

16  
AM 9:03

- FLORIDA LAW REQUIRES 4,000 HOURS OF SUPERVISED EXPERIENCE FOR LICENSURE. BY RULE 64B19-11.005, F.A.C., THE BOARD RECOGNIZES THAT THE APPLICANT'S INTERNSHIP SATISFIES 2,000 OF THOSE HOURS. THIS FORM IS TO BE USED TO VERIFY THE REMAINING 2,000 POSTDOCTORAL HOURS.

Applicant Name: LAUREN MASON

**TO BE COMPLETED BY THE PRIMARY SUPERVISING PSYCHOLOGIST.**

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

- For applicants who completed the required post-doctoral supervised experience at more than one location under more than one supervisor, the Board requires the primary supervising psychologist to provide a written statement describing the manner in which the training and supervision comprised a cohesive and integrated training experience.

Supervisor's Name: KEITH HANNAN

Address: 12037 Floating Clouds PATH  
Clarksville, Md 21029

Supervisor's Telephone Number: (410) 707-0100

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): Md. 02666

Please list your highest level of degree, the date it was conferred, and the school and program from which it was received:

1989 Ph.D Auburn University  
Clinical Psychology

Location of the applicant's supervised experience:

Noyes Children's Center

PRINT APPLICANT NAME HERE Lauren Mason 1

MOA/MEDICAL PSYCHOLOGISTS/ 3/5/06 AM 9:03

1. Dates of the supervised experience (m/d/y): From: 2/15/05 To: 2/16/06  
2. In your opinion, was the post-doctoral training a cohesive and integrated training experience?  Yes  No

3. Did the applicant's supervised experience for a total of 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?  Yes  No  
If "no", indicate the total hours of supervised experience the applicant accrued while under your supervision and the number of weeks of experience: Total number of hours: \_\_\_\_\_  
Total number of weeks: \_\_\_\_\_

4. Did the supervised experience require at least 900 hours in activities related to direct client contact?  Yes  No  
If "no", how many hours were completed? \_\_\_\_\_

5. 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?  Yes  No

If "no", complete the following:  
Total number of Clinical supervision hours/week: \_\_\_\_\_  
Total number of individual face-to-face supervision hours/week: \_\_\_\_\_

6. Was there any other relationship existing between the supervisor and the psychological applicant other than the supervisory association? If "yes", please explain.  Yes  No

7. What was the applicant's title while under your supervision? Director of Behavioral Health Services  
Noyes Children Center

8. Was the applicant supervised by more than one supervisor?  Yes  No

9. If you answered "yes" to item number 8, were you the primary supervisor; e.g., the supervisor who entered into the agreement with the applicant for supervision and who integrated all of the resident's supervised experiences?  Yes  No  N/A

10. Were there other licensed psychologists who provided supervision for the purpose of fulfilling Florida's licensure requirements?  Yes  No  
If so, please provide the name(s) and license number(s) below:

11. Did you, as the primary supervisor, enter into an agreement with the applicant which detailed the applicant's obligations and remuneration as well as your responsibilities to the applicant?  Yes  No

12. Did you, as the primary supervisor, determine that the applicant was capable of providing competent and safe psychological service to each client?  Yes  No  
If "no", please explain

PRINT APPLICANT NAME HERE Lauren Mason 2

13. Did you maintain professional responsibility for the applicant's Work?  
If "no", please explain.

Yes  No

14. Did you have complete authority in all professional disagreements  
with the applicant? If "no", please explain.

Yes  No

15. Were you kept informed of all the services performed by the  
Applicant? If "no", please explain.

Yes  No

16. 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? If "yes", please explain.

Yes  No

\*\*\*\*\*  
**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.*

Keith Harrison, Ph.D  
Supervisor's Signature

6/11/16  
Date

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

MUHAMMAD ALI  
PSYCHOLOGIST  
16 JUN 16 AM 9:03

PRINT APPLICANT NAME HERE Lauren Mason 3

# ITEMS PREVIOUSLY REVIEWED BY THE BOARD

## PETITION FOR VARIANCE OR WAIVER AND REVIEW OF LICENSURE APPLICATION

Applicant: Lauren Mason

Applicant File #: 8620

Application Method(s): Exam w/Waiver

Application received: 02/09/2016

File Complete On: 02/09/2016

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APA Education Issues: Yes \_\_\_\_\_ No  X

Supervision Issues: Yes  X  No \_\_\_\_\_

History Issues: Yes \_\_\_\_\_ No  X

Dr. Mason has applied for licensure under the Exam with Waiver method. Dr. Mason's initial application for licensure was reviewed by the Credentials Committee during the January 15, 2016 General Business Meeting. She submitted supervision forms indicating she only received one hour per week of clinical supervision under Dr. Keith Hannan. The Committee denied the application due to her being deficient in providing the sufficient number of post-doctoral clinical hours. Rule 64B19-11.005, F.A.C., Supervised Experience Requirements provides, as follows:

*(c) The post-doctoral training must be a cohesive and integrated training experience which includes the following criteria:*

*3. It includes an average of at least two (2) hours of clinical supervision each week, at least one (1) hour of which is individual face-to-face supervision.*

Dr. Mason has since withdrawn her initial application and has reapplied for licensure. She has also filed a petition for variance or waiver of Rule 64B19-11.005, F.A.C., Supervised Experience Requirements requesting the Board to consider her post-doctoral supervision as acceptable for licensure. Enclosed for the board's review is the application, petition, transcripts and supervision forms.



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

March 1, 2016

Lauren K Mason  
11016 Lakeland Circle  
Fort Myers, FL 33913

Dear Dr. Mason:

Thank you for your application for licensure as a Florida psychologist. Your application has been reviewed by board staff and is administratively complete. Your application, petition and additional materials will be considered by the Board of Psychology's Board Quorum Conference Call at the date and time below to discuss the following issues: Supervision. You are not required to be present for the meeting. However, your participation may be beneficial should the committee have questions about your application. You will be notified of the Board's decision approximately two (2) weeks following the meeting.

Date: March 18, 2016  
Time: 8:00 a.m. or soon thereafter (EST)  
Location: Conference Call  
Dial-in number: 1-888-670-3525

When prompted, enter the following conference code number: **7811783909**, followed by the "#" sign.

Please allow two weeks to receive verification of the Board's decision. If you have not received notification within two weeks following the meeting, please contact me at the address below. You may also reach me at (850) 245-4373 ext. 3482, or e-mail [michelle.branch@flhealth.gov](mailto:michelle.branch@flhealth.gov)

Sincerely,

Michelle Branch  
Regulatory Specialist II

## Branch, Michelle L

---

**From:** Dr. Lauren K. Mason <drkkmason@mymindspa.net>  
**Sent:** Wednesday, March 02, 2016 7:13 AM  
**To:** Branch, Michelle L  
**Subject:** Re: Florida Board of Psychology Meeting Notice

Yes, thank you. I will be there!

Sent from my iPhone

On Mar 1, 2016, at 2:18 PM, Branch, Michelle L <[Michelle.Branch@flhealth.gov](mailto:Michelle.Branch@flhealth.gov)> wrote:

Dr. Mason,

Please find the attached Board of Psychology Meeting notice where the Board will consider your application and petition. Please let me know if you will be able to attend.

Thank you,

*Michelle Branch  
Regulatory Specialist II  
Florida Department of Health  
Medical Quality Assurance  
Board of Psychology  
4052 Bald Cypress Way BIN C-05  
Tallahassee, FL. 32399  
Phone: 850-245-4373 Ext 3482*

*How Am I Doing? Please contact my manager to comment on my service to you,  
[Anna.King@flhealth.gov](mailto:Anna.King@flhealth.gov)*

**Mission:** To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

**Vision:** **Healthiest State in the Nation.**

**Purpose:** To protect the public through health care licensure, enforcement and information.

**Focus:** To be the nation's leader in quality health care regulation.

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**Attention Health Care Practitioners:** There have been changes to the license renewal process. To learn more about CE/CME@Renewal visit [www.flhealthsource.com](http://www.flhealthsource.com) . For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at [MQAReportCE@flhealth.gov](mailto:MQAReportCE@flhealth.gov).

Please note : Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

Please consider the environment before printing this email.

PETITION FOR VARIANCE FROM/WAIVER OF FLORIDA ADMINISTRATIVE CODE  
SECTION 64B19-11.005 (SUPERVISED POST-DOCTORAL EXPERIENCE  
REQUIREMENT)

Comes now the petitioner, Lauren K. Mason, Ph.D., 11016 Lakeland Circle, Fort Myers, FL 33913 ([drkkmason@mymindspa.net](mailto:drkkmason@mymindspa.net)). She petitions the Board of Psychology Members to grant her a variance and waiver of the above described Florida Statutes and Administrative Law rule. In support of her request she offers the written application and cogent explanation as to why such a waiver should be granted in her case:

1. Dr. Mason is a graduate of an APA-approved doctoral program in Clinical Psychology at Fordham University (Bronx, NY, August, 2004). She completed a one-year, APA-approved pre-doctoral internship in psychology at the Alexandria Community Mental Health Center (Alexandria, VA 2003-2004). Following this 2,000 hour internship experience, she completed a 2000 hour post-doctoral experience at Noyes Children's Center (Department of Maryland Juvenile Services in Rockville, MD). As you will read below, an additional 17,000 clinical hours were accrued professionally as a Maryland and Alabama Licensed Psychologist (2006-Present)
2. Dr. Mason completed her requirements for licensure as a psychologist in Maryland prior to February 2006. Maryland requires a total of 3,500 hours to become licensed as a psychologist, a score of 75% or better on the Maryland Jurisprudence Exam, as well as a score of 500 on the national professional licensing exam (EPPP). With regard to Maryland's post-doctoral supervision requirements, supervisees are required to receive a minimum of one hour of individual face-to-face supervision per week. Dr. Mason satisfied all of these requirements and became licensed in Maryland in 2006. At the time, she had no foresight that she would apply to become licensed in Florida or any state that might have different rules regarding post-doctoral supervision. Therefore, she completed the minimum requirements necessary to become licensed in Maryland. Dr. Mason subsequently became licensed in Alabama in 2013, as her training in Maryland fulfilled the Alabama licensure requirements, as well. Her licenses in both states are in good standing and she has received no complaints against her.
3. Although not formally supervised, as she is licensed, Dr. Mason has accrued numerous hours of clinical experience as a licensed psychologist in Maryland and Alabama. From September 2006 until August of 2011, Dr. Mason worked as a staff psychologist for the Eligible Persons Program, a behavioral health initiative for inmates implemented at Patuxent Institution, a Maryland State maximum security prison. There she accrued 10,000 hours working full-time as part of a clinical team comprised of psychologists and social workers who provided substantial peer supervision for one another, as part of the team approach. In October of 2006, Dr. Mason opened a private practice where she worked as both a sole-practitioner and Director of a small staff providing psychological services on a part-time basis. In 2011, Dr. Mason left Patuxent Institution to provide services to her private patients on a full-time basis.

In October 2013, Dr. Mason expanded her services to Alabama, and continues to serve patients in both states. Since opening her private practice in 2006, Dr. Mason has provided more than 7000 clinical hours of service.

4. Dr. Mason is applying for licensure as a psychologist in Florida. She has transferred her residence, due to a professional opportunity pursued by her husband in Fort Myers, where they now reside with their 14-month-old son. Dr. Mason's private practice is her full-time employment, and she is presently the only practitioner. Therefore, in order to maintain her practice (and source of employment), she must be able to serve patients in Florida, in addition to the ones she has retained in Maryland and Alabama. This is only possible if she is licensed to practice as a psychologist in Florida.
5. Dr. Mason initially submitted her application for licensure on November 19, 2015, and it was rejected by the Board at a meeting on January 15, 2016. She corresponded with Ms. Michelle Branch and Ms. Anna King, who informed Dr. Mason that her post-doctoral supervised experience was not consistent with Florida's requirements. Per helpful guidance from both representatives, Dr. Mason withdrew her original application and is now pursuing a petition for variance/waiver to accompany this resubmission of her application on January 28, 2016.
6. Although Dr. Mason did not receive the additional hour of face-to-face weekly supervision required by Florida during her post-doctoral clinical experience, she has accrued more than 15,000 clinical hours as a licensed psychologist. She remains in good standing and is valued by her past and present patients. Dr. Mason is hopeful that this demonstrates to the Board that she is a competent and ethical practitioner, and that the Board will consider this petition and recognize that in her case, the strict application of licensing requirements may have unduly negative results.
7. In closing, Dr. Mason wishes to appeal to the Psychology Board Members' fairness in considering her petition for a variance/waiver. Being licensed as a psychologist is a critical component of Dr. Mason's professional career and personal livelihood. Having to repeat a post-doctoral experience would preclude her from continuing to operate her private psychological practice, which her family depends on to maintain financial stability. Not only would having to dedicate time to another post doctoral experience impede her ability to expand her private practice to include Florida patients, but it would prevent Dr. Mason from continuing to serve current Maryland and Alabama patients. In addition to this creating a financial hardship for Dr. Mason and her family, it would also be an unethical disservice for her to abandon patients who are in the midst of psychological treatment. Dr. Mason also hopes that she was able to convey through this appeal a cogent rationale that her background and training has appropriately prepared her for licensure as a psychologist in Florida, and that although not entirely consistent with the required post-doctoral supervision, is comparable. Dr. Mason also wishes to appeal to the Board's sense of compassion in helping her make a transition as a professional who was fully licensed in two other states and wishes

to bring her professional experiences to patients who can benefit from her services in Florida. Thank you in advance for your thoughtful consideration.



Lauren K. Mason, Ph.D.

Maryland and Alabama Licensed Psychologist

1/28/16  
Date

#### **64B19-11.005 Supervised Experience Requirements.**

The law requires 4,000 hours of supervised experience for licensure. The Board recognizes that the applicant's internship satisfies 2,000 of those hours. This rule concerns the remaining 2,000 hours.

(1) Definitions. Within the context of this rule, the following definitions apply:

(a) "Association" or "in association with": the supervisory relationship between the supervisor and the psychological resident.

(b) "Psychology Resident or Post-Doctoral Fellow." A psychology resident or post-doctoral fellow is a person who has met Florida's educational requirements for licensure and intends from the outset of the supervised experience to meet that part of the supervised experience requirement for licensure which is not part of the person's internship.

(c) "Supervisor." A supervisor is either a licensed Florida psychologist in good standing with the Board, or a doctoral-level psychologist licensed in good standing in another state or United States territory providing supervision for licensure in that state or territory. However, where the psychology resident or post-doctoral fellow is on active duty with the armed services of the United States, or employed full time by the United States as a civilian psychology resident or post-doctoral fellow to provide services to the armed services or to a veterans administration facility, the supervisor may be a doctoral-level psychologist licensed in good standing in any state or territory, regardless of where the supervision is conducted.

(d) All applicants for licensure shall use the title psychology resident or post-doctoral fellow until licensed as a psychologist.

(e) The psychology resident or post-doctoral fellow shall inform all service users of her or his supervised status and provide the name of the supervising psychologist. Consultation reports, and summaries shall be co-signed by the supervising psychologist. Progress notes may be co-signed at the discretion of the supervision psychologist.

(2) Requirements and Prohibitions. All applicants for licensure must complete at least 2,000 hours of post doctoral experience under a supervisor whose supervision comports with subsection (3) of this rule.

(a) There may be no conflict of interest created by the supervisory association and no relationship may exist between the supervisor and the psychological resident except the supervisory association.

(b) A psychology resident or post-doctoral fellow may be supervised by more than one supervisor, at more than one location. If there is more than one supervisor, however, then one of the supervisors must be identified as the primary supervisor. The primary supervisor shall be the supervisor who enters into the agreement with the applicant for licensure, for supervision, and who integrates all of the applicant's supervisory experiences.

(c) The post-doctoral training must be a cohesive and integrated training experience which includes the following criteria:

1. It averages at least twenty (20) hours a week over no more than one hundred and four (104) weeks. Alternatively, it averages no more than forty (40) hours a week over no more than fifty-two (52) weeks;

2. It requires at least 900 hours in activities related to direct client contact;

3. It includes an average of at least two (2) hours of clinical supervision each week, at least one (1) hour of which is individual face-to-face supervision.

(3) Supervisors' Responsibilities. The Board requires each primary supervisor to perform and to certify that the primary supervisor has:

(a) Entered into an agreement with the applicant for licensure, which details the applicant's obligations and remuneration as well as the supervisor's responsibilities to the applicant;

(b) Determined that the psychology resident or post-doctoral fellow was capable of providing competent and safe psychological service to that client;

(c) Maintained professional responsibility for the psychology resident or post-doctoral fellow's work;

(d) Provided two (2) hours of clinical supervision each week, one (1) hour of which was individual, face-to-face supervision;

(e) Prevailed in all professional disagreements with the psychology resident or post-doctoral fellow;

(f) Kept informed of all the services performed by the psychology resident or post-doctoral fellow;

(g) Advised the Board if the supervisor has received any complaints about the psychology resident or post-doctoral fellow or has any reason to suspect that the resident is less than fully ethical, professional, or qualified for licensure.

(h) When there is more than one supervisor, pursuant to paragraph (2)(b) above, the primary supervisor shall provide the Board with a written statement describing the manner in which the training and supervision comprised a cohesive and integrated experience.

(4) Until licensure, an individual who completes post doctoral training residency may continue to practice under supervision so long as the individual does so in the manner prescribed by this rule and so long as the individual has applied for licensure and no

final order of denial has been entered in the application case before the Board.

*Rulemaking Authority 490.004(4) FS, Law Implemented 490.005(1) FS, History-New 11-18-92, Amended 7-14-93, Formerly 21U-11.007, Amended 6-14-94, Formerly 61F13-11.007, Amended 1-7-96, Formerly 59AA-11.005, Amended 12-4-97, 8-5-01, 7-27-04, 3-4-10, 8-15-11, 9-24-13.*

FLORIDA DEPARTMENT OF HEALTH  
BOARD OF PSYCHOLOGY

02/09/2016 115.00  
ID: 8620 TYPE: F  
BT: 3014710  
RN: 915038481

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.

2701  
F-8620

APPLICATION FOR PSYCHOLOGIST LICENSURE

PART II. PROFILE DATA FORM

<b>1 APPLICATION METHOD:</b> <input type="checkbox"/> EXAM <input type="checkbox"/> BIFURCATION/EXAM <input checked="" type="checkbox"/> EXAM W/ WAIVER <input type="checkbox"/> BIFURCATION W/ WAIVER <b>Endorsement applicants, check all that apply</b> <input checked="" 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>2</b> Have you ever applied for psychology licensure in Florida? If "YES", give date(s) below: 11/19/2015		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>3</b> List your full, legal NAME as it should appear on license (no nicknames or shortened versions): First: Lauren Middle: K Last: Mason		
<b>4</b> List all names, by which you are currently known, and have been known as in the past:		
<b>5</b> Date of Birth (m/d/yr)		
<b>6</b> MAILING Address (street address, city, state, ZIP)(Mailing address will display on the Internet if you have not provided a practice location): 11016 Lakeland circle Fort Myers, FL 33913		
<b>7</b> Practice Address (required - business name, street address, city, state, ZIP):		If currently unemployed, please check <input checked="" type="checkbox"/> You must provide an address when employment is secured.
<b>8a</b> Work Telephone Number: 802 321-9117	<b>9</b> Fax Number: ( )	
<b>8b</b> Alternative Telephone Number: ( )		
<b>10</b> Name of School, College or University OF DOCTORAL DEGREE: Fordham University <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>11</b> Date Graduated(m/d/yr): 08/2004
		<b>12</b> Type of Degree: <input checked="" type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D. <input type="checkbox"/> Ed.D. <input type="checkbox"/> Other
<b>13</b> 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 _____		
<b>14</b> 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 <input checked="" type="checkbox"/> or No _____		

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

**Department of Health  
Licensure Support Services  
Transmittal Sheet**

To: Licensure Support Services

From: Transmitting Office

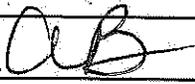
Image  
Board, vendor, etc.

	Name	Remittance Amount	Purpose
1.	Lauren Mason	115.00	Per Anna @ the Board apply. fee to current file
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25.			

Transmitting Office Signature

Licensure Support Services

IMAGE API Signature

  
 Date 2-15-10  
  
 Date 2/8/10  
 Date



**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: <u>Mason, Lauren Keysha</u>			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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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.*

**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? <u>MD</u></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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--	---

**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 checked="" type="checkbox"/> NO						
<table border="1"> <tr> <th>Diploma Number</th> <th>Date of Diploma</th> <th>Specialty</th> </tr> <tr> <td></td> <td><u>  /  /  </u></td> <td></td> </tr> </table>	Diploma Number	Date of Diploma	Specialty		<u>  /  /  </u>		
Diploma Number	Date of Diploma	Specialty					
	<u>  /  /  </u>						

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

<p>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 checked="" type="checkbox"/> NO
--	---

**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
<u>Fordham Univ Bronx, NY</u>		<u>Clinical Psychology</u>	<u>Ph.D.</u>	<u>08/12/2004</u>
				<u>  /  /  </u>
<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 checked="" 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 checked="" 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 checked="" type="checkbox"/> NO

PRINT APPLICANT NAME HERE: Lauren K Mason Ph.D.

**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:  Internship or  Post Doctoral Supervision**

22 Practice Setting (name of business, street address, city, state, ZIP): <u>Alexandria Community Mental Health Ctr.</u> <u>720 N. St. Asaph St 22314</u>	
Title by Which You were Known: <u>Psychology Intern</u>	
Supervisor's Name: <u>Dr. Kimberly Gregson</u>	Supervisor's License Number: <u>0810002865</u>
Supervised Experience -- Starting Date: <u>08/15/2003</u> <small>m/d/yyyy</small>	Ending Date: <u>08/15/2004</u> <small>m/d/yyyy</small>
<i>(If supervision is not yet complete please do not provide a future ending date. Please provide the current numerical date.)</i>	
Total Number of Weeks of Experience: <u>50</u>	Total Number of Hours per Week of Clinical Supervision: <u>4 to 5</u>
Total Number of Hours per Week of Experience: <u>40</u>	Of the above Total Number of Hours, how many were Individual Face-to-Face per week: <u>2.0</u>
<i>(If supervision is not yet complete please provide the correct information to date.)</i>	

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

23 Practice Setting (name of business, street address, city, state, ZIP): <u>Interdynamics Inc.</u> <u>4601 Forbes Blvd Lanham, MD 20706</u>	
Title by Which You were Known: <u>Psychology Associate (Post-Doctoral Psych. Resident)</u>	
Supervisor's Name: <u>Tonya Lockwood, PhD, PsyD</u>	Supervisor's License Number: <u>03769</u>
Supervised Experience -- Starting Date: <u>09/2004</u> <small>m/d/yyyy</small>	Ending Date: <u>02/2005</u> <small>m/d/yyyy</small>
<i>(If supervision is not yet complete please do not provide a future ending date. Please provide the current numerical date.)</i>	
Total Number of Weeks of Experience: <u>20</u>	Total Number of Hours per Week of Clinical Supervision: <u>2.0</u>
Total Number of Hours per Week of Experience: <u>40</u>	Of the above Total Number of Hours, how many were Individual Face-to-Face per week: <u>1.0</u>
<i>(If supervision is not yet complete please provide the correct information to date.)</i>	

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

24 Practice Setting (name of business, street address, city, state, ZIP): <u>Alfred D. Noyes Children's Center</u> <u>9925 Blackwell Rd Rockville, MD 20850</u>	
Title by Which You were Known: <u>Director of Behavioral Health (Post-Doctoral Psych Resident)</u>	
Supervisor's Name: <u>Keith Hannan, Ph.D.</u>	Supervisor's License Number: <u>02666</u>
Supervised Experience -- Starting Date: <u>02/15/2005</u> <small>m/d/yyyy</small>	Ending Date: <u>03/15/2006</u> <small>m/d/yyyy</small>
<i>(If supervision is not yet complete please do not provide a future ending date. Please provide the current numerical date.)</i>	
Total Number of Weeks of Experience: <u>52</u>	Total Number of Hours per Week of Clinical Supervision: <u>1.0</u>
Total Number of Hours per Week of Experience: _____	Of the above Total Number of Hours, how many were Individual Face-to-Face per week: <u>1.0</u>
<i>(If supervision is not yet complete please provide the correct information to date.)</i>	

PRINT APPLICANT NAME HERE: Lauren K. Mason, Ph.D.

**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
MD	Psychologist	04242	03/2006	03/31/2016	Active
AL	Psychologist	1846	10/2013	10/15/2016	Active
<sup>26</sup> Was there any time period during which any license listed above was not active? If yes, please specify which license and list beginning and ending dates of all non-active periods:					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<sup>27</sup> Do you currently have a license/certificate or application pending in any state or jurisdiction, or have you ever withdrawn an application in any state or jurisdiction or allowed a licensure/certification application to lapse for any reason, including Florida? If "yes", indicate the state(s) involved:					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Withdrew FL application submitted 11/19/15					
<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)? 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.					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Columbia, MD 02/2006

**PART VII. DISCIPLINARY & CRIMINAL HISTORY**

You must answer all of the following questions. If you answer "yes", you must explain in detail on a separate sheet. In your explanation, include date(s), location(s), 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.

*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.*

<b>DISCIPLINARY HISTORY</b>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<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?		
<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 checked="" 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 checked="" type="checkbox"/> NO
<b>CRIMINAL HISTORY</b>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<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.		

PRINT APPLICANT NAME HERE: Lauren K. Mason, Ph.D.

**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.

1. 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 checked="" 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? <i>(This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes.)</i>	<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? <i>(If "yes", please provide supporting documentation.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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 checked="" 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
3. 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 checked="" 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
4. 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 checked="" 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
5. 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 checked="" type="checkbox"/> No
6. 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: Lauren K. Mason, Ph.D.

**34 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.

**35 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 \*(Optional)**

D R L K M A S O N @ M Y M I N D S P A . N E T

**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)

1/29/16  
 Date signed (required)

PRINT APPLICANT NAME HERE: Lauren K. Mason, Ph.D.

# ITEMS PREVIOUSLY REVIEWED BY THE BOARD

STATE OF FLORIDA  
BOARD OF PSYCHOLOGY

CLERK  
DATE

FILED  
Department Of Health  
Deputy Clerk

*Angel Sanders*  
FEB 02 2016

IN RE: THE APPLICATION FOR  
LICENSURE OF

LAUREN K. MASON

8620

NOTICE OF INTENT TO DENY

This matter came before the Florida Board of Psychology (Board) at a duly-noticed public meeting on January 15, 2016, in Orlando, Florida to consider the Applicant's application for licensure by examination with waiver. The Applicant, LAUREN K. MASON, was not present and was not represented by counsel.

Upon consideration of the application, material presented, and testimony, the Board has determined that, pursuant to Section 490.005(1)(c), Florida Statutes, and Rule 64B19-11.005, Florida Administrative Code, the application by examination with waiver should be denied.

Section 490.005(1)(c), Florida Statutes, requires in relevant part that the applicant have "[h]ad at least 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. The experience requirement may be met by work performed on or off the premises of the supervising psychologist if the off-premises

work is not the independent, private practice rendering of psychological services that does not have a psychologist as a member of the group actually rendering psychological services on the premises."

Rule 64B19-11.005, Florida Administrative Code, provides, in relevant part:

"(2) [a]ll applicants for licensure must complete at least 2,000 hours of post doctoral experience under a supervisor whose supervision comports with subsection (3) of this rule...

(c) [t]he post-doctoral training must be a cohesive and integrated training experience which includes the following criteria:

1. It averages at least twenty (20) hours a week over no more than one hundred and four (104) weeks. Alternatively, it averages no more than forty (40) hours a week over no more than fifty-two (52) weeks;

2. It requires at least 900 hours in activities related to direct client contact;

3. It includes an average of at least two (2) hours of clinical supervision each week, at least one (1) hour of which is individual face-to-face supervision."

Subsection (3) states that "[t]he Board requires each primary supervisor to perform and to certify that the primary

supervisor has...(d) Provided two (2) hours of clinical supervision each week, one (1) hour of which was individual, face-to-face supervision."

The Applicant is deficient in providing the Board with documentation demonstrating that a sufficient number of hours of post doctoral experience have been completed in accordance with subsection (2) of Rule 64B19-11.005, F.A.C, and that the experience that was completed comports with subsection (3) of Rule 64B19-11.005, F.A.C.

It is therefore ORDERED that the application for licensure by examination shall be DENIED; however, the Applicant is permitted to file a written request to withdraw the application for licensure within 14 days from the date this Notice is filed. Written request to withdraw the application shall be made in writing to: Allen Hall, Executive Director, Board of Psychology, 4052 Bald Cypress Way, Bin #C-05, Tallahassee, Florida 32399-3255; or emailed to Allen.Hall@flhealth.gov.

This Order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 1 day of February,  
2016.

BOARD OF PSYCHOLOGY

Allen Hall

Allen Hall, Executive Director  
for Dean Aufderheide, Ph.D., Chair

NOTICE OF RIGHT TO HEARING

This notice constitutes final agency action if no request for a hearing is received by the Board on or before the twenty-first day after the applicant's receipt of the notice. The applicant may request a hearing by filing an appropriate petition with the Executive Director of the Board at 4052 Bald Cypress Way, Bin #C-05, Tallahassee, Florida 32399-3255. The applicant may petition for a hearing involving disputed issues of material fact before an administrative law judge pursuant to Section 120.57 (1), Florida Statutes, or for a hearing not involving disputed issues of material fact pursuant to Section 120.57 (2), Florida Statutes.

A petition for a hearing involving disputed issues of material fact must contain information required by Rule 28-106.201, Florida Administrative Code, *including a statement of all disputed issues of material fact*. The Board may refer a petition to the Division of Administrative Hearings for assignment of an administrative law judge only if the petition is in substantial compliance with the rule requirements. A petition for a proceeding not involving disputed issues of material fact must contain information required by Rule 28-106.301, Florida Administrative Code, including a concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle petitioner to relief.

In accordance with Section 120.573, Florida Statutes, mediation is not available.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by U.S. Mail to LAUREN K. MASON,

11016 Lakeland Circle, Ft. Myers, FL 33913; and by interoffice mail to Rachel W. Clark, Assistant Attorney General, Office of the Attorney General, PL-01, The Capitol, Tallahassee, Florida 32399-1050; this 3<sup>rd</sup> day of February, 2016.

Brygel Saunders  
**Deputy Agency Clerk**

7014 2120 0003 8708 2261



**ADDENDUM-TAB 4**

**CREDENTIALS COMMITTEE**

Applicant: Lauren Mason

Applicant File #: 8620

Application Method(s): Exam w/Waiver

Application received: 11/19/2015

File Complete On: 12/21/2015

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APA Education Issues: Yes \_\_\_\_\_ No  X

Supervision Issues: Yes  X  No \_\_\_\_\_

History Issues: Yes \_\_\_\_\_ No  X

Dr. Mason has applied for licensure under the Exam with Waiver method and has waived the 90 day requirement for board action on her application. She has submitted supervision forms indicating she has only received one hour per week of clinical supervision under Dr. Keith Hannan. Rule 64B19-11.005, F.A.C., Supervised Experience Requirements provides, as follows:

*(c) The post-doctoral training must be a cohesive and integrated training experience which includes the following criteria:*

*3. It includes an average of at least two (2) hours of clinical supervision each week, at least one (1) hour of which is individual face-to-face supervision.*

Enclosed for the board's review is the application, transcripts and supervision forms.



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

January 7, 2016

Lauren K Mason  
11016 Lakeland Circle  
Fort Myers, FL 33913

Dear Dr. Mason:

Thank you for your application for licensure as a Florida psychologist. Your application has been reviewed by board staff and is administratively complete. Your application and additional materials will be considered by the Board of Psychology's Credentials Committee at the date and time below to discuss the following issues: Supervision. You are not required to be present for the meeting. However, your participation may be beneficial should the committee have questions about your application. You will be notified of the Board's decision approximately two (2) weeks following the meeting.

Date: January 15, 2016  
Time: 8:00 a.m. EST or soon thereafter  
Location: B Resort and Spa  
1905 Hotel Plaza Boulevard  
Orlando, Florida 32830  
Phone: 407-828-2828

Please allow two weeks to receive verification of the Board's decision. If you have not received notification within two weeks following the meeting, please contact me at the address below. You may also reach me at (850) 245-4373 ext. 3482, or e-mail [michelle.branch@flhealth.gov](mailto:michelle.branch@flhealth.gov)

Sincerely,

A handwritten signature in cursive script, appearing to read "Michelle Branch".

Michelle Branch  
Regulatory Specialist II

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C05 • Tallahassee, FL 32399-3255  
PHONE: (850)245-4444 • FAX: (850) 414-6860

**www.FloridaHealth.gov**

TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh  
FLICKR: HealthyFla  
PINTEREST: HealthyFla

## Branch, Michelle L

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**From:** King, Anna  
**Sent:** Thursday, January 07, 2016 2:10 PM  
**To:** drlkmason@mymindspa.net  
**Cc:** Branch, Michelle L  
**Subject:** RE: Status of FL PY Licensure Application File No. 8620

Thank you, Dr. Mason, we are moving forward and will send you formal notice of the consideration very soon.

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**From:** drlkmason@mymindspa.net [mailto:drlkmason@mymindspa.net]  
**Sent:** Thursday, January 07, 2016 2:06 PM  
**To:** King, Anna  
**Subject:** Re: Status of FL PY Licensure Application File No. 8620

Thank you, Anna. Yes, I would like for my application to be reviewed "as is" before the Board next Friday, 1/15/16 and I also consent to waiving the 90 days for final board action.

I appreciate your prompt response and assistance. Please let me know if there's anything else I can submit or do to assist you with this process.

Sincerely,

Lauren

Lauren K. Mason, Ph.D.  
Director, Licensed Psychologist  
The Mind Spa  
Anxiety and Mood Disorder Center for Children, Adults and Families  
[www.mymindspa.net](http://www.mymindspa.net)

FLORIDA DEPARTMENT OF HEALTH  
BOARD OF PSYCHOLOGY

11/19/2015 390.00

2701

Mailing Address for Application and Fees:  
P.O. Box 6330  
Tallahassee FL 32314-6330

ID: 8620 Type: F

F-8620

Mailing Address for Supporting Documents:  
4052 Bald Cypress Way, Bin C05  
Tallahassee, FL 32399-3255  
(850) 245-4373 • fax (850) 414-6860

BT: 3010212  
R#: 915026238

NOTE: PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

APPLICATION FOR PSYCHOLOGIST LICENSURE

PART II. PROFILE DATA FORM

<b>1 APPLICATION METHOD:</b> <input type="checkbox"/> EXAM <input type="checkbox"/> BIFURCATION/EXAM <input checked="" type="checkbox"/> EXAM W/ WAIVER <input type="checkbox"/> BIFURCATION W/ WAIVER Endorsement applicants, check all that apply <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>
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**2** Have you ever applied for psychology licensure in Florida? If "YES", give date(s) below:  YES  
 NO

**3** List your full, legal NAME as it should appear on license (no nicknames or shortened versions):  
 First: Lauren Middle: K Last: Mason

**4** List all names, by which you are currently known, and have been known as in the past:  
Lauren K. Mason, Lauren Mason Beasley

**5** Date of Birth (m/d/yr)

**6** MAILING Address (street address, city, state, ZIP)(Mailing address will display on the Internet if you have not provided a practice location):  
14808 Braunstone Drive, Burtonsville, MD 20866

**7** Practice Address (required - business name, street address, city, state, ZIP): If currently unemployed, please check . You must provide an address when employment is secured.

**8a** Work Telephone Number: 202 321-9117  
**8b** Alternative Telephone Number: (10)

**9** Fax Number: ( )

**10** Name of School, College or University OF DOCTORAL DEGREE:  
Fordham University  
*(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.)*

**11** Date Graduated(m/d/yr): 08/15/2004  
**12** Type of Degree:  Ph.D.  Psy.D.  
 Ed.D.  Other \_\_\_\_\_

**13** 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:  F  M Are you a US Citizen?  Yes  No If no, give alien number \_\_\_\_\_  
 Ethnic Origin:  American Indian  Asian  Black or African American  Hispanic or Latino  White  Other \_\_\_\_\_

**14** 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: Lauren K. Mason, Ph.D.



**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: <u>Mason Lauren Keysha</u>			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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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.*

**PART III. ENDORSEMENT INFORMATION**  
*(Check all that apply, if an endorsement applicant)*

**ENDORSEMENT OF ANOTHER STATE LICENSE:**

"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?" MD

Please request the above state regulatory office to send a copy of the laws and rules pertaining to psychological licensure, which were in effect at the time you were licensed, directly to this office.

YES  NO

**ENDORSEMENT OF DIPLOMATE STATES WITH THE ABPP:**

"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 <http://www.abpp.com/diplomate.html> directly to this office. Reference Rule 64B10-11.012(3), F.A.C.

YES  NO

Diploma Number	Date of Diploma	Specialty

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

"Are you applying for licensure based on 20 years of active experience in any jurisdiction in 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.

YES  NO

**PART IV. EDUCATIONAL DATA**

"List below your doctoral degrees in psychology and note the name under which your degree was received, if different than 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.

College, School or University and Location	Name of degree from source (full name)	Major	Degree Received	Date of Graduation
<u>Emory University, Bronx, NY</u>			<u>Ph.D.</u>	<u>12/2007</u>

"Did you graduate from a doctoral program which was approved by the American Psychological Association (APA) as a post-1980 master's and internship program?"  YES  NO

"Did you complete all of the requirements for your degree to have been granted a degree?"  YES  NO

"Did you graduate from a doctoral program approved by the American Psychological Association (APA) as a pre-1980 master's and internship program?"  YES  NO

"Did you graduate from a doctoral program approved by the American Psychological Association (APA) as a pre-1980 master's and internship program?"  YES  NO

"Did you graduate from a doctoral program approved by the American Psychological Association (APA) as a pre-1980 master's and internship program?"  YES  NO

F.A.C.

PRINT APPLICANT NAME HERE: Lauren K Mason Ph.D.

**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
---	--

**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 checked="" type="checkbox"/> NO						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Diploma Number</th> <th style="width:33%;">Date of Diploma</th> <th style="width:33%;">Specialty</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td style="text-align: center;">_ / _ / _</td> <td></td> </tr> </tbody> </table>	Diploma Number	Date of Diploma	Specialty		_ / _ / _		
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 checked="" type="checkbox"/> NO
---	---

**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
Fordham University, NY, NY		Clinical Psychology	Ph. D.	
Fordham University, Bronx, NY		Clinical Psychology	Ph. D.	8/15/2004
<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 checked="" 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 checked="" 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 checked="" type="checkbox"/> NO

PRINT APPLICANT NAME HERE: Lauren K. Mason, M.D.

**PART V. SUPERVISED EXPERIENCE**

*Enter number chronologically*

*Use this form to list only supervised experience, including internship training*

**EXPERIENCE SETTING - Number 1 - Please Check One:  Internship or  Post Doctoral Supervision**

Practice Setting (name of business, street address, city, state, ZIP): Alexandria Community Mental Health Ctr.  
720 N. St. Asaph St 22314

Title by Which You were Known: Psychology Intern

Supervisor's Name: Dr. Kimberly Egean Supervisor's License Number: 0210012265

Supervised Experience - Starting Date: 08/15/2003 Ending Date: 02/15/2004

*(If supervision is not yet complete please do not provide a future ending date. Please provide the current numerical date.)*

Total Number of Weeks of Experience: <u>50</u>	Total Number of Hours per Week of Supervision: <u>40.5</u>
Total Number of Hours per Week of Experience: <u>40</u>	Of the above Total Number of Hours, how many were Individual Face-to-Face per week: <u>did</u>

*(If supervision is not yet complete please provide the correct information to date.)*

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

Practice Setting (name of business, street address, city, state, ZIP): Interdynamics Inc.  
4601 Forbes Blvd Lanham, MD 20706

Title by Which You were Known: Psychology Associate (Post-Doctoral Psch Resident)

Supervisor's Name: Tanya Lockwood PhD Supervisor's License Number: 03769

Supervised Experience - Starting Date: 09/2004 Ending Date: 02/2005

*(If supervision is not yet complete please do not provide a future ending date. Please provide the current numerical date.)*

Total Number of Weeks of Experience: <u>20</u>	Total Number of Hours per Week of Clinical Supervision: <u>did</u>
Total Number of Hours per Week of Experience: <u>40</u>	Of the above Total Number of Hours, how many were Individual Face-to-Face per week: <u>LO</u>

*(If supervision is not yet complete please provide the correct information to date.)*

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

Practice Setting (name of business, street address, city, state, ZIP): Alfred D. Noyes Children's Center  
9925 Blackwell Rd Rockville, MD 20850

Title by Which You were Known: Director of Behavioral Health (Post-Doctoral Psch Resident)

Supervisor's Name: Keith Harrigan Ph.D. Supervisor's License Number: 026666

Supervised Experience - Starting Date: 02/15/2005 Ending Date: 03/15/2006

*(If supervision is not yet complete please do not provide a future ending date. Please provide the current numerical date.)*

Total Number of Weeks of Experience: <u>52</u>	Total Number of Hours per Week of Clinical Supervision: <u>LO</u>
Total Number of Hours per Week of Experience: <u>52</u>	Of the above Total Number of Hours, how many were Individual Face-to-Face per week: <u>LO</u>

*(If supervision is not yet complete please provide the correct information to date.)*

PRINT APPLICANT NAME HERE: Lauren K. Maxwell, Ph.D.

**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): <u>Alexandria Community Mental Health Center</u> <u>720 N. St. Asaph St., Alexandria, VA 22301</u>	
Title by Which You were Known: <u>Psychology Intern</u>	
Supervisor's Name: <u>Kimberly Green, Psy.D.</u>	Supervisor's License Number:
Supervised Experience – Starting Date: <u>8/15/2003</u> <small>mm/dd/yyyy</small>	Ending Date: <u>8/15/2004</u> <small>mm/dd/yyyy</small>
(If supervision is not yet complete please do not provide a future ending date. Please provide the current numerical date.)	
Total Number of Weeks of Experience: <u>50</u>	Total Number of Hours per Week of Clinical Supervision: <u>45</u>
Total Number of Hours per Week of Experience: <u>40</u> (If supervision is not yet complete please provide the correct information to date.)	Of the above Total Number of Hours, how many were Individual Face-to-Face per week: <u>0.0</u>

**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): <u>Interdynamics, Inc.</u> <u>4601 Forbes Blvd, Suite 100 Lanham, MD 20706</u>	
Title by Which You were Known: <u>Psychology Associate</u>	
Supervisor's Name: <u>Tonya Lockwood, Ph.D.</u>	Supervisor's License Number:
Supervised Experience – Starting Date: <u>09/2004</u> <small>mm/dd/yyyy</small>	Ending Date: <u>02/2005</u> <small>mm/dd/yyyy</small>
(If supervision is not yet complete please do not provide a future ending date. Please provide the current numerical date.)	
Total Number of Weeks of Experience: <u>25</u>	Total Number of Hours per Week of Clinical Supervision: <u>2.0</u>
Total Number of Hours per Week of Experience: <u>40</u> (If supervision is not yet complete please provide the correct information to date.)	Of the above Total Number of Hours, how many were Individual Face-to-Face per week: <u>1.0</u>

**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): <u>State of MD Dept. of Juvenile Services</u> <u>Voyes Children's Center</u> <u>9955 Blackwell Rd, Rockville, MD 20850</u>	
Title by Which You were Known: <u>Director of Behavioral Health</u>	
Supervisor's Name: <u>Keith Hannan, Ph.D.</u>	Supervisor's License Number:
Supervised Experience – Starting Date: <u>02/2005</u> <small>mm/dd/yyyy</small>	Ending Date: <u>03/2006</u> <small>mm/dd/yyyy</small>
(If supervision is not yet complete please do not provide a future ending date. Please provide the current numerical date.)	
Total Number of Weeks of Experience: <u>54</u>	Total Number of Hours per Week of Clinical Supervision: <u>1.0</u>
Total Number of Hours per Week of Experience: <u>40</u> (If supervision is not yet complete please provide the correct information to date.)	Of the above Total Number of Hours, how many were Individual Face-to-Face per week: <u>1.0</u>

PRINT APPLICANT NAME HERE: Lauren K. Mason, Ph.D.

**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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO
State	License Title	License Number	Original Issue Date	Expiration Date	License Status
MD	Psychologist	04242	3/1/2006	3/30/2016	Active
AL	Psychologist	1846	10/15/2013	10/15/2016	Active
<sup>26</sup> Was there any time period during which any license listed above was not active? If yes, please specify which license and list beginning and ending dates of all non-active periods:					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<sup>27</sup> Do you currently have a license/certificate or application pending in any state or jurisdiction, or have you ever withdrawn an application in any state or jurisdiction or allowed a licensure/certification application to lapse for any reason, including Florida? If "yes", indicate the state(s) involved:					<input type="checkbox"/> YES <input checked="" 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)? 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.					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Columbia, MD 02/2006

**PART VII. DISCIPLINARY & CRIMINAL HISTORY**

You must answer all of the following questions. If you answer "yes", you must explain in detail on a separate sheet. In your explanation, include date(s), location(s), 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. <b>NOTE:</b> 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.	
<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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> NO

PRINT APPLICANT NAME HERE: Lauren K. Mason, Ph.D.

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

<sup>23</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.

1. 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 checked="" 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? <i>(This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes.)</i>	<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? <i>(If "yes", please provide supporting documentation.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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 checked="" 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
3. 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 checked="" 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
4. 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 checked="" 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
5. 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 checked="" type="checkbox"/> No
6. 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: Lauren K. Mason, Ph.D.

**34 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.cebroke.com](http://www.cebroke.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.

**35 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 \*(Optional)

D R L K M A S O N @ M Y M I N D S P A . N E T

**THE FOLLOWING STATEMENT MUST BE COMPLETED:**

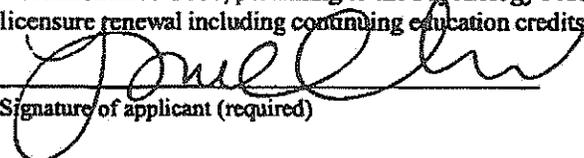
**STATEMENT OF APPLICANT**

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)

11/1/2015  
Date signed (required)

PRINT APPLICANT NAME HERE: Lauren K. Mason Ph.D.

2741912

**SUPERVISING PSYCHOLOGIST VERIFICATION FORM**

- FLORIDA LAW REQUIRES 4,000 HOURS OF SUPERVISED EXPERIENCE FOR LICENSURE. BY RULE 64B19-11.005, F.A.C., THE BOARD RECOGNIZES THAT THE APPLICANT'S INTERNSHIP SATISFIES 2,000 OF THOSE HOURS. THIS FORM IS TO BE USED TO VERIFY THE REMAINING 2,000 POSTDOCTORAL HOURS.

Applicant Name: Lauren Mason

**TO BE COMPLETED BY THE PRIMARY SUPERVISING PSYCHOLOGIST.**

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

- For applicants who completed the required post-doctoral supervised experience at more than one location under more than one supervisor, the Board requires the primary supervising psychologist to provide a written statement describing the manner in which the training and supervision comprised a cohesive and integrated training experience.

Supervisor's Name: Keith Hanson

Address: 12037 Floating Clouds Path  
Clarksville, Md 21029

Supervisor's Telephone Number: (410) 707-0100

15 DEC 21 AM 9:52  
MICHIGAN DEPARTMENT OF PSYCHOLOGY

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): Maryland 02666

Please list your highest level of degree, the date it was conferred, and the school and program from which it was received:

Auburn University Clinical Psychology 1989

Location of the applicant's supervised experience:

NOYES Children's Center

PRINT APPLICANT NAME HERE \_\_\_\_\_ 1

1. Dates of the supervised experience (m/d/y): From: 2/5/05 To: 3/15/06

2. In your opinion, was the post-doctoral training a cohesive and integrated training experience?  Yes  No

3. Did the applicant's supervised experience for a total of 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?  Yes  No

If "no", indicate the total hours of supervised experience the applicant accrued while under your supervision and the number of weeks of experience: Total number of hours: \_\_\_\_\_

Total number of weeks: \_\_\_\_\_

4. Did the supervised experience require at least 900 hours in activities related to direct client contact?  Yes  No

If "no", how many hours were completed? \_\_\_\_\_

5. 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?  Yes  No

If "no", complete the following:

Total number of Clinical supervision hours/week: 1 Hour

Total number of individual face-to-face supervision hours/week: 1 Hour

6. Was there any other relationship existing between the supervisor and the psychological applicant other than the supervisory association? If "yes", please explain.  Yes  No

7. What was the applicant's title while under your supervision? Director of Behavioral Health Services

8. Was the applicant supervised by more than one supervisor?  Yes  No

9. If you answered "yes" to item number 8, were you the primary supervisor; e.g., the supervisor who entered into the agreement with the applicant for supervision and who integrated all of the resident's supervised experiences?  Yes  No N/A

10. Were there other licensed psychologists who provided supervision for the purpose of fulfilling Florida's licensure requirements?  Yes  No

If so, please provide the name(s) and license number(s) below:

11. Did you, as the primary supervisor, enter into an agreement with the applicant which detailed the applicant's obligations and remuneration as well as your responsibilities to the applicant?  Yes  No

12. Did you, as the primary supervisor, determine that the applicant was capable of providing competent and safe psychological service to each client?  Yes  No

If "no", please explain

PRINT APPLICANT NAME HERE LAUREN MASON 2

13. Did you maintain professional responsibility for the applicant's Work?  
If "no", please explain.

Yes  No

14. Did you have complete authority in all professional disagreements  
with the applicant? If "no", please explain.

Yes  No

15. Were you kept informed of all the services performed by the  
Applicant? If "no", please explain.

Yes  No

16. 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? If "yes", please explain.

Yes  No

\*\*\*\*\*

**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.*

Keith Hanna Ph.D  
Supervisor's Signature

12/16/15  
Date

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 \_\_\_\_\_ 3

STATE OF MARYLAND  
BOARD OF EXAMINERS OF PSYCHOLOGISTS  
4201 PATTERSON AVENUE  
BALTIMORE, MD 21215-2299

RECEIVED

SEP 22 2005

Dear Colleague:

MARYLAND BOARD OF EXAMINERS  
OF PSYCHOLOGISTS

Thank you for your willingness to endorse an applicant for licensure as a psychologist in the State of Maryland. It is the responsibility of the Board to determine if the candidate meets the qualifications specified by the State of Maryland Rules and Regulations. Your evaluation will be of value and should cover the applicant's professional education, professional supervised experience, competence, professional conduct, and moral character. Please feel free to include any other information pertinent to the Board's consideration of the applicant. Would you please complete the following and send this form and letter directly to the Board.

Please Check or Complete as Applicable

I. General Information:

Applicant: LAUREN MASON

Name of Endorser: KEITH HANNAN, Ph.D.

Type of Endorsement:  Verification of professional supervised experience requirements. (Complete form and attach your letter of evaluation.)  
 General letter of support for applicant. (Skip to number 4 below, sign form, and attach a letter providing additional information.)

II. Information about Supervision and Training Requirements:

Type of Training:  Predoctoral  Postdoctoral  Other (explain)

Mode of Training:  Full Time  Part Time Total Hours: 1200

Dates of Training: Start Date 2/23/05 Completion Date ongoing

Did the experience include professional work in psychology using the methods, principles, and procedures of psychology, including but not limited to teaching, counseling, clinical practice, research, and industrial consultation?

Yes  No

During the period training did the applicant receive a minimum of one hour of individual supervision per week at a face-to-face meeting with a supervisor qualified to supervise the activities being performed or the services being rendered?

Yes  No

III. Information about the Endorser:

Was the primary supervisor for this experience a psychologist?  Yes  No

Was the supervisor required to have a license in the state or country where supervision occurred?  Yes  No (explain)

State of License: MARYLAND License No. 02666

IV. Attestation:

I hereby attest that my responses on this endorsement are true, complete, and accurate to the best of my belief.

Signature of Endorser: Keith Hannan Ph.D. Date: 9/20/05

RECEIVED  
RECEIVED

OCT 7 - 2005

STATE OF MARYLAND  
BOARD OF EXAMINERS OF PSYCHOLOGISTS  
4201 PATTERSON AVENUE  
BALTIMORE, MD 21215-2200

MARYLAND BOARD OF EXAMINERS  
OF PSYCHOLOGISTS  
MARYLAND BOARD OF EXAMINERS  
OF PSYCHOLOGISTS

Dear Colleague:

Thank you for your willingness to endorse an applicant for licensure as a psychologist in the State of Maryland. It is the responsibility of the Board to determine if the candidate meets the qualifications specified by the State of Maryland Rules and Regulations. Your evaluation will be of value and should cover the applicant's professional education, professional supervised experience, competence, professional conduct, and moral character. Please feel free to include any other information pertinent to the Board's consideration of the applicant. Would you please complete the following and send this form and letter directly to the Board.

Please Check or Complete as Applicable

I. General Information:

Applicant: Lauren Hason

Name of Endorser: Jay Wade

- Type of Endorsement:
- Verification of professional supervised experience requirements. (Complete form and attach your letter of evaluation.)
  - General letter of support for applicant. (Skip to number 4 below, sign form, and attach a letter providing additional information.)

II. Information about Supervision and Training Requirements:

Type of Training:     Predoctoral                       Postdoctoral                       Other (explain)

Mode of Training:     Full Time                               Part Time                              Total Hours: \_\_\_\_\_

Dates of Training:    Start Date \_\_\_\_\_                      Completion Date \_\_\_\_\_

Did the experience include professional work in psychology using the methods, principles, and procedures of psychology, including but not limited to teaching, counseling, clinical practice, research, and industrial consultation?  
 Yes                       No

During the period training did the applicant receive a minimum of one hour of individual supervision per week at a face-to-face meeting with a supervisor qualified to supervise the activities being performed or the services being rendered?  
 Yes                       No

III. Information about the Endorser:

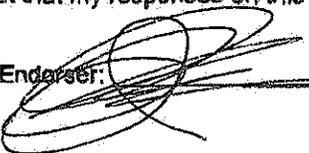
Was the primary supervisor for this experience a psychologist?                       Yes                       No

Was the supervisor required to have a license in the state or country where supervision occurred?                       Yes                       No (explain)

State of License: \_\_\_\_\_                      License No. \_\_\_\_\_

IV. Attestation:

I hereby attest that my responses on this endorsement are true, complete, and accurate to the best of my belief.

Signature of Endorser:  \_\_\_\_\_                      Date: 9/29/05

10/17/05

13:40

MD J.J. → 12026711299

27240.16  
RECEIVED

OCT 18 2005

STATE OF MARYLAND  
BOARD OF EXAMINERS OF PSYCHOLOGISTS  
4201 PATTERSON AVENUE  
BALTIMORE, MD 21215-2208

MARYLAND BOARD OF EXAMINERS  
OF PSYCHOLOGISTS

Dear Colleague:

Thank you for your willingness to endorse an applicant for licensure as a psychologist in the State of Maryland. It is the responsibility of the Board to determine if the candidate meets the qualifications specified by the State of Maryland Rules and Regulations. Your evaluation will be of value and should cover the applicant's professional education, professional supervised experience, competence, professional conduct, and moral character. Please feel free to include any other information pertinent to the Board's consideration of the applicant. Would you please complete the following and send this form and letter directly to the Board.

RECEIVED

Please Check or Complete as Applicable

DEC 02 2015

I. General Information:

Applicant: Lauren Mason, Ph.D. Licensing and Auditing Services  
Name of Endorser: Tonya W. Lockwood, Psy D.

Type of Endorsement:  Verification of professional supervised experience requirements. (Complete form and attach your letter of evaluation.)  
 General letter of support for applicant. (Skip to number 4 below, sign form, and attach a letter providing additional information.)

II. Information about Supervision and Training Requirements:

Type of Training:  Predoctoral  Postdoctoral <sup>N/A</sup>  Other (explain)  
Mode of Training:  Full Time <sup>N/A</sup>  Part Time Total Hours: \_\_\_\_\_  
Dates of Training: Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

Did the experience include professional work in psychology using the methods, principles, and procedures of psychology, including but not limited to teaching, counseling, clinical practice, research, and industrial consultation?  
 Yes  No

During the period training did the applicant receive a minimum of one hour of individual supervision per week at a face-to-face meeting with a supervisor qualified to supervise the activities being performed or the services being rendered?  
 Yes  No

III. Information about the Endorser:

Was the primary supervisor for this experience a psychologist?  Yes  No  
Was the supervisor required to have a license in the state or country where supervision occurred?  Yes  No (explain)  
State of License: Maryland License No. 03769

IV. Attestation:

I hereby attest that my responses on this endorsement are true, complete, and accurate to the best of my belief.

Signature of Endorser: [Signature] Date: October 17, 2005

15 DEC -7 PM 12:36

MDA/MEDICAL THERAPIST/PSYCHOLOGY

## .02 Application Required for Licensure.

A. The Board shall send an applicant the following materials:

- (1) Application for licensure;
- (2) Copies of the following:

(a) Health Occupations Article, Title 18, Annotated Code of Maryland,

(b) This subtitle, and

(c) Other Maryland laws pertaining to the practice of psychology; and

(3) Instructions for applicants.

B. An application is complete when the following conditions are met:

(1) The completed application form is:

(a) Submitted to the Board and notarized, and

(b) Accompanied by the required, nonrefundable application fee in the form of a personal check, cashier's check, or money order;

(2) Official transcripts of all post-baccalaureate studies are submitted directly to the Board by the educational institutions;

(3) Reference letters are submitted:

(a) From three psychologists, preferably licensed or certified, who can address issues of professional education, professional supervised experience, competence, professional conduct, and moral character, and

(b) Directly to the Board from the references listed on the application form; and

(4) An applicant who is a nonresident or is not employed within the State submits a statement to show the reasons for seeking licensure in the State.

C. The official date of receipt of the application form is the date on which the Board has received both the:

(1) Completed application form; and

(2) Required, nonrefundable application fee.

D. The Board shall notify the applicant of missing required documents not more than 10 days after receipt of the application.

E. An application is terminated when:

(1) The application has not been completed within 1 year of the date the application is submitted; or

(2) The applicant fails either the Examination for Professional Practice in Psychology (EPPP) or the Maryland examination.

F. Review of Completed Applications by the Board.

(1) The Board shall review an application after the required documents are on file.

(2) If the applicant is applying for limited practice reciprocity, as described in Regulation .07 of this chapter, the application shall be reviewed within 10 days after the required documents are on file.

(3) The Board may request additional information or documentation from the applicant for clarification purposes.

(4) An applicant shall be sent notification of the action taken by the Board, to accept or to reject the application.

(5) An applicant who is informed of acceptance shall be notified of the time and place of the examinations required in Regulation .06 of this chapter.

G. An applicant who is informed of acceptance shall submit the required examination fees to the Board.

H. An applicant whose application for licensure is rejected shall be notified of the basis for that rejection.

I. An applicant may appeal a rejection of application for licensure by notifying the Board in writing, by certified mail, within 60 days of receipt of the Board's decision, and by:

(1) Submitting new or additional evidence to verify or clarify qualifications; or

(2) Requesting an informal hearing before the Board.

J. An applicant who fails one or both examinations may begin the application process again by submitting:

(1) A new application for licensure along with the required application fee; and

(2) At least one current letter of reference.

K. The Board may waive any or all of the requirements in this chapter for supporting documentation if an applicant is credentialled as a Health Service Provider by the National Register of Health Service Providers in Psychology.

#### .03 Education Required for Licensure.

The applicant shall have a doctoral degree in psychology as defined in Health Occupations Article, §18-101(g), Annotated Code of Maryland.

#### .04 Professional Supervised Experience Required for Licensure.

A. An applicant shall present evidence of having completed 2 years of professional supervised experience before taking the examinations required in Regulation .06 of this chapter.

B. Pre-doctoral internships, assistantships, research associate positions, and other psychology training programs may be credited up to a

maximum of 1 year of professional supervised experience only if it begins after the completion of 36 semester hours of graduate study.

C. One year of the required 2 years of professional supervised experience shall be supervised postdoctoral experience:

(1) Consisting of at least 1 full calendar year of a minimum of 1,750 hours beginning after the date of the award of the doctoral degree, as noted on the official transcript; and

(2) Completed on or before the date the application is submitted.

D. The professional supervised experience claimed shall be professional work in psychology using the methods, principles, and procedures of psychology, including, but not limited to, teaching, counseling, clinical practice, research, and industrial consultation.

#### E. Supervision.

(1) The applicant shall insure that both pre-doctoral and postdoctoral professional supervised experiences are supervised primarily by a psychologist qualified to supervise the activities being performed or the services being rendered.

(2) The primary supervisor shall be a psychologist:

(a) Licensed to practice psychology in Maryland;

(b) Exempted from licensure under Health Occupations Article, §18-301(b), Annotated Code of Maryland; or

(c) Licensed, certified, or exempt from licensure or certification in the state or country in which the professional supervised experience is obtained.

(3) The primary supervisor shall assure that a secondary supervisor has the requisite skills and training to provide supervision.

(4) In order for the experience to qualify as full-time professional supervised experience, the supervisee shall receive a minimum of 1 hour of individual supervision per week at a face-to-face meeting with the supervisor.

(5) If there is more than one supervisor, the total amount of individual supervision shall be a minimum of 1 hour per week.

(6) Psychology associates shall receive the required amount of supervision specified in COMAR 10.36.07.05A.

(7) Under exceptional circumstances, and before beginning the professional supervised experience, a prospective applicant for licensure may petition the Board to waive the requirement for face-to-face supervision.

(8) The Board may waive the requirement for face-to-face supervision only when the alternative modality for supervision, including but not limited to televideo conferencing, does not substantially diminish the adequacy of the supervision.

(9) The Board may require additional information to be submitted by the applicant or supervisor which may be used to evaluate and credit the extent and quality of the applicant's professional supervised experience.

(10) The applicant shall assure that there is adequate documentation of the professional supervised experience.

**.05 Applications for Licensure from Nonresidents.**

A. When submitting an application for licensure, an applicant who is a nonresident or does not practice psychology in Maryland and who does not intend to reside or practice in Maryland, shall submit a statement showing that the applicant's licensure would be in the interest of the citizens or government of Maryland.

B. The Board shall determine whether to accept or reject the statement.

C. In the event of unfavorable determination, the Board shall notify the applicant that the application for licensure has been rejected.

D. The applicant may appeal this rejection as specified in Regulation .02 of this chapter.

E. Until licensed to practice psychology in Maryland, an applicant may not practice psychology in Maryland by virtue of holding a valid license or certification to practice psychology in another state unless the Board authorizes a specific exception.

**.06 Examinations Required for Licensure.**

A. The Board requires applicants for licensure to receive passing scores of at least:

(1) A scaled score of 500 on the Examination for Professional Practice in Psychology (EPPP) for examinations administered on or after January 1, 2002, or a score of 73 percent on the Examination for Professional Practice in Psychology (EPPP) prepared and scored before January 1, 2002; and

(2) 75 percent on the Maryland Examination prepared and scored by the Board.

B. The Board shall ensure that the Maryland Examination tests applicants on:

(1) The Code of Ethics and Professional Conduct; and

(2) Other regulations and laws pertaining to the practice of psychology.

C. The Board shall provide each applicant with a copy of all regulations and laws tested on the Maryland Examination.

D. An applicant who fails either the Examination for Professional Practice in Psychology or the Maryland Examination may retake:

(1) Both examinations; or

(2) Only the Maryland Examination if a passing score was received on the Examination for Professional Practice in Psychology.

E. An applicant is required to take examinations administered by the Board or the Board's agent at the designated times and places.

F. The Board shall refund the examination fee if a written request to cancel the application or examination is received from the applicant:

(1) At least 2 weeks before the examination date; or

(2) At a later time if the Board determines there was good cause.

G. Limited Examination Reciprocity.

(1) The Board shall determine the required examinations for each applicant, although the Maryland Examination may not be waived.

(2) The Examination for Professional Practice in Psychology may be waived for an applicant authorized by law to practice psychology in another state that did not require the Examination for Professional Practice in Psychology, if the applicant is currently licensed or certified for the independent practice of psychology in another state.

(3) The Examination for Professional Practice in Psychology (EPPP) shall be waived for an applicant licensed or certified for the independent practice of psychology in another state who submits evidence of having attained a score of at least 73 percent on any administration of the Examination for Professional Practice in Psychology (EPPP) before January 1, 2002, or a scaled score of 500 on any administration of the Examination for Professional Practice in Psychology (EPPP) on or after January 1, 2002.

(4) The examination for Professional Practice in Psychology shall be waived for an applicant who:

(a) Is licensed to practice psychology in another state; and

(b) Has met the requirements for and holds a current Certificate of Professional Qualification in Psychology issued by the Association of State and Provincial Psychology Boards.



STATE OF MARYLAND

DHMH

Board of Examiners of Psychologists

Maryland Department of Health and Mental Hygiene

4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Lawrence J. Hogan, Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary

November 25, 2015

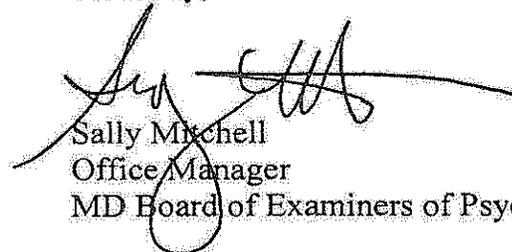
To Whom It May Concern:

The following information is being sent to you at your request:

Name:	Lauren Mason, Ph.D.
License Number:	04242
Date of Licensure:	March 10, 2006
Expiration Date:	March 31, 2016
Status:	Active

Dr. Mason's license is in good standing with the State of Maryland, Board of Examiners of Psychologists. If you have any questions please let me know. I can be reached at 410-764-4787 or by email at [sally.mitchell@maryland.gov](mailto:sally.mitchell@maryland.gov).

Sincerely,



Sally Mitchell  
Office Manager  
MD Board of Examiners of Psychologists

410-764-4787 • Fax 410-358-7896

Toll Free 1-877-4MD-DHMH • TTY for Disabled — Maryland Relay Service 1-800-735-2258

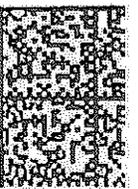
Web Site: [www.dhmh.maryland.gov/psych](http://www.dhmh.maryland.gov/psych)

UNIT #96  
STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
BOARD OF EXAMINERS OF PSYCHOLOGISTS  
4201 PATTERSON AVENUE  
BALTIMORE, MD 21215-2299

**FIRST CLASS**

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

FIRST CL



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11/25/2015  
Mailed From 21215  
US POSTAGE

[http://www.fordham.edu/info/21663/phd\\_in\\_clinical\\_psychology](http://www.fordham.edu/info/21663/phd_in_clinical_psychology)

Program/Department Name	Department of Psychology, Ph.D. Program
Substantive Area	Clinical Psychology
Degree	Ph.D.

- Address
- 441 East Fordham Road  
Dealy Hall 226  
Bronx, NY 10458  
United States
- Program Description
- Executive Summary
- At the Fall meeting of 2014, the APA Commission on Accreditation voted to approve continued accreditation of the Clinical Ph.D. program at Fordham University, Bronx - NY, with the next site visit scheduled 7 years from the date of the program's last site visit. The 7 years decision is based on the CoA's professional judgment that compliance or substantial compliance with all domains of the Guidelines and Principles for Accreditation (G&P). No serious deficiencies.

Initial Accreditation Date	Accreditation Status	Next site visit date
2/26/1948	Accredited	2021

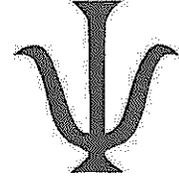
- Grant of Accreditation
- Student Admissions, Outcomes and Other Data
- View Info

[Print](#) [Close Print Screen](#)



## ALABAMA BOARD OF EXAMINERS IN PSYCHOLOGY

660 Adams Ave., Suite 360  
Montgomery, AL 36104  
(334) 242-4127  
[psychology.alabama.gov](http://psychology.alabama.gov)  
[albdpsychology@psychology.alabama.gov](mailto:albdpsychology@psychology.alabama.gov)



Verification of Licensure 12/02/2015    The Board does not verify Social Security Numbers.

<u>License Number</u>	<u>Name</u>	<u>Licensure Date</u>	<u>Board Verified Education</u>	<u>Renewal Date</u>	<u>Current Status</u>
1846	Lauren K. Mason, Ph.D.	09/13/2013	Yes	10/15/2016	Active

**Disciplinary Action:** No

**Board Of Examiners Of Psychologists**

4201 Patterson Avenue, Baltimore MD 21215

Phone: (410)764-4787 Fax: (410)358-7896

**This site may be used to verify licensee's status**

Verify Psychologist	Full Name	LAUREN MASON
Verify Psychology Associate	License Number	04242
Home Page	Status	Active
	License Expiration Date	3/31/2016
	Original Lic Date	3/10/2006

**DISCIPLINARY ACTIONS:**

For Information concerning possible disciplinary actions, select [Disciplinary Actions](#) tab on the website under **Online Services**

**DISCLAIMER**

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LAUREN MASON-2701-8620-VERIFICATION OF  
SUPERVISOR NO DISCIPLINE

**Board Of Examiners Of Psychologists**

4201 Patterson Avenue, Baltimore MD 21215

Phone: (410)764-4787 Fax: (410)358-7896

**This site may be used to verify licensee's status**

Verify Psychologist	Full Name	KEITH HANNAN
Verify Psychology Associate	License Number	02666
Home Page	Status	Active
	License Expiration Date	3/31/2016
	Original Lic Date	5/26/1991

**DISCIPLINARY ACTIONS:**

For Information concerning possible disciplinary actions, select **Disciplinary Actions** tab on the website under **Online Services**

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SUPERVISOR-NO DISCIPLINE

**Board Of Examiners Of Psychologists**

4201 Patterson Avenue, Baltimore MD 21215

Phone: (410)764-4787 Fax: (410)358-7896

**This site may be used to verify licensee's status**

Verify Psychologist	Full Name	TONYA WALKER LOCKWOOD
Verify Psychology Associate	License Number	03769
Home Page	Status	Active
	License Expiration Date	3/31/2017
	Original Lic Date	12/7/2001

**DISCIPLINARY ACTIONS:**

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LAUREN MASON-2701-8620-VERIFICATION OF APPLICANT AND SUPERVISORS

Exclusions Search Results: Individuals

No Results were found for:

MASON, LAUREN

BEASLEY, LAUREN

LOCKWOOD, TONYA

HANNAN, KEITH

If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation.

Search Again:

Search conducted: 12/2/2015 1:27:21 PM EST on: OIG LEIE Exclusions database.  
Source data updated on: 11/9/2015 12:43:00 PM EST.



# OTHER INFORMATION

Department of Psychology

September 29, 2005

To Whom It May Concern:

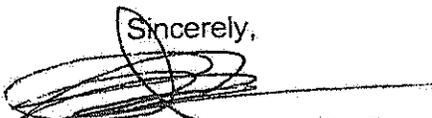
I am writing to recommend Lauren Mason for licensure as a psychologist. I have known Lauren in several capacities throughout her graduate education. I am most familiar with Lauren's research, as I mentored her on her predoctoral research project and her dissertation. In addition, I also taught her in two graduate courses, Clinical Interviewing and Multicultural Seminar. As such, I have had the opportunity to observe and evaluate her research, academic, and interpersonal skills.

Lauren performed extremely well academically in both of her classes with me. Lauren was an active participant with excellent attendance. She asked thoughtful questions and demonstrated a sincere interest in learning and understanding the material. She demonstrated an intellectual curiosity about the subject matter and a critical view that added to class discussions. I was quite impressed by Lauren's ability to conceptualize the multicultural issues we discussed in class and to translate her learning to the understanding of societal and treatment issues of concern to her. Lauren performed well in both the presentation she made to the class and in her scholarly paper. All assignments were completed on time and were of professional and scholarly quality. Academically, Lauren demonstrated abilities consonant with doctoral level expectations.

Building on her predoctoral research on attachment and parental bonding in African American college students, Lauren decided to further empirically examine cultural factors as they relate to the relationships between parental bonding, attachment style, parental authority, and psychosocial functioning. In the development of her proposal, Lauren demonstrated remarkable determination, responsibility, timeliness, and organizational ability. She is very knowledgeable of the process involved in conducting scientific research. She grasps concepts quickly and has excellent conceptual thinking skills. Lauren is very knowledgeable about issues of race/ethnicity, gender, and culture and uses this knowledge to advance multicultural theory, research, and practice.

Although I have no direct knowledge of Lauren's clinical skills, based on conversations with Lauren about practice issues, her performance in my clinical interviewing course, her practice-related contributions in my multicultural seminar course, and her excellent interpersonal skills, I have no doubts about her ability to perform as a licensed psychologist. Lauren would be an asset to any staff, program, or organization. She has always conducted herself in a professional and ethical manner. I therefore recommend without reservation Lauren Mason for licensure.

Sincerely,



Jay C. Wade, Ph.D.

# Waxter Children's Center

A Department of Juvenile Services Facility  
375 Red Clay Road  
Laurel, Maryland 20724

September 20, 2005

Dear Board of Examiners,

I am writing in support of Lauren Mason's application for licensure. I have supervised Dr. Mason since she was hired by the Department of Juvenile Justice in February of this year. She has worked full-time for this agency since being hired, working first at the Waxter Center and currently at the Noyes Center. Dr Mason is engaged in the full-time delivery of psychological services.

I have been impressed by both Dr. Mason's clinical skills and character. She is a skilled clinician who works well with our difficult population. She is knowledgeable about many areas of psychology. She makes accurate diagnoses and plans appropriate interventions. She is able to develop rapport with even very oppositional kids. She does not shy away from responsibility. I have previously served as the Director of Intern Training at the Springfield Hospital Center, overseeing the training of dozens of future psychologists, and Dr. Mason ranks up there with our finest interns.

Dr. Mason is a person of exceptional character. She truly cares about her patients. She takes her job seriously, and is completely committed to her own professional development. She is a pleasure to supervise, because it is so clear she wishes to provide her patients the best possible services. She is honest, dedicated, and hard-working.

Lauren Mason is the kind of person who will practice psychology in a skillful and responsible manner. The State of Maryland and the profession of psychology will be well served by granting her a license to practice psychology. If you have any further questions, feel free to contact me at (410) 533-9335.

Sincerely,



Keith Hannan, Ph.D.  
Licensed Psychologist

Tonya W. Lockwood, PsyD.  
10907 Potomac St.  
Glenn Dale, MD 20769

October 1, 2005

State of Maryland  
Board of Examiners of Psychologists  
4201 Patterson Avenue  
Baltimore, MD 21215-2299

Dear Board of Examiners of Psychologists:

I am writing this letter on behalf of Lauren Mason to attest to the fact that she received weekly supervision with the undersigned psychologist for a minimum of one hour per week while working for Interdynamics, Inc. performing psychological assessment. Lauren proved to be responsible and easy to supervise as she was competent and committed to delivering quality psychological services. I can state with confidence that she will be a valuable contributor to our field. Supervision with Lauren formally began in November of 2004 and ended when she left Interdynamics in February of 2005. Please note that I was responsible for her Maryland cases and that she received supervision under Benton Wilder, PhD for her DC cases.

If there are any questions regarding the content of this letter, please address them to the undersigned at (301) 807-1926.

Sincerely,



Tonya W. Lockwood, PsyD  
Licensed Psychologist

# CORRESPONDENCE

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

December 2, 2015

Lauren K Mason  
14808 Brownstone Drive  
Burtonsville, MD 20866

Applicant ID: 8620

Dear Dr. Mason:

Thank you for your application for licensure as a Florida Psychologist. Your application has been received and is pending the following documentation:

- Page 8 of the application-#15-Please answer and resubmit.
- Page 9 of the application-#22-Please indicate whether this experience was internship or post-doctoral. You have indicated that you received 45 hours per week of clinical supervision, however, you also indicate that you only worked 40 hours per week. Please correct. Please also provide your supervisor's license number and resubmit.
- Page 9 of the application-#23-Please indicate whether this experience was internship or post-doctoral. You have indicated your title was Psychology Associate. Please note, Florida law requires the title to be either Post-Doctoral Psychology Resident or Post-Doctoral Psychology Fellow. Please also provide your supervisor's license number and resubmit.
- Page 9 of the application-#24-Please indicate whether this experience was internship or post-doctoral. You have indicated your title was Director of Behavioral Health. Please note, Florida law requires the title to be either Post-Doctoral Psychology Resident or Post-Doctoral Psychology Fellow. Please also provide your supervisor's license number and resubmit.
- The board requires that applicants who completed the required post-doctoral supervised experience at more than one location under more than one supervisor must explain how the experiences created a cohesive and integrated training experience. This statement must be in writing from your primary supervisor.
- Supervising Psychologist Verification Form.  
<http://floridaspsychology.gov/applications/supervising-psychologist-verification-form.pdf>
- An official doctoral transcript stating the date your degree was awarded must be submitted directly to the board office from the degree granting institution.
- Results of the EPPP exam sent from the ASPPB score transfer service ([www.asppb.org](http://www.asppb.org)).

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C05 • Tallahassee, FL 32399-3255  
PHONE: (850)245-4444 • FAX: (850) 414-6860

**www.FloridaHealth.gov**

TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fidoh  
FLICKR: HealthyFla  
PIINTEREST: HealthyFla

To verify we received the documentation, you may want to send your documentation via certified mail, overnight mail, or contact the originating source of outstanding documentation. Additional documentation will be processed in the order it is received.

The Board does not review incomplete applications. Applications must be complete thirty days prior to a scheduled Board meeting to ensure review by the Board. Applications that become complete after the deadline will be reviewed at the following meeting.

As a reminder to all applicants, please understand that section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department. Your application will expire November 19, 2016.

Thank you for your interest in practicing psychology in Florida. If you have any questions, please contact me at the address below. You may also reach me at (850) 245-4373 ext. 3482, or e-mail [Michelle.Branch@flhealth.gov](mailto:Michelle.Branch@flhealth.gov).

Sincerely,

A handwritten signature in cursive script, appearing to read "Michelle Branch".

Michelle Branch  
Regulatory Specialist II

## Branch, Michelle L

---

**From:** Trexler, Sean  
**Sent:** Monday, February 08, 2016 7:39 AM  
**To:** Branch, Michelle L  
**Subject:** FW: FW: Filed Petition for VW

Please see Rachel's response below regarding applicant Lauren Mason.

Thanks,  
Sean

**From:** Rachel Clark [mailto:Rachel.Clark@myfloridalegal.com]  
**Sent:** Friday, February 05, 2016 5:21 PM  
**To:** Trexler, Sean <Sean.Trexler@flhealth.gov>  
**Subject:** Re: FW: Filed Petition for VW

Hi Sean,

This petition appears legally sufficient and may be placed on an agenda. Thanks.

## Rachel W. Clark

Assistant Attorney General  
Administrative Law Bureau  
Office of the Attorney General  
The Capitol, PL-01  
Tallahassee, FL 32399-1050  
(850) 414-3300  
(850) 922-6425 Facsimile  
(850) 414-3751 Direct Line  
[Rachel.Clark@myfloridalegal.com](mailto:Rachel.Clark@myfloridalegal.com)



\*\*\* Florida has a broad public records law. Most written communications, including emails, to or from state officials are public records subject to disclosure upon request. \*\*\*

"Trexler, Sean" ---02/05/2016 03:42:07 PM---Good afternoon Rachel, is this acceptable to go before the Board?

**From:** "Trexler, Sean" <Sean.Trexler@flhealth.gov>  
**To:** "Rachel.Clark@myfloridalegal.com" <Rachel.Clark@myfloridalegal.com>  
**Date:** 02/05/2016 03:42 PM  
**Subject:** FW: Filed Petition for VW

Good afternoon Rachel,

## **RULES REVIEW AND/OR DEVELOPMENT**

### **64B19-13.004 Board Approval of Continuing Psychological Education Providers**

During the April 2016 meeting, the Board agreed to add the following language to this rule to specify requirements for medical errors course providers:

*“Many of the programs that have been developed to allow Florida health care practitioners to satisfy the course requirement on prevention of medical errors are exclusively geared for clinicians working within medical settings. This may be inadequate for psychologists, in terms of clinical relevance and applicability. Consequently, in order to be approved to offer the medical errors prevention course to psychologists, providers must develop course content that moves beyond that which is typically found in the medically-oriented programs (i.e., wrong site surgery). **In addition to including a study of root-cause analysis, error reduction and prevention, and patient safety, providers should discuss areas within mental health practice that carry the potential for "medical" errors. Examples would include improper diagnosis, failure to comply with mandatory abuse reporting laws, inadequate assessment of potential for violence (e.g., suicide, homicide), failure to detect medical conditions presenting as a psychological/psychiatric disorder.**”*

**An updated draft of the rule text containing these changes will be provided in an addendum for your final rule.**

## CURRENT RULE LANGUAGE

### 64B19-13.004 Board Approval of Continuing Psychological Education Providers.

(1) To obtain or renew provider status, the applicant must demonstrate to the Board's satisfaction that the programs to be offered by the applicant will:

- (a) Enhance psychological skills or psychological knowledge;
- (b) Be of sufficient duration to adequately address the subject matter of the program;
- (c) Be taught by an individual who has at least two (2) years of education or research in, or practical application of, the subject matter of the program.

(2) To allow the Board to evaluate the prospective provider's initial application, the applicant must submit the following:

(a) A narrative description of one (1) program to be offered by the provider to psychologists for credit. The narrative must include sufficient information to show that the program meets the criteria of subsection (1) of this rule. The narrative must also include research to be relied upon in the presentation of the program;

- (b) All promotional material concerning that program;
- (c) The learning objectives of the program;
- (d) The name of the instructor for the program;
- (e) The qualifications of the instructor to conduct that program;
- (f) A sample of the program evaluation form to be completed by each program attendee;
- (g) A sample certificate of completion;

(h) A nonrefundable application fee of \$250. The application fee shall be waived for continuing education providers that are currently approved by the board to provide continuing education courses.

(3) The "enhancement of psychological skills or knowledge" occurs only when the program increases the ability of licensed psychologists to deliver psychological services to the public. Such programs presume a basic level of psychological education and training that is beyond the undergraduate level. The program may focus on the further development of already existing psychological skills or knowledge. The program may encourage interdisciplinary approaches to the delivery of psychological services. The program may introduce recent scientific findings in an area that impacts on the practice of psychology, or the program may focus on a specific area of expertise not covered by general psychological education and training. As a general rule, a program that is designed to appeal to the general public will probably not be a program that will enhance psychological skills or knowledge.

*Rulemaking Authority 490.004(4), 490.0085(4) FS. Law Implemented 490.007(2), 490.0085(1), (3) FS. History—New 1-28-93, Formerly 21U-13.005, Amended 6-14-94, Formerly 61F13-13.005, Amended 1-7-96, Formerly 59AA-13.004, Amended 7-18-13.*

## CURRENT STATUTES

### 456.013 Department; general licensing provisions.—

(7) 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. In addition, the course approved by the Board of Medicine and the Board of Osteopathic Medicine shall include information relating to the five most misdiagnosed conditions during the previous biennium, as determined by the board. 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.

**490.0085 Continuing education; approval of providers, programs, and courses; proof of completion.—**

- (1) Continuing education providers, programs, and courses shall be approved by the department or, in the case of psychologists, the board.
- (2) The department or, in the case of psychologists, the board has the authority to set a fee not to exceed \$500 for each applicant who applies for or renews provider status. Such fees shall be deposited into the Medical Quality Assurance Trust Fund.
- (3) Proof of completion of the required number of hours of continuing education shall be submitted to the department in the manner and time specified by rule and on forms provided by the department.
- (4) The department or, in the case of psychologists, the board shall adopt rules and guidelines to administer and enforce the provisions of this section.

*History.—ss. 1, 2, ch. 84-168; ss. 18, 19, ch. 87-252; s. 36, ch. 88-392; ss. 12, 13, ch. 89-70; s. 10, ch. 90-192; s. 4, ch. 91-429; s. 111, ch. 92-149; s. 7, ch. 95-279; s. 164, ch. 99-397.*

**DEPARTMENT OF HEALTH  
BOARD OF PSYCHOLOGY  
GENERAL BUSINESS MEETING  
APRIL 22, 2016  
MINUTES  
*Excerpt***

**HYATT REGENCY JACKSONVILLE RIVERFRONT  
225 EAST COASTLINE DRIVE, JACKSONVILLE, FL 32202  
904-588-1234**

**RULES REVIEW AND/OR DEVELOPMENT**

**Tab 13.** Rule 64B19-13.004, F.A.C., Board Approval of Continuing Psychological Education Providers

Review of this rule is before the Board to discuss adding provisions to be taken into Consideration for approval of medical errors courses.

Historically, the Board has indicated as follows:

“Many of the programs that have been developed to allow Florida health care practitioners to satisfy the course requirement on prevention of medical errors are exclusively geared for clinicians working within medical settings. This may be inadequate for psychologists, in terms of clinical relevance and applicability. Consequently, in order to be approved to offer the medical errors prevention course to psychologists, providers medically-oriented programs, (i.e., wrong site surgery). In addition to including a study of root-cause analysis, error reduction and prevention, and patient safety, providers should discuss areas within mental health practice that carry the potential for “medical” errors. Examples would include improper diagnosis, failure to comply with mandatory abuse reporting laws, inadequate assessment of potential for violence (e.g., psychological/psychiatric disorder.”

Rule 64B19-13.004, F.A.C., as well as related regulations were provided for the Board’s consideration of this proposed modification.

Rule language will be brought before the June 17, 2016 Board Quorum Conference Call for consideration.

## CURRENT RULE LANGUAGE

### 64B19-13.004 Board Approval of Continuing Psychological Education Providers.

(1) To obtain or renew provider status, the applicant must demonstrate to the Board's satisfaction that the programs to be offered by the applicant will:

- (a) Enhance psychological skills or psychological knowledge;
- (b) Be of sufficient duration to adequately address the subject matter of the program;
- (c) Be taught by an individual who has at least two (2) years of education or research in, or practical application of, the subject matter of the program.

(2) To allow the Board to evaluate the prospective provider's initial application, the applicant must submit the following:

(a) A narrative description of one (1) program to be offered by the provider to psychologists for credit. The narrative must include sufficient information to show that the program meets the criteria of subsection (1) of this rule. The narrative must also include research to be relied upon in the presentation of the program;

- (b) All promotional material concerning that program;
- (c) The learning objectives of the program;
- (d) The name of the instructor for the program;
- (e) The qualifications of the instructor to conduct that program;
- (f) A sample of the program evaluation form to be completed by each program attendee;
- (g) A sample certificate of completion;

(h) A nonrefundable application fee of \$250. The application fee shall be waived for continuing education providers that are currently approved by the board to provide continuing education courses.

(3) The "enhancement of psychological skills or knowledge" occurs only when the program increases the ability of licensed psychologists to deliver psychological services to the public. Such programs presume a basic level of psychological education and training that is beyond the undergraduate level. The program may focus on the further development of already existing psychological skills or knowledge. The program may encourage interdisciplinary approaches to the delivery of psychological services. The program may introduce recent scientific findings in an area that impacts on the practice of psychology, or the program may focus on a specific area of expertise not covered by general psychological education and training. As a general rule, a program that is designed to appeal to the general public will probably not be a program that will enhance psychological skills or knowledge.

*Rulemaking Authority 490.004(4), 490.0085(4) FS. Law Implemented 490.007(2), 490.0085(1), (3) FS. History—New 1-28-93, Formerly 21U-13.005, Amended 6-14-94, Formerly 61F13-13.005, Amended 1-7-96, Formerly 59AA-13.004, Amended 7-18-13.*

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### 456.013 Department; general licensing provisions.—

(7) 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. In addition, the course approved by the Board of Medicine and the Board of Osteopathic Medicine shall include information relating to the five most misdiagnosed conditions during the previous biennium, as determined by the board. 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.

**490.0085 Continuing education; approval of providers, programs, and courses; proof of completion.—**

- (1) Continuing education providers, programs, and courses shall be approved by the department or, in the case of psychologists, the board.
- (2) The department or, in the case of psychologists, the board has the authority to set a fee not to exceed \$500 for each applicant who applies for or renews provider status. Such fees shall be deposited into the Medical Quality Assurance Trust Fund.
- (3) Proof of completion of the required number of hours of continuing education shall be submitted to the department in the manner and time specified by rule and on forms provided by the department.
- (4) The department or, in the case of psychologists, the board shall adopt rules and guidelines to administer and enforce the provisions of this section.

*History.—ss. 1, 2, ch. 84-168; ss. 18, 19, ch. 87-252; s. 36, ch. 88-392; ss. 12, 13, ch. 89-70; s. 10, ch. 90-192; s. 4, ch. 91-429; s. 111, ch. 92-149; s. 7, ch. 95-279; s. 164, ch. 99-397.*

**64B19-13.004 Board Approval of Continuing Psychological Education Providers.**

(1) To obtain or renew provider status, the applicant must demonstrate to the Board's satisfaction that the programs to be offered by the applicant will:

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(b) Be of sufficient duration to adequately address the subject matter of the program;

(c) Be taught by an individual who has at least two (2) years of education or research in, or practical application of, the subject matter of the program.

(2) To allow the Board to evaluate the prospective provider's initial application, the applicant must submit the following:

(a) A narrative description of one (1) program to be offered by the provider to psychologists for credit. The narrative must include sufficient information to show that the program meets the criteria of subsection (1) of this rule. The narrative must also include research to be relied upon in the presentation of the program;

(b) All promotional material concerning that program;

(c) The learning objectives of the program;

(d) The name of the instructor for the program;

(e) The qualifications of the instructor to conduct that program;

(f) A sample of the program evaluation form to be completed by each program attendee;

(g) A sample certificate of completion;

(h) A nonrefundable application fee of \$250. The application fee shall be waived for continuing education providers that are currently approved by the board to provide continuing education courses.

(3) Providers of psychological medical errors courses must develop course content that moves beyond that which is typically found in the medically-oriented programs (i.e., wrong site surgery). In addition to including a study of root-cause analysis, error reduction and prevention, and patient safety, providers should discuss areas within mental health practice that carry the potential for "medical" errors. Examples would include improper diagnosis, failure to comply with mandatory abuse reporting laws, inadequate assessment of potential for violence (e.g., suicide, homicide), failure to detect medical conditions presenting as a psychological/psychiatric disorder.

~~(4)~~ (3) The "enhancement of psychological skills or knowledge" occurs only when the program increases the ability of licensed psychologists to deliver psychological services to the public. Such programs presume a basic level of psychological education and training that is beyond the undergraduate level. The program may focus on the further development of already existing psychological skills or knowledge. The program may encourage interdisciplinary approaches to the delivery of psychological services. The program may introduce recent scientific findings in an area that impacts on the practice of psychology, or the program may focus on a specific area of expertise not covered by general psychological education and training. As a general rule, a program that is designed to appeal to the general public will probably not be a program that will enhance psychological skills or knowledge.

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\_\_\_\_\_.



# RULES REVIEW AND/OR DEVELOPMENT

## 64B19-11.005, F.A.C., Supervised Experience Requirements

Review of this rule was before the newly formed Supervised Experience Review Committee held on June 24, 2016. The Committee discussed revisions to the rule in light of the fact that there have been approximately 15 petitions for variance/waiver filed with regard to this rule since January 2015. Rachel Clark has provided rule language for the Board's review.

Highlighted for discussion are the following provisions:

<b>1. Requirements for Post- Doctoral Supervision Completed in More Than One Location under More Than One Supervisor</b>
<p>(2)(b) A psychology resident or post-doctoral fellow may be supervised by more than one supervisor, at more than one location. If there is more than one supervisor, however, then one of the supervisors must be identified as the primary supervisor. The primary supervisor shall be the supervisor who enters into the agreement with the applicant for licensure, for supervision, and who integrates all of the applicant's supervisory experiences.</p> <p>(2)(c) The post-doctoral training must be a cohesive and integrated training experience....</p> <p>(3)(h) When there is more than one supervisor, pursuant to paragraph (2)(b) above, the primary supervisor shall provide the Board with a written statement describing the manner in which the training and supervision comprised a cohesive and integrated experience.</p>
<p><b>Common Issues:</b></p> <ul style="list-style-type: none"><li>• The rule assumes most post-doctoral residents are planning in advance to complete the supervision in more than one location; however, the reality is that most affected applicants complete a portion of their residency in one setting and for a variety of reasons complete the hours in another setting, which puts them in the position of attempting to comply with this provision <i>after-the-fact</i>.</li><li>• Many applicants have difficulty having one of the supervisors agree to be designated as the primary supervisor after-the-fact. Preparing a cohesive and integrated experience letter under these circumstances is typically uncomfortable for the supervisor.</li></ul>
<b>2. Requirement for Completion of Two Hours of Clinical Supervision with One Hour of Individual Face-to-Face Supervision</b>
<p>(2)(c) The post-doctoral training must be a cohesive and integrated training experience <i>which includes the following criteria:</i></p> <p>3. It includes an average of at least two (2) hours of clinical supervision each week, at least one (1) hour of which is individual face-to-face supervision.</p> <p>(3) Supervisors' Responsibilities. The Board requires each primary supervisor to perform and to certify that the primary supervisor has:</p> <p>(d) Provided two (2) hours of clinical supervision each week, one (1) hour of which was individual, face-to-face supervision....</p>
<p><b>Common Issues:</b></p> <ul style="list-style-type: none"><li>• Most problems arise with persons who completed their post-doctoral experience in states with different requirements.</li><li>• Based on previous petitions filed, it appears that psychologists who have practiced successfully in other states have indicated compliance with this requirement after-the-fact is an unreasonable hardship.</li><li>• The rule is not clear to many applicants in terms of what might constitute the other (1) hour of supervision (e.g., group supervision, etc.). Some only indicate the one (1) hour of face-to-face, not understanding that other types of supervision might satisfy the additional clinical hour required.</li></ul>

The Florida

**Board of Psychology**

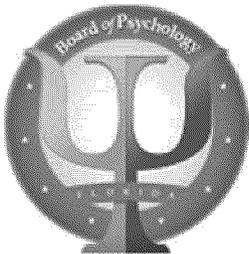
# Draft Minutes

**JUNE 24, 2016**

**BOARD OF PSYCHOLOGY  
SUPERVISED EXPERIENCE REVIEW COMMITTEE MEETING**

**BY TELEPHONE CONFERENCE CALL**

**DIAL-IN NUMBER: 1-888-670-3525  
PUBLIC CONFERENCE CODE: 7811783909**



**Dr. Randi Mackintosh, Psy.D**  
**Chair**

# Minutes

**BOARD OF PSYCHOLOGY  
SUPERVISED EXPERIENCE REVIEW COMMITTEE MEETING  
BY TELEPHONE CONFERENCE CALL  
JUNE 24 2016  
MINUTES  
(Draft)**

**DIAL-IN NUMBER: 1-888-670-3525  
PUBLIC CONFERENCE CODE: 7811783909#**

## **Call to order-Supervised Experience Review Committee**

**Dr. Randi Mackintosh, called the committee meeting to order at approximately 8:00 a.m. Those present for all or part of the meeting, included the following:**

### **MEMBERS PRESENT**

Randi Mackintosh, Psy.D  
Dr. J. Drake Miller, Psy.D  
Andrew S. Rubin, Ph.D

### **STAFF PRESENT**

Anna L. Hart King, Program Operations Administrator  
Michelle Branch, Regulatory Specialist II  
Sean Trexler, Regulatory Specialist II

### **ASSISTANT ATTORNEY GENERAL**

Rachel Clark, Esquire

## **RULES REVIEW AND/OR DEVELOPMENT**

### **Tab 1. 64B19-11.005, F.A.C., Supervised Experience Requirements**

Review of this rule was before the April 22, 2016 General Business Meeting for discussion on provisions identified by the Board Chair and Board Counsel and in light of the fact that there have been approximately 15 petitions for variance/waiver filed with regard to this rule since January 2015. Dr. Andrew Rubin and Dr. Randi Mackintosh formed a subcommittee to address any potential changes to the rule.

Highlighted for discussion are the following provisions:

#### **1. Requirements for Post- Doctoral Supervision Completed in More Than One Location under More Than One Supervisor**

**(2)(b)** A psychology resident or post-doctoral fellow may be supervised by more than one supervisor, at more than one location. If there is more than one supervisor, however, then one of the supervisors must be identified as the primary supervisor. The primary supervisor shall be the supervisor who enters into the agreement with the applicant for licensure, for supervision, and who integrates all of the applicant's supervisory experiences.

**(2)(c)** The post-doctoral training must be a cohesive and integrated training experience....

**(3)(h)** When there is more than one supervisor, pursuant to paragraph (2)(b) above, the primary supervisor shall provide the Board with a written statement describing the manner in which the training and supervision comprised a cohesive and integrated experience.

#### **Common Issues:**

- The rule assumes most post-doctoral residents are planning in advance to complete the supervision in more than one location; however, the reality is that most affected applicants

# Minutes

complete a portion of their residency in one setting and for a variety of reasons complete the hours in another setting, which puts them in the position of attempting to comply with this provision *after-the-fact*.

- Many applicants have difficulty having one of the supervisors agree to be designated as the primary supervisor after-the-fact. Preparing a cohesive and integrated experience letter under these circumstances is typically uncomfortable for the supervisor.

## **2. Requirement for Completion of Two Hours of Clinical Supervision with One Hour of Individual Face-to-Face Supervision**

**(2)(c)** The post-doctoral training must be a cohesive and integrated training experience which includes the following criteria:

**3.** It includes an average of at least two (2) hours of clinical supervision each week, at least one (1) hour of which is individual face-to-face supervision.

**(3)** Supervisors' Responsibilities. The Board requires each primary supervisor to perform and to certify that the primary supervisor has:

**(d)** Provided two (2) hours of clinical supervision each week, one (1) hour of which was individual, face-to-face supervision....

### **Common Issues:**

- Most problems arise with persons who completed their post-doctoral experience in states with different requirements.
- Based on previous petitions filed, it appears that psychologists who have practiced successfully in other states have indicated compliance with this requirement after-the-fact is an unreasonable hardship.
- The rule is not clear to many applicants in terms of what might constitute the other (1) hour of supervision (e.g., group supervision, etc.). Some only indicate the one (1) hour of face-to-face, not understanding that other types of supervision might satisfy the additional clinical hour required.

Dr. Randi Mackintosh has volunteered to chair this committee.

The committee discussed the following revisions to the rule.

Adding Canadian psychologists as acceptable supervisors to (1)(c).

- Removing the requirement of a primary supervisor from (2)(b) and adding a statement indicating if there is more than one supervisor, the training must comply with subsection (3) of the rule. The post-doctoral resident and each supervisor must enter into an agreement for supervision and licensure.
- Removing the reference to a cohesive and integrated training experience to (2)(c).
- Revising (2)(c)(1) to indicate an average of twenty (20) hours per week (part-time) for two years or forty (40) hours per week for one year.
- Adding language to (2)(c)(2) clarifying that direct client contact should include individual and group therapy or in person assessment or testing as well as allowing for contact via electronic media.
- Adding language to (2)(c)(3) clarifying clinical supervision to include individual supervision, group supervision, case presentations and to indicate that the supervisor must be present.
- Eliminating (2)(h) from the rule.

Rachel Clark will prepare draft language to present at the July 22, 2016 General Business meeting.

The meeting adjourned at 8:45 a.m.

Department of Health  
OFFICE OF THE GENERAL COUNSEL

**Proposed Rule: Is a SERC Required**

Division: Medical Quality Assurance

Rule: 64B19-11.005, F.A.C., Supervised Experience Requirements

**Please remember to analyze the impact of the rule, NOT the statute, when completing this form.**

I. Adverse Impact Determination

a. Economic? (Check all that apply.)

- Increased fees to be paid by licensee, applicant, registrant, etc.  
 Increased costs of doing business (equipment, software, etc.)  
 Increased personnel costs (additional employees, insurance, overtime, training, etc.)  
 Decreased opportunity for profit (limits on fees, scope of business/practice, ability to partner with others, etc.)

b. Non-economic? (Check all that apply.)

- Increased time and effort to comply (forms, tests, etc.)  
 Increased need for specialized knowledge (legal, technical, etc.)

If any of the above boxes are checked, answer "Yes," then continue to the next section. If no boxes are checked, answer "No," and skip to Section III below.  Yes  No

II. Small Business Determination

a. Are any of the affected entities a "small business?" (Check all that apply.)

- 200 or less **permanent full-time** employees;  
 Net worth less than \$5 million (including value of affiliates);  
 Independently owned and operated (NOT a subsidiary of another entity); **AND**,  
 Engaged in a commercial enterprise?

If **ALL** of the preceding boxes are checked, answer "Yes," and skip to Section III below.

If you did not check **ALL** of the above boxes, check "No," then continue to the next qualification.

Yes  No

b. Small Business Certification

- Does any affected entity have Small Business Administration 8(a) certification?  
 Yes (see, [www.ccr.gov](http://www.ccr.gov))  No

If the answers to I and II are "Yes," the agency must prepare a SERC.

III. Regulatory Cost Increase Determination

Direct:

- a. Increased Regulatory Cost: \_\_\_\_\_  
b. Number of Entities Impacted: \_\_\_\_\_  
c. Multiply a. times b.: \_\_\_\_\_  
d. Is c. greater than \$200,000?  Yes  No

Indirect:

- e. Any ascertainable indirect costs?  Yes  No  
f. Amount of Indirect Cost: \_\_\_\_\_  
g. Number of Entities Impacted: \_\_\_\_\_  
h. Multiply g. times f.: \_\_\_\_\_  
i. Is h. greater than \$200,000?  Yes  No  
j. Is h. plus c. greater than \$200,000?  Yes  No

If the answer to d., i., or j. is "Yes," the agency must prepare a SERC.

Prepared By: \_\_\_\_\_

Date: \_\_\_\_\_

---

**To be certified by the agency head, if the agency is within the purview of the Governor; otherwise, certified by the agency's legal counsel or other appropriate person.**

Is a SERC required?  Yes  No

Name: \_\_\_\_\_

(Signature)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_



## CURRENT RULE LANGUAGE

### **64B19-11.005 Supervised Experience Requirements.**

The law requires 4,000 hours of supervised experience for licensure. The Board recognizes that the applicant's internship satisfies 2,000 of those hours. This rule concerns the remaining 2,000 hours.

(1) Definitions. Within the context of this rule, the following definitions apply:

(a) "Association" or "in association with": the supervisory relationship between the supervisor and the psychological resident.

(b) "Psychology Resident or Post-Doctoral Fellow." A psychology resident or post-doctoral fellow is a person who has met Florida's educational requirements for licensure and intends from the outset of the supervised experience to meet that part of the supervised experience requirement for licensure which is not part of the person's internship.

(c) "Supervisor." A supervisor is either a licensed Florida psychologist in good standing with the Board, or a doctoral-level psychologist licensed in good standing in another state or United States territory providing supervision for licensure in that state or territory. However, where the psychology resident or post-doctoral fellow is on active duty with the armed services of the United States, or employed full time by the United States as a civilian psychology resident or post-doctoral fellow to provide services to the armed services or to a veterans administration facility, the supervisor may be a doctoral-level psychologist licensed in good standing in any state or territory, regardless of where the supervision is conducted.

(d) All applicants for licensure shall use the title psychology resident or post-doctoral fellow until licensed as a psychologist.

(e) The psychology resident or post-doctoral fellow shall inform all service users of her or his supervised status and provide the name of the supervising psychologist. Consultation reports, and summaries shall be co-signed by the supervising psychologist. Progress notes may be co-signed at the discretion of the supervision psychologist.

(2) Requirements and Prohibitions. All applicants for licensure must complete at least 2,000 hours of post doctoral experience under a supervisor whose supervision comports with subsection (3) of this rule.

(a) There may be no conflict of interest created by the supervisory association and no relationship may exist between the supervisor and the psychological resident except the supervisory association.

(b) A psychology resident or post-doctoral fellow may be supervised by more than one supervisor, at more than one location. If there is more than one supervisor, however, then one of the supervisors must be identified as the primary supervisor. The primary supervisor shall be the supervisor who enters into the agreement with the applicant for licensure, for supervision, and who integrates all of the applicant's supervisory experiences.

(c) The post-doctoral training must be a cohesive and integrated training experience which includes the following criteria:

1. It averages at least twenty (20) hours a week over no more than one hundred and four (104) weeks. Alternatively, it averages no more than forty (40) hours a week over no more than fifty-two (52) weeks;

2. It requires at least 900 hours in activities related to direct client contact;

3. It includes an average of at least two (2) hours of clinical supervision each week, at least one (1) hour of which is individual face-to-face supervision.

(3) Supervisors' Responsibilities. The Board requires each primary supervisor to perform and to certify that the primary supervisor has:

(a) Entered into an agreement with the applicant for licensure, which details the applicant's obligations and remuneration as well as the supervisor's responsibilities to the applicant;

(b) Determined that the psychology resident or post-doctoral fellow was capable of providing competent and safe psychological service to that client;

(c) Maintained professional responsibility for the psychology resident or post-doctoral fellow's work;

(d) Provided two (2) hours of clinical supervision each week, one (1) hour of which was individual,

face-to-face supervision;

(e) Prevailed in all professional disagreements with the psychology resident or post-doctoral fellow;

(f) Kept informed of all the services performed by the psychology resident or post-doctoral fellow;

(g) Advised the Board if the supervisor has received any complaints about the psychology resident or post-doctoral fellow or has any reason to suspect that the resident is less than fully ethical, professional, or qualified for licensure.

(h) When there is more than one supervisor, pursuant to paragraph (2)(b) above, the primary supervisor shall provide the Board with a written statement describing the manner in which the training and supervision comprised a cohesive and integrated experience.

(4) Until licensure, an individual who completes post doctoral training residency may continue to practice under supervision so long as the individual does so in the manner prescribed by this rule and so long as the individual has applied for licensure and no final order of denial has been entered in the application case before the Board.

*Rulemaking Authority 490.004(4) FS. Law Implemented 490.005(1) FS. History—New 11-18-92, Amended 7-14-93, Formerly 21U-11.007, Amended 6-14-94, Formerly 61F13-11.007, Amended 1-7-96, Formerly 59AA-11.005, Amended 12-4-97, 8-5-01, 7-27-04, 3-4-10, 8-15-11, 9-24-13.*

## **CURRENT STATUTE**

### **490.005 Licensure by examination.—**

(1) Any person desiring to be licensed as a psychologist shall apply to the department to take the licensure examination. The department shall license each applicant who the board certifies has:

(c) Had at least 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. The experience requirement may be met by work performed on or off the premises of the supervising psychologist if the off-premises work is not the independent, private practice rendering of psychological services that does not have a psychologist as a member of the group actually rendering psychological services on the premises.

### 64B19-11.005 Supervised Experience Requirements.

The law requires 2 years or 4,000 hours of supervised experience for licensure. The Board recognizes that the applicant's internship satisfies 1 year or 2,000 of those hours. This rule concerns the remaining 1 year or 2,000 hours.

(1) Definitions. Within the context of this rule, the following definitions apply:

(a) "Association" or "in association with": the supervisory relationship between the supervisor and the psychological resident.

(b) "Psychology Resident or Post-Doctoral Fellow." A psychology resident or post-doctoral fellow is a person who has met Florida's educational requirements for licensure and intends from the outset of the supervised experience to meet that part of the supervised experience requirement for licensure which is not part of the person's internship.

(c) "Supervisor." A supervisor is either a licensed Florida psychologist in good standing with the Board, or a doctoral-level psychologist licensed in good standing in another state or United States territory, or Canada providing supervision for licensure in that state or territory. However, where the psychology resident or post-doctoral fellow is on active duty with the armed services of the United States, or employed full time by the United States as a civilian psychology resident or post-doctoral fellow to provide services to the armed services or to a veterans administration facility, the supervisor may be a doctoral-level psychologist licensed in good standing in any state or territory, regardless of where the supervision is conducted.

(d) All applicants for licensure shall use the title psychology resident or post-doctoral fellow until licensed as a psychologist.

(e) The psychology resident or post-doctoral fellow shall inform all service users of her or his supervised status and provide the name of the supervising psychologist. Consultation reports, and summaries shall be co-signed by the supervising psychologist. Progress notes may be co-signed at the discretion of the supervision psychologist.

(2) Requirements and Prohibitions. All applicants for licensure must complete at least 1 year or 2,000 hours of post doctoral experience under a supervisor whose supervision comports with subsection (3) of this rule.

(a) There may be no conflict of interest created by the supervisory association and no relationship may exist between the supervisor and the psychological resident except the supervisory association.

(b) A psychology resident or post-doctoral fellow may be supervised by more than one supervisor, at more than one location. If there is more than one supervisor, each supervisor must provide supervision in a manner that comports with subsection (3) of this rule however, then one of the supervisors must be identified as the primary supervisor. The primary supervisor shall be the supervisor who enters into the agreement with the applicant for licensure, for supervision, and who integrates all of the applicant's supervisory experiences.

(c) The post-doctoral training must include be a cohesive and integrated training experience which includes the following criteria:

1. It averages at least twenty (20) hours a week over no more than one hundred and four (104) weeks. Alternatively, it averages no more than forty (40) hours a week over no more than fifty-two (52) weeks;

2. It requires at least 900 hours in activities related to direct client contact;

3. It includes an average of at least two (2) hours of clinical supervision each week, at least one (1) hour of which is individual face-to-face supervision.

(3) Supervisors' Responsibilities. The Board requires each primary supervisor to perform and to certify that the primary supervisor has:

(a) Entered into an agreement with the applicant for licensure, which details the applicant's obligations and remuneration as well as the supervisor's responsibilities to the applicant;

(b) Determined that the psychology resident or post-doctoral fellow was capable of providing competent and safe psychological service to that client;

(c) Maintained professional responsibility for the psychology resident or post-doctoral fellow's work;

(d) Provided two (2) hours of clinical supervision each week, one (1) hour of which was individual, face-to-face supervision;

(e) Prevailed in all professional disagreements with the psychology resident or post-doctoral fellow;

(f) Kept informed of all the services performed by the psychology resident or post-doctoral fellow;

(g) Advised the Board if the supervisor has received any complaints about the psychology resident or post-doctoral fellow or has any reason to suspect that the resident is less than fully ethical, professional, or qualified for licensure.

(h) When there is more than one supervisor, pursuant to paragraph (2)(b) above, each the primary supervisor shall provide the Board with a written statement describing the manner in which the training and supervision took place comprised a cohesive and

~~integrated experience.~~

(4) Until licensure, an individual who completes post doctoral training residency may continue to practice under supervision so long as the individual does so in the manner prescribed by this rule and so long as the individual has applied for licensure and no final order of denial has been entered in the application case before the Board.

*Rulemaking Authority 490.004(4) FS. Law Implemented 490.005(1) FS. History—New 11-18-92, Amended 7-14-93, Formerly 21U-11.007, Amended 6-14-94, Formerly 61F13-11.007, Amended 1-7-96, Formerly 59AA-11.005, Amended 12-4-97, 8-5-01, 7-27-04, 3-4-10, 8-15-11, 9-24-13, \_\_\_\_\_.*

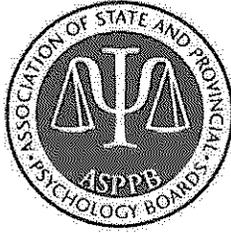
## **RULE STATUS REPORT**

Rachel Clark, Assistant Attorney General

- Rule 64B19-11.012, F.A.C., Application Forms
- Rule 64B19-11.010, F.A.C., Limited Licensure
- Rule 64B19-11.011, F.A.C., Provisional Licensure, Supervision of Provisional Licensees
- Rule 64B19-11.012 F.A.C., Application Forms

**BOARD OF PSYCHOLOGY  
RULES REPORT – JULY 2016**

<b>Rule Number</b>	<b>Rule Title</b>	<b>Date Rule Language Approved by Board</b>	<b>Date Sent to OFARR</b>	<b>Rule Development Published</b>	<b>Notice Published</b>	<b>Adopted</b>	<b>Effective</b>
64B19-11.012	Application Forms	1/15/16	1/28/16	2/10/16	2/26/16 (JAPC letter rec'd 3/14/16; Response letter sent 3/21/16)	4/1/16	4/21/16
64B19-11-010	Limited Licensure	April 22, 2016	May 13, 2016	May 23, 2016	06/09/2016 (JAPC letter rec'd 6/2/16; Response letter sent 6/27/16)		
64B19-11.011	Provisional License; Supervision of Provisional Licensees						
64B19-11.012	Application Forms						



## Association of State and Provincial Psychology Boards

Serving member jurisdictions by promoting excellence in regulation and advancing public protection.

FOR IMMEDIATE RELEASE  
May 19, 2016

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Associate Executive Officer  
Member Services  
Janet Pippin Orwig, MBA

### ARIZONA BECOMES THE FIRST STATE TO ENACT THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT)

**GEORGIA** – The Board of Directors of the Association of State and Provincial Psychology Boards (ASPPB) is proud to announce Arizona as the first state to adopt the Psychology Interjurisdictional Compact (PSYPACT). Legislation was signed into law by Arizona Governor Doug Ducey on May 17, 2016.

PSYPACT is an interstate compact designed to facilitate telehealth and temporary in-person, face-to-face practice of psychology across jurisdictional boundaries. PSYPACT was developed by the ASPPB Telepsychology Task Force after consideration of feedback from the ASPPB member jurisdictions and other relevant stakeholders over the past several years.

"We have embarked on a journey that embraces the future delivery of psychological services. Psychologists will have the ability to practice in the digital era and consumers will have improved access to psychological care. Arizona is proud to be the first state to pass this historic legislation and looks forward to joining other states in the implementation of the PSYPACT," said Frederick S. Wechsler, PhD, PsyD, ABPP (CI), Chair of the Arizona Board of Psychologists Examiners.

"ASPPB congratulates Arizona for enacting PSYPACT. This piece of legislation offers qualified psychologists a responsible way to provide services across state lines for temporary in-person practice or practice using telecommunications technology, while at the same time providing increased consumer protection" said Don L. Crowder, PhD, ASPPB President.

"Adoption of PSYPACT by the Arizona state legislature marks the beginning of a regulatory system that can promote expanded consumer access to care while still offering the consumer protections that a strong regulatory agreement between participating compact states provides. The Arizona Board of Psychologist Examiners should be commended for shepherding PSYPACT through the legislative process." said ASPPB's Chief Executive Officer, Stephen T. DeMers, EdD.

For more information about PSYPACT, please visit [www.psypact.org](http://www.psypact.org). If you have any questions or would like to sign up for the PSYPACT Listserv, please email [info@psypact.org](mailto:info@psypact.org).

## **REPORTS, IF ANY**

Dr. Dean Aufderheide, Ph.D

Other Board Members:

Dr. Andrew Rubin, Healthiest Weight Updates, If Any



Cash Balance Report for 9 Months Ending March 31, 2016

64-75-11-01-027 PSYCHOLOGY		licensed	unlicensed	total
<b>Beginning Cash Balances</b>		<b>\$1,044,528</b>	<b>(\$94,571)</b>	<b>\$949,957</b>
<b>Revenues</b>				
61800	Refunds	\$479	\$0	\$479
66700	Fees and Licenses	\$436,178	\$5,855	\$442,033
67200	Sales of Goods and Services - non-State	\$87	\$0	\$87
67300	Fines, Forfeitures, Judgements & Settlements	\$33,368	\$2,079	\$35,447
68900	Other non-Operating Revenues	\$1	\$0	\$1
<b>Total Revenues</b>		<b>\$470,113</b>	<b>\$7,934</b>	<b>\$478,047</b>
<b>Expenditures</b>				
110000	Salary and Bonuses	\$107,575	\$5,635	\$113,210
121000	Other Personnel Services - Wages	\$5,361	\$2,334	\$7,696
131300	Consulting Services	\$1,625	\$0	\$1,625
131400	Court Reporting, Transcript & Translation Services	\$1,707	\$0	\$1,707
131600	Legal Fees and Attorney Services	\$16,948	\$0	\$16,948
131700	Medical Services	\$6,497.81	\$0.62	\$6,498.43
131800	Expert Witness Fee	\$12,018	\$0	\$12,018
132200	Temporary Employment Services	\$266	\$0	\$266
132400	Examination and Inspection Services	\$1	\$0	\$1
132600	Research Services	\$29	\$0	\$29
132700	Information Technology Services	\$36,093	\$13	\$36,106
132800	Training Services	\$168	\$0	\$168
133100	Advertising	\$569	\$0	\$569
134100	Security Services	\$405.54	\$0.66	\$406.20
134200	Mailing and Delivery Services	\$1,673	\$9	\$1,682
134500	Banking Services	\$799	\$119	\$918
134900	Fingerprint & Background Check Services	\$30	\$2	\$32
151000	Employment Taxes & Contributions	\$47,920	\$2,743	\$50,663
165000	Unemployment Compensation Contributions	\$185	\$0	\$185
221000	Communications	\$1,864	\$176	\$2,040
225000	Postage	\$4,902	\$6	\$4,907
230000	Printing & Reproduction	\$432.48	\$0.62	\$433.10
241000	Repairs & Maintenance	\$349	\$2	\$351
261000	In-State Travel	\$8,976	\$446	\$9,423
262000	Out-of-State Travel	\$1,343	\$0	\$1,343
320000	Building & Construction Materials	\$116	\$0	\$116
341000	Educational & Training Supplies	\$2,565	\$194	\$2,759
371000	Gasoline, Lubricants & Auto Parts	\$174	\$11	\$185
392000	Employee Reimbursement other than Travel	\$0.16	\$0.00	\$0.16
393000	Application Software (Licenses)	\$1,038	\$0	\$1,038
399000	Supplies and Materials	\$6	\$0	\$6
419000	Insurance & Surety	\$3,218	\$0	\$3,218
433000	Facility & Storage Space Rental	\$14,603	\$914	\$15,518
446000	Vehicle Rentals	\$2	\$42	\$44
449000	Equipment Rentals	\$1,325	\$29	\$1,354
461000	Fees - General - Commodities	\$444	\$9	\$453
461800	Registration Fee with no Travel Expenses	\$10	\$65	\$76
491000	Attorney's Fees & Gross Proceeds	\$50	\$0	\$50
492000	Subscriptions & Dues	\$2,868	\$0	\$2,868



*Cash Balance Report for 9 Months Ending March 31, 2016*

**Expenditures**

498000	State Awards	\$34	\$0	\$34
516000	Information Technology Equipment	\$135	\$0	\$135
517000	Motor Vehicles	\$84	\$0	\$84
750000	Impaired Practitioner Program	\$7,488	\$0	\$7,488
810000	Non-Operating Distribution and Transfers	\$80,502	\$232	\$80,734
860000	Non Operating - Refunds	\$2,505	\$0	\$2,505
880800	Service Charge to General Revenue 8%	\$11,431	\$0	\$11,431
<b>Total Expenditures</b>		<b>\$386,339</b>	<b>\$12,983</b>	<b>\$399,322</b>
<b>Ending Cash Balances</b>		<b>\$1,128,303</b>	<b>(\$99,620)</b>	<b>\$1,028,683</b>

**DEPARTMENT OF HEALTH  
BOARD OF PSYCHOLOGY  
EXPENDITURES BY FUNCTION  
For Period Ending March 31, 2016**

Function	Direct Charges	Allocated Charges	Total	Percent*
Div of IT & Admin; Ofc of Sec		\$ 14,086	\$ 14,086	3.53%
Director, MQA		\$ 59,116	\$ 59,116	14.80%
Strategic Management Unit		\$ 4,151	\$ 4,151	1.04%
Bureau of HCPR Admin		\$ 1,245	\$ 1,245	0.31%
Board Office	48,890.93	\$ 36,585	\$ 85,476	21.41%
Bureau of Opns Admin		\$ 2,278	\$ 2,278	0.57%
Testing Services	150.00	\$ 11,655	\$ 11,805	2.96%
Practitioner Reporting		\$ 1,123	\$ 1,123	0.28%
Profiling Services			\$ -	0.00%
Licensure Support Svcs	487.33	\$ 7,367	\$ 7,854	1.97%
Imaging Services		\$ 7,031	\$ 7,031	1.76%
Systems Spt Unit		\$ 28,603	\$ 28,603	7.16%
Practitioner Compliance		\$ 564	\$ 564	0.14%
Renewal Support	34.26	\$ 2,405	\$ 2,439	0.61%
Call Center		\$ 7,552	\$ 7,552	1.89%
Central Records		\$ 6,140	\$ 6,140	1.54%
Operational Services		\$ 4,819	\$ 4,819	1.21%
Bureau of Enforce Admin		\$ 719	\$ 719	0.18%
Consumer/Compliance Unit - Enforce	301.65	\$ 10,102	\$ 10,404	2.61%
Investigations Svcs Unit-Enforce	547.30	\$ 33,377	\$ 33,924	8.50%
Prosecution Svcs Unit - Enforce	19,430.09	\$ 21,095	\$ 40,525	10.15%
Impaired Practitioner		\$ 7,488	\$ 7,488	1.88%
DOAH		\$ 11,479	\$ 11,479	2.87%
Attorney General	\$ 16,914		\$ 16,914	4.24%
Web Design Development	206.97	\$ 2,223	\$ 2,430	0.61%
Risk Management Insurance		\$ 3,208	\$ 3,208	0.80%
Human Resource Services		\$ 1,032	\$ 1,032	0.26%
Refund of State Revenues	\$ 2,505	\$ 0	\$ 2,505	0.63%
Service Charge to Gen Revenue	\$ 11,431	\$ 1	\$ 11,431	2.86%
FDLE Transfer			\$ -	0.00%
Ch 215.32 Transfer of Funds			\$ -	0.00%
Unlicensed Activity		\$ 12,983	\$ 12,983	3.25%
<b>Total</b>	<b>\$ 100,898</b>	<b>\$ 298,424</b>	<b>\$ 399,322</b>	<b>100.00%</b>
Cash Balance @ March 31 - Licensed Account				\$ 1,128,303
Cash Balance @ March 31 - Unlicensed Account				\$ (99,620)
* Percent of the function's expenditure to the Board's total expenditures.				

# **CREDENTIALS COMMITTEE REPORT**

The Florida

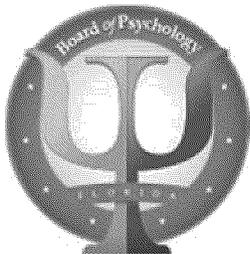
**Board of Psychology**

**Draft Minutes**

**APRIL 22, 2016**

**BOARD OF PSYCHOLOGY  
GENERAL BUSINESS MEETING**

**HYATT REGENCY JACKSONVILLE RIVERFRONT  
225 EAST COASTLINE DRIVE, JACKSONVILLE, FL 32202  
904-588-1234**



**Dr. Dean Aufderheide, Ph.D**  
Chair  
**Dr. J. Drake Miller**  
Vice Chair

# Minutes

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**DEPARTMENT OF HEALTH  
BOARD OF PSYCHOLOGY  
GENERAL BUSINESS MEETING  
APRIL 22, 2016  
MINUTES  
*Draft***

**HYATT REGENCY JACKSONVILLE RIVERFRONT  
225 EAST COASTLINE DRIVE, JACKSONVILLE, FL 32202  
904-588-1234**

1 **To accommodate individuals wishing to address the board, the board Chair may adjust the**  
2 **sequence of the agenda items. The minutes reflect the actual sequence of events rather than**  
3 **the original agenda order.**

4 **CREDENTIALS COMMITTEE MEETING**

5 **MEMBERS PRESENT**

6 Ms. Mary O'Brien, J.D.  
7 Dr. Randi Mackintosh, Psy.D  
8 Dr. Catherine Drew, Ph.D

**STAFF PRESENT**

Allen Hall, Executive Director  
Anna L. Hart King, Program Operations Administrator

9 **MEMBERS ABSENT:**

10 Dr. J. Drake Miller, Psy.D  
11 Excused

12 **ASSISTANT ATTORNEY GENERAL**

13 Deborah Loucks, Esq.

14 **Dr. Randi Mackintosh, called the Credentials Committee to order at approximately 8:00 a.m.**

15 **(The applicants were not present or represented at the committee meeting unless otherwise**  
16 **noted.)**

17 **Tab 1.** John Fletcher Endorsement of 20 Years of Licensed Psychology  
18 Experience

19 Dr. Fletcher was present and sworn in. He was not represented by counsel.

20 Dr. Fletcher applied for licensure on July 15, 2014. His application was approved for the Laws and  
21 Rules exam on September 3, 2014 and his passing score was received on February 26, 2016. Dr.  
22 Fletcher is before the committee due to his "yes" answer on number 30 of the application indicating that  
23 he had his license revoked, suspended, or in any way acted against (e.g. reprimand, administrative  
24 fine, probation, etc.) in any state, U.S. territory or foreign country. On February 22, 2016, a  
25 Massachusetts license verification was received indicating discipline on his license.

26 Provided for the committee's review was the application, transcripts and disciplinary documents from  
27 the Division of Professional Licensure in Boston, Massachusetts.

28 Following discussion, Dr. Randi Mackintosh moved to approve the application. Dr. Catherine Drew  
29 seconded the motion, which carried 3/0.

# Minutes

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1 **Tab 2.** Katherine Miele Gomez Exam with Waiver

2 Dr. Miele Gomez was not present, nor represented by counsel.

3 Dr. Miele Gomez has applied for licensure under the Exam with Waiver method. She has received her  
4 post-doctoral supervision under two different supervisors in two different locations, however, she does  
5 not have a cohesive statement from a primary supervisor. Rule 64B19-11.005, F.A.C., Supervised  
6 Experience Requirements provides, as follows:

7 *(b) A psychology resident or post-doctoral fellow may be supervised by more than one supervisor,*  
8 *at more than one location. If there is more than one supervisor, however, then one of the supervisors*  
9 *must be identified as the primary supervisor. The primary supervisor shall be the supervisor who enters*  
10 *into the agreement with the applicant for licensure, for supervision, and who integrates all of the*  
11 *applicant's supervisory experiences.*

12 She has also taken the EPPP exam and has been licensed in New York since 1999, however, the  
13 score does not meet Florida's requirements.

14 Provided for the committee's review was the application, supervision forms, transcripts and EPPP  
15 information.

16 Following discussion, Ms. Mary O'Brien moved to deny the application based on the applicant does not  
17 meet Florida's experience or examination requirements. Dr. Catherine Drew seconded the motion,  
18 which carried 3/0.

19 **Tab 3.** John Parrino Endorsement of 20 Years of Licensed Psychology  
20 Experience

21 Dr. Parrino was not present, nor represented by counsel.

22 Dr. Parrino has applied for licensure by Endorsement of 20 Years of Licensed Psychology Experience.  
23 He received his doctorate degree from Louisiana State University on May 31, 1969. The transcripts did  
24 not indicate whether his major was in clinical, counseling or school psychology, therefore, staff  
25 requested a letter from the program director or registrar verifying the major so APA accreditation could  
26 be verified. A response was received from the Director of Clinical Training stating that to the best of  
27 their knowledge, Dr. Parrino attended the clinical program. The clinical program at Louisiana State  
28 University was accredited by the APA on February 24, 1956.

29 Provided for the committee's review was the application, license verification, transcripts and the  
30 statement from the university.

31 Following discussion, Ms. Mary O'Brien moved to approve the application. Dr. Catherine Drew  
32 seconded the motion, which carried 3/0.

33 **Tab 4.** Andrea Velletri Endorsement of Other State License (PA 1976)

34 Dr. Velletri was present and was not represented by counsel.

35 Dr. Velletri has applied for licensure under the Endorsement of Other State License method. Provided  
36 for the Board's review was the application and the regulations in effect in Pennsylvania at the time the

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1 applicant was licensed in that state, as well as the applicable regulations in effect in Florida at that  
2 same time.

3 Due to the Board appearing to move toward denial, Dr. Velletri requested to withdraw her application.  
4 Dr. Catherine Drew moved to approve the request to withdraw. Ms. Mary O'Brien seconded the  
5 motion, which carried 3/0.

6 The Credentials Committee adjourned at 8:21 a.m.

## 7 **Call to order - General Business Meeting**

### 8 **GENERAL BUSINESS MEETING**

9 **Dr. Dean Aufderheide, Chair, called the general business meeting to order at approximately 9:00**  
10 **a.m. Those present for all or part of the meeting, included the following:**

#### 11 **MEMBERS PRESENT**

12 Dean Aufderheide, Ph.D., Chair  
13 Mary D. O'Brien, J.D  
14 Andrew Rubin, Ph.D.  
15 Dr. Randi Mackintosh, Psy.D  
16 Dr. Catherine Drew, Ph.D

#### **STAFF PRESENT**

Allen Hall, Executive Director  
Anna L. Hart King, Program Operations Administrator

#### 17 **ASSISTANT ATTORNEY GENERAL**

18 Deborah Loucks, Esq.  
19

#### **ASSISTANT GENERAL COUNSEL**

Carrie McNamara, Esq.  
Oaj Gilani, Esq.

#### 20 **MEMBERS ABSENT:**

21 Dr. J. Drake Miller, Psy.D  
22 Excused

#### 23 **COURT REPORTER**

24 Stephanie T. Lackowicz  
25 Precision Reporting  
26 904-629-5310

## 27 **DISCIPLINARY PROCEEDINGS**

### 28 **SETTLEMENT AGREEMENT**

29 **Tab 1.** Antoinette Elizabeth McPherson Charles, Case # 2014-10316 (p/c/p Dr. Harry Reiff, Dr.  
30 Luis Orta, Dr. Andrew Rubin)

31 Dr. Andrew Rubin recused himself due to his participation on the Probable Cause Panel.

32 Dr. McPherson Charles was not present. She was represented by Carolyn Lewis, Esq.

33 Dr. McPherson Charles violated Section 490.009(1)(w), F.S, through a violation of Rule 64B19

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1 18.007(1), F.A.C., by treating a minor involved in a dissolution of marriage, support, or time-sharing  
2 action and stating an opinion about time-sharing schedules and parenting plans to the court.

3 The following are the terms of the Settlement Agreement:

4 Reprimand

5 \$1,500 Fine

6 \$2000 in Costs

7 Continuing Education-Three (3) hours in Laws and Rules and three (3) hours in professional ethics to  
8 be completed within six (6) months of the filing of the Final Order. These continuing education hours  
9 would be in addition to the regular forty (40) hours that are required for renewal.

10 Following discussion, Ms. Mary O'Brien moved to accept the Settlement Agreement. Dr. Randi  
11 Mackintosh seconded the motion, which carried 4/0.

## 12 **VOLUNTARY RELINQUISHMENT**

13 **Tab 2.** Lance Pulver, Case # 2015-30473

14 Dr. Pulver was not present, nor represented by counsel.

15 A Uniform Consumer Complaint was filed with the Department stating Dr. Pulver has violated the terms  
16 of the final order dated August 12, 2015, Case Number 2012-14553. In lieu of undergoing further  
17 disciplinary action, Dr. Pulver has returned an executed Voluntary Relinquishment of his license.

18 Following discussion, Ms. Mary O'Brien moved to accept the voluntary relinquishment. Dr. Andrew  
19 Rubin seconded the motion, which carried 5/0.

20 Discipline Items Ending Time: 9:12 a.m.

## 21 **PROSECUTORS REPORT**

22 **Tab 3.** Carrie McNamara, Esq.

23 Total Cases Open/Active in PSU: 26

24 Cases in EAU: 1

25 Cases Under Legal Review: 15

26 Cases Where PC Recommendation Made: 8

27 Cases Where Probable Cause Found/Waived: 3

28 Cases in Holding Status: 0

29 Cases Awaiting Supplemental Investigation: 1

30 Cases Undergoing Expert Review: 2

31 Cases Pending Before DOAH: 0

32 Cases on Agenda for Current/Future Board

33 Meeting: 2

34 Cases Older than One Year\*:

35 2014: 5

36 2015: 3

37 \*Three of these cases will be on the agenda for the next probable cause panel meeting.

38 Following discussion, Dr. Andrew Rubin moved to extend the cases older than a year. Dr. Catherine  
39 Drew seconded the motion, which carried 5/0.

# Minutes

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1 **ADMINISTRATIVE PROCEEDINGS**

2 **APPLICANTS FROM APA ACCREDITED PROGRAMS FOR EXAMINATION AND LICENSURE AS**  
3 **NOTED**

4 **Tab 5.** List of Applicants

5 Dr. Catherine Drew moved to approve the list of applicants for examination and licensure as noted. Dr.  
6 Andrew Rubin seconded the motion, which carried 5/0.

7 **CONTINUING EDUCATION RATIFICATION LIST**

8 **Tab 6.** List of Applicants

9 Dr. Randi Mackintosh moved to approve the list of applicants for continuing education provider status  
10 and medical errors courses as noted. Dr. Andrew Rubin seconded the motion, which carried 5/0.

11 **APPLICANT REQUESTS FOR EXTENSION PURSUANT TO §490.005(3)(b), F.S.**

12 **Tab 7.** Jamie Furr

13 Dr. Furr's request for an extension has been removed as she has passed the exams and is now  
14 licensed.

15 **Tab 8.** Jacobeth Nazario

16 Dr. Nazario was not present, nor represented by counsel.

17 Dr. Nazario is requesting an extension on her Bifurcation application. Passing scores of the EPPP  
18 exam have not been completed.

19 Following discussion, Ms. Mary O'Brien moved to approve the extension for an additional twelve (12)  
20 months. Dr. Andrew Rubin seconded the motion, which carried 5/0.

21 **FILE CLOSURE APPLICANTS FOR DENIAL PURSUANT TO §490.005(3)(b), F.S.**

22 **Tab 9.** List of Applicants

23 Dr. Jamie Furr has been removed from the list due to her passing the exams and becoming licensed.  
24 Dr. Jacobeth Nazario has been removed from the list due to the granting of an extension. Following  
25 discussion, Ms. Mary O'Brien motioned to approve the list of applicants for file closure as noted. Dr.  
26 Andrew Rubin seconded the motion, which carried 5/0

27 **PETITION FOR VARIANCE OR WAIVER AND REVIEW OF APPLICATION FOR LICENSURE**

28 **Tab 10.** Erika J. Molina Vergara Rule 64B19-11.005, F.A.C., Supervised Experience  
29 Requirements

30 Dr. Molina Vergara was present and sworn in. She was not represented by counsel.

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1 Dr. Molina-Vergara has applied for licensure under the Examination method. The application as well as  
2 the supervision forms indicate that Dr. Molina-Vergara did receive the required 2000 hours of post-  
3 doctoral supervision, however, it was completed over 180 weeks working at 12 hours per week. Rule  
4 64B19-11.005, F.A.C., Supervised Experience Requirements provides, as follows:

5 (c) *The post-doctoral training must be a cohesive and integrated training experience which includes*  
6 *the following criteria:*

7 1. *It averages at least twenty (20) hours a week over no more than one hundred and four (104) weeks.*  
8 *Alternatively, it averages no more than forty (40) hours a week over no more than fifty-two (52) weeks;*

9 Dr. Molina-Vergara has filed a petition for variance or waiver of Rule 64B19-11.005, F.A.C., Supervised  
10 Experience Requirements respectfully requesting the Board to consider her post-doctoral supervision  
11 as acceptable for licensure. Enclosed for the Board's review is the application, petition, transcripts and  
12 supervision forms.

13 Following discussion, Dr. Andrew Rubin moved to approve the petition for variance or waiver. Ms.  
14 Mary O'Brien seconded the motion, which carried 5/0.

15 Following discussion, Dr. Catherin Drew moved to approve the application for licensure. Dr. Randi  
16 Mackintosh seconded the motion, which carried 5/0.

17 *Tabs 12 through 25 were taken out of order.*

## 18 **RULES REVIEW AND/OR DEVELOPMENT**

19 **Tab 12.** Rule 64B19-11.005, F.A.C., Supervised Experience Requirements

20 Review of this rule is before the Board for discussion on provisions identified by the Board Chair  
21 and Board Counsel and in light of the fact that there have been approximately 15 petitions for  
22 variance/waiver filed with regard to this rule since January 2015.

23 Highlighted for discussion are the following provisions:

24 Requirements for Post-Doctoral Supervision Completed in More than One Location under More  
25 than One Supervisor

26 • This rule assumes most post-doctoral residents are planning in advance to complete the  
27 supervision in more than one location; however, the reality is that most affected applicants  
28 complete a portion of their residency in one setting and for a variety of reasons complete  
29 the hours in another setting, which puts them in the position of attempting to comply with  
30 this provision *after-the-fact*.

31  
32 • Many applicants have difficulty having one of the supervisors agree to be designated as the  
33 primary supervisor *after-the-fact*. Preparing a cohesive and integrated experience letter  
34 under these circumstances is typically uncomfortable for the supervisor.

35  
36 Requirement for Completion of Two Hours of Clinical Supervision with One Hour of Individual Face-  
37 to-Face Supervision

38 • Most problems arise with persons who completed their post-doctoral experience in states  
39 with different requirements

40  
41 • Bases on previous petitions filed, it appears that psychologists who have practiced in

# Minutes

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1 successfully in other states have indicated compliance with this requirement after-the-fact is an  
2 unreasonable hardship.

- 3 • The rule is not clear to many applicants in terms of what might constitute the other one (1)  
4 hour of supervision (e.g., group supervision, etc.). Some only indicate the one (1) hour of face-  
5 to-face, not understanding that other types of supervision might satisfy the additional clinical  
6 hour required.

7 Following discussion, Dr. Andrew Rubin and Dr. Randi Mackintosh formed a subcommittee to address  
8 any potential changes to the rule. Dr. Dean Aufderheide indicated that the rule is not meant to restrict  
9 access to licensees from other states and it should be move closely aligned to the statute.

10 **Tab 13.** Rule 64B19-13.004, F.A.C., Board approval of Continuing Psychological Education  
11 Providers

12 Review of this rule is before the Board to discuss adding provisions to be taken into consideration  
13 for approval of medical errors courses.

14 Historically, the Board has indicated as follows:

15 “Many of the programs that have been developed to allow Florida health care practitioners to  
16 satisfy the course requirement on prevention of medical errors are exclusively geared for clinicians  
17 working within medical settings. This may be inadequate for psychologists, in terms of clinical  
18 relevance and applicability. Consequently, in order to be approved to offer the medial errors  
19 prevention course to psychologists, providers medically-oriented programs, (i.e., wrong site  
20 surgery). In addition to including a study of root-cause analysis, error reduction and prevention,  
21 and patient safety, providers should discuss areas within mental health practice that carry the  
22 potential for “medical” errors. Examples would include improper diagnosis, failure to comply with  
23 mandatory abuse reporting laws, inadequate assessment of potential for violence (e.g.,  
24 psychological/psychiatric disorder.”

25 Rule 64B19-13.004, F.A.C., as well as related regulations were provided for the Board’s  
26 consideration of this proposed modification.

27 Rule language will be brought before the June 17, 2016 Board Quorum Conference Call for  
28 consideration.

# Minutes

1 **REPORT OF ASSISTANT ATTORNEY GENERAL-Deborah Loucks, Esquire**

2 **Tab 14. Rule Status Report**

- 3 • Rule 64B19-11.004 F.A.C., Licensure by Examination: Additional Educational  
4 Requirements for Initial Licensure

Rule Number	Rule Title	Date Rule Language Approved by Board	Date Sent to OFARR	Rule Development Published	Notice Published	Adopted	Effective
64B19-11.004	Licensure by Examination: Additional Educational Requirements for Initial Licensure.	10/23/15	12/01/15	N/A	12/9/15	1/19/16	2/8/16

- 5 • Rule 64B19-11.012 F.A.C., Application Forms

Rule Number	Rule Title	Date Rule Language Approved by Board	Date Sent to OFARR	Rule Development Published	Notice Published	Adopted	Effective
64B19-11.012	Application Forms	1/15/16	1/28/16	2/10/16	2/26/16 (JAPC letter rec'd 3/14/16; Response letter sent 3/21/16)	4/1/16	4/21/16

6 **NEW BUSINESS**

7 **Tab 15. 2016 Legislative Update**

8 This listing is not intended to be inclusive of all filed bills that potentially affected your profession during  
9 the 2016 session. Rather, it references bills noted in "Legislative Update" notifications that would have  
10 been impacted Board/Council operations that require specific action/rulemaking will be addressed in a  
11 separate tab. Final outcome of the bills that passed will depend on action by the Governor.

- 12 • SB258 and HB137 related to conversion therapy did not pass.  
13 • SB572 and HB325 related to authorizing Physician Assistants and Advanced  
14 Registered Nurse Practitioners to Baker Act did not pass.  
15 • SB1286 and HB1261 establishing licensure/certification of diabetes educators would  
16 have limited the scope of practice of psychologists providing diabetes information to  
17 clients. These bills did not pass.  
18 • SB1150 and HB953 related to rulemaking authority did not pass.  
19 • CS/CS/HB7087-Telehealth  
20 • HB981-Statement of Estimated Regulatory Costs (SERC).  
21 • CS/CS/HB941-Department of Health. Bill language and specifics provided in a  
22 separate tab.

23 Mr. Allen Hall provided an update on this legislation. Dr Carolyn Stimel, Interim Executive Director with  
24 the Florida Psychological Association also addressed the Board.

# Minutes

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- 1 **Tab 16.** CS/CS/HB 941-Department of Health  
2 ○ Rule 64B19-11.010, F.A.C., Limited Licensure  
3 ○ Rule 64B19-11.011, F.A.C., Provisional License; Supervision of Provisional Licensees  
4 ○ Rule 64B19-11.012, F.A.C., Application Forms

5 These are the key provisions:

6 **456.013(7) – Medical errors CE no longer required at initial licensure. Medical errors CE will only**  
7 **be required at renewal.**

8 These rules will need to be amended to remove the medical errors requirement.

- 9 • 11.010 – Limited license licensure application  
10 • 11.011 – Provisional psychologist licensure application  
11 • 11.012 – Psychologist licensure application

12 **456.024 – Multiple changes related to expedited licensure for Members of the United States**  
13 **Armed Forces and their spouses.**

14 No rule changes are required to implement this provision.

15 **456.0361 – Electronic continuing education tracking system. Department may not renew a**  
16 **license until a licensee complies with all applicable CE requirements.**

17 No rule changes are required to implement this provision.

18 **456.057 – Allows the Department to contract with a third party to be the custodian of medical**  
19 **records in the event of the death of a practitioner, the mental or physical incapacitation of a**  
20 **practitioner or the abandonment of medical records by a practitioner.**

21 No rule changes are required to implement this provision.

22 **456.0635 – Applicants with a 456.0635 conviction (certain drug and fraud convictions) will no**  
23 **longer have an exemption when they were enrolled in an educational training program on or**  
24 **before July 1, 2009.**

25 The application must be updated to delete the reference to this exemption.

26 Following discussion, Dr. Randi Mackintosh moved to approve Rule 64B19-11.010, Limited Licensure,  
27 F.A.C., and the application form removing references to Medical Errors and Section 456.0635, F.S. Dr.  
28 Andrew Rubin seconded the motion, which carried 5/0.

29 Ms. Mary O'Brien moved that the change in the rule would not have a negative impact on small  
30 businesses and that the change in the rule would not have an economic impact on government or any  
31 entity in excess of \$200,000 within one year of the rule being implemented. Dr. Catherine Drew  
32 seconded the motion, which carried 5/0.

33 Following discussion, Ms. Mary O'Brien moved to approve Rule 64B19-11.011, Provisional License;  
34 Supervision of Provisional Licensees, F.A.C., and the application form. Dr. Randi Mackintosh  
35 seconded the motion, which carried 5/0.

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1 Dr. Dean Aufderheide moved that the change in the rule would not have a negative impact on small  
2 businesses and that the change in the rule would not have an economic impact on government or any  
3 entity in excess of \$200,000 within one year of the rule being implemented. Dr. Andrew Rubin  
4 seconded the motion, which carried 5/0.

5 Following discussion, Dr. Andrew Rubin moved to approve Rule 64B19-11.012, Application Forms,  
6 F.A.C., and the application form removing references to Medical Errors and Section 456.0635, F.S. Ms.  
7 Mary O'Brien seconded the motion, which carried 5/0.

8 Dr. Randi Mackintosh moved that the change in the rule would not have a negative impact on small  
9 businesses and that the change in the rule would not have an economic impact on government or any  
10 entity in excess of \$200,000 within one year of the rule being implemented. Dr. Catherine Drew  
11 seconded the motion, which carried 5/0.

12 **Tab 17.** Proposed 2017 Meeting Dates

13 The following dates are presented for the Board's consideration. The selections have been made in  
14 coordination with the other six professions in the Medical Therapies/Psychology Board Office to avoid  
15 meeting conflicts. The board may wish to specify four to six city preferences.

16 **GBM**

17 January 20, 2017  
18 April 21, 2017  
19 July 21, 2017  
20 October 27, 2017

21 **Credentials Committee**

22 March 3, 2017  
23 June 9, 2017  
24 September 8, 2017  
25 November 17, 2017

26 **Board Quorum**

27 March 17, 2017  
28 June 23, 2017  
29 September 22, 2017  
30 December 1, 2017

31 **Probable Cause Panel Meeting**

32 January 24, 2017  
33 March 21, 2017  
34 May 23, 2017  
35 July 18, 2017  
36 September 19, 2017  
37 November 14, 2017

38 The Board has approved the meeting dates.

# Minutes

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1 **Tab 18.** Review of Florida Psychological Association Continuing Education Course

2 The Board office received inquiry from a psychologist licensee regarding the suitability of a domestic  
3 violence course recently offered by the Florida Psychology Association. Rule 64B19-13.003, F.A.C.,  
4 requires that a domestic violence course should educate licensees based on the definition in Section  
5 741.28, F.S.

6 Section 741.28(2), F.S., defines domestic violence as  
7 *"...any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking,*  
8 *aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury*  
9 *or death of one family our household member by another family or household member".*

10 Section 456.031(1)(a), F.S., further requires that the course  
11 *"...shall consist of information on the number of patients in that professional's practice who are likely to*  
12 *be victims of domestic violence and the number who are likely to be perpetrators of domestic violence,*  
13 *screening procedures for determining whether a patient has any history of being either a victim or a*  
14 *perpetrator of domestic violence, and instruction on how to provide such patients with information on, or*  
15 *how to refer such patients to, resources in the local community, such as domestic violence centers and*  
16 *other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child*  
17 *protection services".*

18 Provided for the Board's review was the Florida Psychological Association's response to the inquiry, the  
19 course description and course participant evaluations. The Board is asked to review and determine  
20 whether the course meets the statutory requirements for a domestic violence course.

21 Following discussion, Dr. Catherine Drew moved that the course is not acceptable going forward as a  
22 Domestic Violence course. Ms. Mary O'Brien seconded the motion, which carried 5/0.

23 **Tab 19.** ASPPB Examination for Professional Practice in Psychology – Step 2

24 ASPPB has provided notification that during their January Board of Directors meeting, they approved  
25 the development and implementation of an examination to assess the competency-based skills  
26 necessary at entry-level licensure. The skills-based examination will be designed to augment and  
27 complement the Examination for Professional Practice in Psychology (EPPP).

28 Provided for the Board's review was Rule 64B19-11.001, F.A.C., Examination as well as the notification  
29 from ASPPB.

30 Dr. Andrew Rubin will be attending the upcoming ASPPB meeting and will provide more information.  
31 No action is required at this time.

32 **Tab 20.** Discussion: Board of Medicine Telemedicine Rule 64B8-9.0141, Standards for  
33 Telemedicine Practice

34 The Board Chair requested a discussion of the Board of Medicine Telemedicine Rule. The rule became  
35 effective on March 7, 2016. Legislation regarding telemedicine is included under another tab.

36 **64B8-9.0141 Standards for Telemedicine Practice.**

37 (1) "Telemedicine" means the practice of medicine by a licensed Florida physician or physician  
38 assistant where patient care, treatment, or services are provided through the use of medical information  
39 exchanged from one site to another via electronic communications. Telemedicine shall not include the

# Minutes

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1 provision of health care services only through an audio only telephone, email messages, text messages,  
2 facsimile transmission, U.S. Mail or other parcel service, or any combination thereof.

3 (2) The standard of care, as defined in Section 456.50(1)(e), F.S., shall remain the same regardless  
4 of whether a Florida licensed physician or physician assistant provides health care services in person or  
5 by telemedicine.

6 (3) Florida licensed physicians and physician assistants providing health care services by  
7 telemedicine are responsible for the quality of the equipment and technology employed and are  
8 responsible for their safe use. Telemedicine equipment and technology must be able to provide, at a  
9 minimum, the same information to the physician and physician assistant which will enable them to meet  
10 or exceed the prevailing standard of care for the practice of medicine.

11 (4) Controlled substances shall not be prescribed through the use of telemedicine except for the  
12 treatment of psychiatric disorders. This provision does not preclude physicians or physician assistants  
13 from ordering controlled substances through the use of telemedicine for patients hospitalized in a facility  
14 licensed pursuant to Chapter 395, F.S.

15 (5) Prescribing medications based solely on an electronic medical questionnaire constitutes the  
16 failure to practice medicine with that level of care, skill, and treatment which is recognized by reasonably  
17 prudent physicians as being acceptable under similar conditions and circumstances, as well as  
18 prescribing legend drugs other than in the course of a physician's professional practice.

19 (6) Physicians and physician assistants shall not provide treatment recommendations, including  
20 issuing a prescription, via electronic or other means, unless the following elements have been met:

21 (a) A documented patient evaluation, including history and physical examination to establish the  
22 diagnosis for which any legend drug is prescribed.

23 (b) Discussion between the physician or the physician assistant and the patient regarding treatment  
24 options and the risks and benefits of treatment.

25 (c) Maintenance of contemporaneous medical records meeting the requirements of Rule 64B8-9.003,  
26 F.A.C.

27 (7) The practice of medicine by telemedicine does not alter any obligation of the physician or the  
28 physician assistant regarding patient confidentiality or recordkeeping.

29 (8) A physician-patient relationship may be established through telemedicine.

30 (9)(a) Nothing contained in this rule shall prohibit consultations between physicians or the  
31 transmission and review of digital images, pathology specimens, test results, or other medical data by  
32 physicians or other qualified providers related to the care of Florida patients.

33 (b) This rule does not apply to emergency medical services provided by emergency physicians,  
34 emergency medical technicians (EMTs), paramedics, and emergency dispatchers. Emergency medical  
35 services are those activities or services to prevent or treat a sudden critical illness or injury and to provide  
36 emergency medical care and prehospital emergency medical transportation to sick, injured, or otherwise  
37 incapacitated persons in this state.

38 (c) The provisions of this rule shall not apply where a physician or physician assistant is treating a  
39 patient with an emergency medical condition that requires immediate medical care. An emergency  
40 medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity that  
41 the absence of immediate medical attention will result in serious jeopardy to patient health, serious  
42 impairment to bodily functions, or serious dysfunction of a body organ or part.

43 (d) The provisions of this rule shall not be construed to prohibit patient care in consultation with  
44 another physician who has an ongoing relationship with the patient, and who has agreed to supervise  
45 the patient's treatment, including the use of any prescribed medications, nor on-call or cross-coverage  
46 situations in which the physician has access to patient records.

47 *Rulemaking Authority 458.331(1)(v) FS. Law Implemented 458.331(1)(v), 458.347(4)(g) FS. History–*  
48 *New 3-12-14, Amended 7-22-14, 10-26-14, 3-7-16.*

49 Ms. Deborah Loucks explained that the Board of Medicine has specific statutory authority to have this  
50 rule which does not apply to the Board of Psychology.

51

# Minutes

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1 **Tab 21.** Discussion: Psychological Unlicensed Personnel

2 Dr. Aufderheide has requested this correspondence between ASPPB and the Nevada Board of  
3 Psychological Examiners regarding criminal background checks on psychological assistants or  
4 psychometricians be added to this agenda for discussion.

5 Informational Item. There will be no change to the rule.

6 **Tab 22.** Discussion: Continuing Education Requirements for Newly Licensed Limited  
7 Psychologists

8 Both Psychologists and Limited License Psychologists are required to complete 40 hours of approved  
9 continuing education courses for each licensure renewal, pursuant to Rule 64B19-13.003, F.A.C.

10 Newly licensed Psychologists are only required to complete a 2-hour prevention of medical errors  
11 course for their first renewal by virtue of their passage of the Florida laws and rules exam for licensure.

12 For discussion by the Board is whether you would like to reduce requirements for a Limited License  
13 Psychologist's first renewal. This is a common accommodation for first-time licensees in other  
14 professions. After the first renewal, licensees are required to complete the normal hours of continuing  
15 education credit required for the profession.

16 Enclosed for the Board's consideration during the discussion are samples of rule language for other  
17 professions in which first time renewal accommodations have been made.

18 Following discussion, the Board has determined that no changes will be made to the rule. First time  
19 Limited licensees will be required to complete forty (40) hours of continuing education.

## 20 **REPORTS, IF ANY**

21 **Tab 23.** Dr. Dean Aufderheide, Ph.D.  
22 Other Board Members:  
23 Dr. Andrew Rubin, Healthiest Weight Updates, if any

24 Dr. Andrew Rubin indicated there are no Healthiest Weight Updates at this time.

25 *The Board Member Recognition will be moved to the end of the meeting.*

26 Board Member Recognition  
27 Dr. Harry Reiff

28 **Tab 24.** Executive Director

Report topics  
29 ○ Cash Balance Reports

30 Informational Item  
31 ○ Expenditures by Function Report

32 Informational Item

# Minutes

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1 **Tab 25.** Credentials Committee Report

2 Dr. Randi Mackintosh reported to the full Board the Credentials Committee's recommendation. The  
3 committee recommended approval of tabs 1 and 3. Tab 2 was denied and Tab 4 withdrew.

4 Dr. Andrew Rubin moved to ratify the recommendation of the committee. Ms. Mary O'Brien seconded  
5 the motion, which carried 5/0.

6 *Tabs 27 through 32 were taken out of order.*

7 **Tab 27.** Phasing out of APA Accreditation of Canadian Programs

8 During the October 2015 meeting, the Board reviewed information regarding the American  
9 Psychological Association (APA) discontinuing the practice of accrediting Canadian doctoral-level  
10 psychology programs as of September 2015.

11 Based on staff's review of current licensure regulations, it appeared that application under the  
12 *Endorsement of American Board of Professional Psychology (ABPP) Diplomate* would be the only  
13 licensure pathway available for those educated in Canada. Given this information, a member indicated  
14 that due to the rigorous requirements to obtain ABPP certification, the Board might want to consider  
15 further discussion to address this issue.

16 Enclosed is information previously reviewed and discussed by the Board, as well as proposed statutory  
17 changes that would allow Canadians to apply under Section 490.005(1)(b)2. F.S., as non-U.S. trained  
18 applicants.

19 Board staff will inquire as to whether Dr. J. Drake Miller would like to bring this item back before the  
20 Board for discussion at a future meeting.

21 **Tab 28.** January 15, 2016 General Business Meeting Minutes

22 Ms. Mary O'Brien moved to accept the minutes. Dr. Andrew Rubin seconded the motion, which carried  
23 5/0.

24 **Tab 29.** March 18, 2016, Board Quorum Meeting Minutes

25 Ms. Mary O'Brien moved to accept the minutes. Dr. Andrew Rubin seconded the motion, which carried  
26 5/0.

27 **OTHER BUSINESS AND INFORMATION**

28 **Tab 30.** Electronic Agenda Implementation

29 WebiViewer is the online (electronic) agenda the Department is currently implementing. This process  
30 will replace the current paper agendas. WebiViewer is a secure web based solution used to view  
31 agenda materials. Board/Council members will use their personal laptops at meetings. Members who  
32 require it will be issued a Department laptop. For meetings conducted by phone, members will have the  
33 flexibility to use desktop computers, during the meeting, if they wish.

34 The listing below indicates the current schedule to roll this out to the various professions. These dates  
35 are tentative and are subject to change.

# Minutes

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Board	Meeting Date
Psychology	July 22, 2016 General Business Meeting
Dietetics	July 8, 2016
Electrology	July 11, 2016
Respiratory Care	July 15, 2016
Occupational Therapy	August 1, 2016
Physical Therapy	August 4 – 5, 2016

1 Mr. Ed Tellechea address the Board regarding practical use of WebiViewer.

2 **Tab 31.** ASPPB Disciplinary Data Report

3 Informational Item

4 **Tab 32.** Psychology Staff Recognition  
5 Informational Item

6 **REPORTS, IF ANY**

7 **Tab 23.** Dr. Dean Aufderheide, Ph.D.

8 Board Member Recognition  
9 Dr. Harry Reiff

10 The Board recognized Dr. Harry Reiff, former Board Chair, Credentials Committee Chair and Probable  
11 Cause Panel member, with a plaque for his service. Dr. Reiff addressed the Board and received  
12 comments from Board members and staff.

13 **RECONSIDERATION OF PETITION AND LICENSURE APPLICATION**

14 **Tab 11.** Matthew Fearington Rule 64B19-11.005, F.A.C., Supervised Experience  
15 Requirements

16 Dr. Fearington was not present, nor represented by counsel.

17 Dr. Fearington was before the March 18, 2016 Board Quorum Meeting. His application and  
18 supervision forms indicated that he only received 1900 hours of post-doctoral supervision with only one  
19 hour per week of clinical supervision. He filed a petition for a waiver of Rule 64B19-11.005, F.A.C.,  
20 Supervised Experience Requirements, requesting the Board to accept his post-doctoral supervision as  
21 acceptable for licensure. The Board denied the petition, however, they approved the application with  
22 the condition that Dr. Fearington obtain the additional 100 hours of supervision, which would include  
23 52 hours of clinical supervision.

24 Dr. Fearington has submitted a written request asking the Board to reconsider their decision on his  
25 application and petition.

26 Provided for the Board's review was Dr. Fearington's application, petition, and written request for a  
27 reconsideration.

# Minutes

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1 Following discussion, Ms. Mary O'Brien moved to deny the request for a reconsideration. Dr. Randi  
2 Mackintosh seconded the motion, which carried 5/0.

3 Following discussion, Ms. Mary O'Brien moved to clarify the order indicating that the 52 hours of clinical  
4 supervision the Board has required Dr. Fearrington to take before licensure can be taken at any time  
5 and is not required to be spaced out over a year. Dr. Catherine Drew seconded the motion, which  
6 carried 5/0.

## 7 **ANTITRUST PRESENTATION**

8 **Tab 4.** Ed Tellechea, Esquire

9  
10 Ed Tellechea provided a PowerPoint presentation to the Board regarding Anti-Trust. The presentation  
11 included the following:

- 12 • Antitrust Overview
- 13 • Background of the North Carolina State Dental Board Case
- 14 • Summary of Supreme Court's February 25<sup>th</sup> Ruling
- 15 • Recent Federal Trade Commission Staff Guidelines
- 16 • Potential Implications for Regulatory Boards
- 17 • Pending Cases Against State Regulatory Boards

18 Ed Tellechea responded to questions throughout the presentation.

## 19 **OLD BUSINESS**

20 **Tab 26.** Sunshine Laws Review

21 Florida's Government in the Sunshine Law, commonly referred to as the Sunshine Law, provides a right  
22 of access to governmental proceedings at both the state and local levels. The law is equally applicable  
23 to elected and appointed boards and has been applied to any gathering of two or more members of the  
24 same board to discuss some matter, which will foreseeably come before that board for action.

25 Ms. Deborah Loucks provided an overview for the Board.

26 The meeting adjourned at 1:16 p.m.

The Florida

**Board of Psychology**

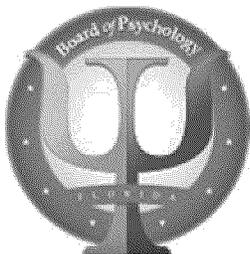
**Draft Minutes**

**JUNE 17, 2016**

**BOARD OF PSYCHOLOGY  
BOARD QUORUM MEETING**

**BY TELEPHONE CONFERENCE CALL**

**DIAL-IN NUMBER: 1-888-670-3525  
PUBLIC CONFERENCE CODE: 7811783909**



**Dr. Dean Aufderheide, Ph.D**  
**Chair**

**Dr. J. Drake Miller, Psy.D**  
**Vice-Chair**

# Minutes

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**BOARD OF PSYCHOLOGY  
BOARD QUORUM MEETING  
BY TELEPHONE CONFERENCE CALL  
JUNE 17 2016  
MINUTES  
(Draft)**

**DIAL-IN NUMBER: 1-888-670-3525  
PUBLIC CONFERENCE CODE: 7811783909#**

1 **Call to order-Board Quorum**

2 **Dr. Dean Aufderheide, Chair, called the Board Quorum meeting to order at approximately**  
3 **8:00 a.m. Those present for all or part of the meeting, included the following:**

4 **MEMBERS PRESENT**

5 Dr. Dean Aufderheide, Ph.D., Chair  
6 J. Drake Miller, Psy.D., Vice-Chair  
7 Andrew S. Rubin, Ph.D  
8 Mary D. O'Brien, J.D  
9 Randi Mackintosh, Psy.D  
10 Catherine Drew, Ph.D

**STAFF PRESENT**

Anna L. Hart King, Program Operations Administrator  
Michelle Branch, Regulatory Specialist II  
Sean Trexler, Regulatory Specialist II

11 **ASSISTANT ATTORNEY GENERAL**

12 Rachel Clark, Esquire

13 **REVIEW OF MINUTES**

14 **Tab 1.** June 3, 2016 Credentials Committee Meeting Minutes

15 Following discussion, Dr. J. Drake Miller moved to accept the minutes. Ms. Mary O'Brien  
16 seconded the motion, which carried 6/0.

17 **APPLICANTS FROM APA ACCREDITED PROGRAMS FOR EXAMINATION AND LICENSURE**  
18 **AS NOTED**

19 **Tab 2.** List of Applicants

20 Dr. Catherine Drew indicated that she has a professional relationship with two of the individuals on  
21 the Bifurcation list, Dr. Deanna Oberle and Dr. Laura Hume, however that would not influence her  
22 or cause any bias.

23 Following discussion, Dr. Catherine Drew moved to approve the list of Examination and Bifurcation  
24 applicants. Dr. Andrew Rubin seconded the motion, which carried 6/0.

25 Following discussion, Dr. Catherine Drew moved to approve the list of Endorsement applicants.  
26 Dr. Andrew Rubin seconded the motion, which carried 5/0.

# Minutes

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1 **APPLICANT REQUESTS FOR EXTENSION PURSUANT TO §490.005(3)(b), F.S.**

2 **Tab 3** Maria Dominguez

3 Dr. Dominguez was present and was not represented by counsel.

4 This applicant is requesting an extension of time allowed to complete the requirements for  
5 licensure.

6 Following discussion, Ms. Mary O'Brien moved to approve the request for an extension for an  
7 additional twelve (12) months. Dr. Catherine Drew seconded the motion, which carried 6/0.

8 **Tab 4.** Germayne Graham

9 Dr. Graham was not present, nor represented by counsel.

10 This applicant is requesting an extension of time allowed to complete the requirements for  
11 licensure.

12 Following discussion, Dr. Randi Mackintosh moved to approve the request for an extension for an  
13 additional twelve (12) months. Ms. Mary O'Brien seconded the motion, which carried 6/0.

14 **Tab 5.** Sylwia Hodorek

15 This applicant is requesting an extension of time allowed to complete the requirements for  
16 licensure.

17 Dr. Hodorek is now licensed, therefore, consideration of an extension is no longer required.

18 **Tab 6.** Mariceli O'Neill

19 Dr. O'Neill was present and was not represented by counsel.

20 This applicant is requesting an extension of time allowed to complete the requirements for  
21 licensure.

22 Following discussion, Dr. J. Drake Miller moved to approve the request for an extension for an  
23 additional twelve (12) months. Ms. Mary O'Brien seconded the motion, which carried 6/0.

24 **FILE CLOSURE APPLICANTS FOR DENIAL PURSUANT TO §490.005(3)(b), F.S.**

25 **Tab 7.** List of Applicants

26 Dr. Maria Dominguez and Dr. Germayne Graham were removed from the list of Examination  
27 applicants for file closure due to the granting of their extensions. Dr. Kathryn Sobrado was  
28 removed due to her becoming licensed.

29 Following discussion, Dr. J. Drake Miller moved to approve the list of Examination applicants for file  
30 closure as noted. Dr. Andrew Rubin seconded the motion, which carried 6/0.

31 Dr. Alex Dryden was removed from the list of Bifurcation/Examination applicants for file closure due  
32 to the withdrawal of his application. Dr. Sylwia Hodorek was removed from the list due to her  
33 becoming licensed. Dr. Mariceli O'Neill was removed from the list due to the granting of her  
34 extension.

# Minutes

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- 1 Following discussion, Dr. J. Drake Miller moved to approve the list of Bifurcation/Examination
- 2 applicants for file closure as noted. Dr. Andrew Rubin seconded the motion, which carried 6/0.
  
- 3 The meeting adjourned at 8:19 a.m.

**BOARD OF PSYCHOLOGY  
SUPERVISED EXPERIENCE REVIEW COMMITTEE MEETING  
BY TELEPHONE CONFERENCE CALL  
JUNE 24 2016  
MINUTES  
(Draft)**

**DIAL-IN NUMBER: 1-888-670-3525  
PUBLIC CONFERENCE CODE: 7811783909#**

**Call to order-Supervised Experience Review Committee**

1 **Dr. Randi Mackintosh, called the committee meeting to order at approximately 8:00 a.m.**  
2 **Those present for all or part of the meeting, included the following:**

3 **MEMBERS PRESENT**

4 Randi Mackintosh, Psy.D  
5 Dr. J. Drake Miller, Psy.D  
6 Andrew S. Rubin, Ph.D

**STAFF PRESENT**

Anna L. Hart King, Program Operations Administrator  
Michelle Branch, Regulatory Specialist II  
Sean Trexler, Regulatory Specialist II

7 **ASSISTANT ATTORNEY GENERAL**

8 Rachel Clark, Esquire

9 **RULES REVIEW AND/OR DEVELOPMENT**

10 **Tab 1.** 64B19-11.005, F.A.C., Supervised Experience Requirements

11 Review of this rule was before the April 22, 2016 General Business Meeting for discussion on  
12 provisions identified by the Board Chair and Board Counsel and in light of the fact that there have  
13 been approximately 15 petitions for variance/waiver filed with regard to this rule since January  
14 2015. Dr. Andrew Rubin and Dr. Randi Mackintosh formed a subcommittee to address any  
15 potential changes to the rule.

16 Highlighted for discussion are the following provisions:

**1. Requirements for Post- Doctoral Supervision Completed in More Than One Location under More Than One Supervisor**

**(2)(b)** A psychology resident or post-doctoral fellow may be supervised by more than one supervisor, at more than one location. If there is more than one supervisor, however, then one of the supervisors must be identified as the primary supervisor. The primary supervisor shall be the supervisor who enters into the agreement with the applicant for licensure, for supervision, and who integrates all of the applicant's supervisory experiences.

**(2)(c)** The post-doctoral training must be a cohesive and integrated training experience....

**(3)(h)** When there is more than one supervisor, pursuant to paragraph (2)(b) above, the primary supervisor shall provide the Board with a written statement describing the manner in which the training and supervision comprised a cohesive and integrated experience.

**Common Issues:**

- The rule assumes most post-doctoral residents are planning in advance to complete the supervision in more than one location; however, the reality is that most affected applicants

complete a portion of their residency in one setting and for a variety of reasons complete the hours in another setting, which puts them in the position of attempting to comply with this provision *after-the-fact*.

- Many applicants have difficulty having one of the supervisors agree to be designated as the primary supervisor after-the-fact. Preparing a cohesive and integrated experience letter under these circumstances is typically uncomfortable for the supervisor.

## 2. Requirement for Completion of Two Hours of Clinical Supervision with One Hour of Individual Face-to-Face Supervision

**(2)(c)** The post-doctoral training must be a cohesive and integrated training experience *which includes the following criteria:*

**3.** It includes an average of at least two (2) hours of clinical supervision each week, at least one (1) hour of which is individual face-to-face supervision.

**(3)** Supervisors' Responsibilities. The Board requires each primary supervisor to perform and to certify that the primary supervisor has:

**(d)** Provided two (2) hours of clinical supervision each week, one (1) hour of which was individual, face-to-face supervision....

### Common Issues:

- Most problems arise with persons who completed their post-doctoral experience in states with different requirements.
- Based on previous petitions filed, it appears that psychologists who have practiced successfully in other states have indicated compliance with this requirement after-the-fact is an unreasonable hardship.
- The rule is not clear to many applicants in terms of what might constitute the other (1) hour of supervision (e.g., group supervision, etc.). Some only indicate the one (1) hour of face-to-face, not understanding that other types of supervision might satisfy the additional clinical hour required.

1 Dr. Randi Mackintosh has volunteered to chair this committee.

2 The committee discussed the following revisions to the rule.

3

- Adding Canadian psychologists as acceptable supervisors to (1)(c).

4

- Removing the requirement of a primary supervisor from (2)(b) and adding a statement indicating if

5 there is more than one supervisor, the training must comply with subsection (3) of the rule. The post-

6 doctoral resident and each supervisor must enter into an agreement for supervision and licensure.

7

- Removing the reference to a cohesive and integrated training experience to (2)(c).

8

- Revising (2)(c)(1) to indicate an average of twenty (20) hours per week (part-time) for two years or

9 forty (40) hours per week for one year.

10

- Adding language to (2)(c)(2) clarifying that direct client contact should include individual and group

11 therapy or in person assessment or testing as well as allowing for contact via electronic media.

12

- Adding language to (2)(c)(3) clarifying clinical supervision to include individual supervision, group

13 supervision, case presentations and to indicate that the supervisor must be present.

14

- Eliminating (2)h) from the rule.

15 Rachel Clark will prepare draft language to present at the July 22, 2016 General Business meeting.

16 The meeting adjourned at 8:45 a.m.

## **VOLUNTARY RELINQUISHMENT OF LICENSE**

### **Dr. David Gitlin**

Dr. Gitlin was before the July 17, 2015 General Business Meeting for discipline. He has since submitted a request to voluntarily relinquish his license. This item is before the Board for informational purposes.

Enclosed for the Board's review is the written request to relinquish the license as well as the Final Order.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts .



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General and Secretary

**Vision:** To be the **Healthiest State** in the Nation

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July 1, 2016

David E Gitlin  
1932 Charlais St  
Tallahassee, FL 32317

Dear Dr. Gitlin:

PLEASE TAKE NOTICE that your request to voluntarily relinquish your license will be considered by the Board of Psychology at the meeting listed below:

Date: July 22, 2016  
Time: 9:00 a.m. EST or soon thereafter  
Location: St. Petersburg Marriott Clearwater  
12600 Roosevelt Boulevard  
St. Petersburg, FL 33716  
Phone: 727-572-7800

You are not required to attend the meeting; however, it is requested that you contact me in writing if it is your intention to attend the meeting. You may e-mail, write to the address listed below, or fax your response to (850) 414-6860.

If you have any questions, please do not hesitate to contact this office at the address below, by telephone 245-4373 Ext 3482 or e-mail [michelle.branch@flhealth.gov](mailto:michelle.branch@flhealth.gov)

Sincerely,

Michelle Branch  
Regulatory Specialist II

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C05 • Tallahassee, FL 32399-3255  
PHONE: (850)245-4444 • FAX : (850) 414-6860



**Accredited Health Department**  
Public Health Accreditation Board

**Branch, Michelle L**

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**From:** David Gitlin <digitlin2@me.com>  
**Sent:** Wednesday, May 4, 2016 2:15 PM  
**To:** Branch, Michelle L  
**Subject:** Relinquish psychology license

My lic # is PY4890.

I wish to relinquish my license. I understand that if ever I wish to reinstate this license I will have to meet to requirements in effect at that time. My license was suspended and I have retired. There are no pending charges.

David Gitlin  
(850) 590-7131

FILED DATE - AUG 12 2015

Department of Health

By Angel Sander  
Deputy Agency Clerk

STATE OF FLORIDA  
BOARD OF PSYCHOLOGY

DEPARTMENT OF HEALTH,

Petitioner,

vs.

Case No.: 2014-03093

License No.: PY 4890

DAVID E. GITLIN, Ph.D.,

Respondent.

FINAL ORDER

This matter appeared before the Board of Psychology at a duly-noticed public meeting on July 17, 2015 in Palm Beach Gardens, Florida, for a hearing not involving disputed issues of material fact pursuant to Sections 120.569 and 120.57(2), Florida Statutes. Petitioner has filed an Administrative Complaint seeking disciplinary action against the license. A copy of the Administrative Complaint is attached to and made a part of this Final Order. Service of the Administrative Complaint was made upon Respondent by certified mail. Respondent has either failed to timely file an Election of Rights, or has opted to waive the right to a hearing and requested the Board enter a Final Order in this matter. Petitioner has filed a Motion for Determination of Waiver and Entry of Final Order, and a Motion to Assess Costs. Respondent has not filed a response to either motion. Respondent was not

present and was not represented by counsel.

FINDINGS OF FACT

Since the Respondent has not timely replied to the Administrative Complaint nor contested the factual allegations, the prosecuting attorney offered the investigative file to prove the facts as alleged. The investigative file was received into evidence and the Board finds the uncontested facts adequately support the allegations. Therefore, the Board adopts as its finding of facts the facts set forth in the Administrative Complaint.

CONCLUSIONS OF LAW

Based upon the Findings of Fact, the Board concludes the Respondent has violated Section(s) 456.072(1)(hh), Florida Statutes.

The Board is empowered by Sections 490.009(2) and 456.072(2), Florida Statutes, to impose a penalty against the Respondent. Therefore it is ORDERED that:

The Respondent must pay an administrative fine of \$500.00 and investigative costs of \$522.28 within 90 days of the date this Final Order is filed. Payment shall be made by cashier's check or money order payable to the Board of Psychology and mailed to, DOH-Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, Florida 32314-6320, Attention: Psychology

Compliance Officer.

The license of DAVID E. GITLIN is SUSPENDED until he petitions and appears before the Board and successfully demonstrates the ability to engage in the safe practice of psychology. That demonstration shall include at least an in-depth psychological evaluation coordinated through the Professionals Resource Network (PRN). The licensee shall supply a copy of this Order to the evaluator. The evaluation must contain evidence that the evaluator knows of the reason for referral. The evaluator must specifically advise this Board that the licensee is presently able to engage in the safe practice of psychology or recommend the conditions under which safe practice could be attained. The licensee must also submit prior to appearance before the Board proof of continued treatment and counseling if recommended in the psychological evaluation. The Board reserves the right to impose reasonable conditions of reinstatement at the time the licensee appears before the Board to demonstrate the present ability to engage in the safe practice of psychology.

The licensee's employer shall immediately be informed of the suspension in writing by the licensee with a copy to DOH-Compliance Management Unit, 4052 Bald Cypress Way, Tallahassee, Florida 32399-3276, Attention: Psychology Compliance Officer.

This Final Order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 11 day of August, 2015.

BOARD OF PSYCHOLOGY

Allen Hall  
Allen Hall, Executive Director  
for Dean Aufderheide, Ph.D., Chair

NOTICE OF APPEAL RIGHTS

Pursuant to Section 120.569, Florida Statutes, the parties are hereby notified that they may appeal this Final Order by filing one copy of a notice of appeal with the clerk of the department and by filing a filing fee and one copy of a notice of appeal with the District Court of Appeal within thirty days of the date this Final Order is filed.

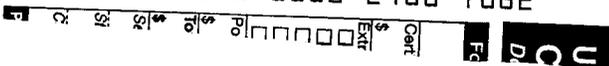
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by Certified U.S. Mail to DAVID E. GITLIN, 1932 Charlais St., Tallahassee, FL 32317; by interoffice mail to Rachel W. Clark, Assistant Attorney General, PL-01, The Capitol, Tallahassee, Florida 32399-1050; and Department of Health, 4052 Bald Cypress Way, Bin # C-65, Tallahassee, Florida 32399-3265 on this 12 day of August, 2015.

Angel Sander

4 Deputy Agency Clerk

7015 0640 0006 2400 7082



STATE OF FLORIDA  
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

v.

CASE NO: 2014-03093

DAVID E. GITLIN, PH.D.,

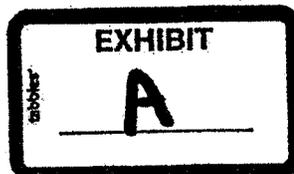
Respondent.

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ADMINISTRATIVE COMPLAINT

Petitioner, Department of Health (Department), by and through undersigned counsel, files this Administrative Complaint against the Respondent, David E. Gitlin, Ph.D., (Respondent), and states:

1. The Petitioner is the state agency charged with regulating the practice of psychology pursuant to Chapters 20, 456 and 490, Florida Statutes (2013-2014).
2. At all times material to this Complaint, Respondent was a psychologist within the state of Florida, practicing under license PY 4890.
3. Respondent's address of record is 7134 Turtle Creek Lane, Tallahassee, Florida 32312.
4. Petitioner has reason to believe that Respondent's current



address is 1932 Charlais Street, Tallahassee, Florida 32317.

5. On or about January 19, 2014, Respondent executed a 5-year dual diagnosis Professional Resource Network (PRN) substance abuse and psychiatric monitoring contract.

6. PRN is a Department-contracted consultant for matters dealing with impaired healthcare practitioners.

7. Between on or about January 19, 2014, and on or about February 21, 2014, Respondent failed to comply with PRN recommendations and deadlines to register for Affinity Online Solutions<sup>1</sup> as required by Respondent's PRN monitoring contract.

8. On or about February 20, 2014, Respondent notified PRN that he did not intend to participate in PRN.

9. Shortly thereafter, PRN terminated Respondent's PRN monitoring contract for failure to comply, without good cause, with the terms Respondent's monitoring contract and/or for Respondent's failure to successfully complete PRN's treatment program.

10. Section 456.072(1)(hh), Florida Statutes (2014), authorizes discipline of any licensee for "[b]eing terminated from a treatment program

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<sup>1</sup> Affinity Online Solutions is a third party administrator that manages the toxicology and drug testing PRN requires for participants with substance abuse monitoring contracts.

for impaired practitioners, which is overseen by an impaired practitioner consultant as described in Section 456.076, Florida Statutes (2014), for failure to comply, without good cause, with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug treatment or alcohol treatment program.

11. Respondent violated Section 456.072(1)(hh), Florida Statutes (2014), by being terminated from PRN for failure to comply, without good cause.

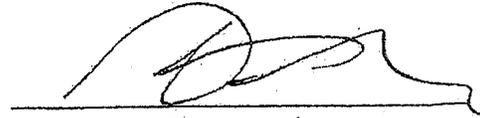
12. Based on the foregoing, Respondent violated Section 456.072(1)(hh), Florida Statutes (2014), by being terminated from PRN for failure to comply, without good cause, with the terms of Respondent's PRN monitoring contract and/or for not successfully completing PRN's drug treatment or alcohol treatment program.

WHEREFORE, the Petitioner respectfully requests that the Board of Psychology enter an order imposing one or more of the following penalties: revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board of

Psychology deems appropriate.

SIGNED this 24<sup>th</sup> day of March, 2015.

John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health



Shoshana Silver, Esq.  
Florida Bar No. 93035  
Assistant General Counsel  
Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
(P) 850-245-4444, extension 8103  
(F) 850-245-4662  
(E) shoshana.silver@flhealth.gov

**FILED**  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK *Angel Sanders*  
DATE **MAR 25 2015**

PCP Date: March 24, 2015

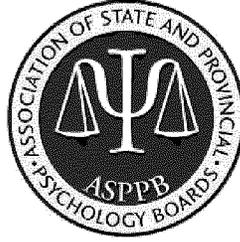
PCP Members: Amy Swan; Harry Reiff; Ana Martin

## NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

## NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.



## ASSOCIATION OF STATE AND PROVINCIAL PSYCHOLOGY BOARDS

P. O. Box 3079  
Peachtree City, Georgia 30269  
(678) 216-1175  
Fax: (678) 216-1176

### **DISCIPLINARY DATA REPORT**

Attached is the ASPPB Disciplinary Data Report for January – April 2016. We issue reports on a monthly basis when sufficient records have been reported. The information contained in this report has been obtained from the state or provincial board imposing discipline upon the licensee. The information contained in this report and/or this report in its entirety may not be copied or reproduced in any manner for any purpose without the express written consent of ASPPB. Further, this report and/or the information contained in it, may not be transmitted to any other entity, sold in whole or in part or packaged with any other materials for sale in whole or in part without the express written consent of ASPPB. **Before taking action on information contained in this report, contact the authority that reported the disciplinary action to ascertain the current status of the individual involved. Please be advised that the report contains disciplinary actions that have been recently been provided to the association by several jurisdictions which have been slow in reporting. The dates of the disciplinary actions have been provided for your information. We suggest you make every effort to determine the current status of any licensee before proceeding against a current license.**

If you do not have an up-to-date roster of state and provincial boards, please go to our website at <http://www.asppb.net/?page=BdContactNewPG>.

[Logout](#)

Search Client

New Client



DASHBOARD CLIENT REPORTS DDS ACCOUNTING ADMIN

## DDS REPORT FROM/TO DATE FILTER

Report Date From: 01/01/2016 To: 04/01/2016

SUBMIT

33 results returned.

## DISCIPLINARY DATA REPORT

Licensee/Certificant	JURIS	Disciplinary Action	Reason	Disciplined
ARMSTRONG, EDWARD T.	CA	PROBATION OF LICENSE/REGISTRATION/CERTIFICATION	SEXUAL MISCONDUCT; NEGLIGENCE; VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES	12/24/2015
ASSANDRI, MAURIZIO FRANCESCO	CA	PROBATION OF LICENSE/REGISTRATION/CERTIFICATION	NEGLIGENCE; VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES	02/24/2016
BARR, BRENDA	MN	SUSPENSION OF LICENSE/CERTIFICATION/REGISTRATION/STRIKING OFF THE ROLL	UNABLE TO PRACTICE SAFELY BY REASON OF PSYCHOLOGICAL IMPAIRMENT OR MENTAL DISORDER	03/18/2016
BOYLES, JERROLD L	OH	PUBLICLY AVAILABLE NEGATIVE ACTION OR FINDING; REPRIMAND/CENSURE/PUBLIC REPROVAL/LETTER OF ADMONITION	INCOMPETENCE; NEGLIGENCE	01/14/2016
CAMARGO-FERNANDEZ, ADRIANA	CA	PROBATION OF LICENSE/REGISTRATION/CERTIFICATION	VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES; UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE; CONVICTION OF CRIME	02/12/2016
CARPENTER, DANIEL D	OR	SURRENDER OF LICENSE/VOLUNTARY OR IN LIEU OF FURTHER ACTION/RETIREMENT OF LICENSE	INCOMPETENCE; SUBSTANDARD TESTING/ASSESSMENT PROCEDURES; ALL DISCIPLINARY REASONS ARE ALLEGED IN THAT THE PSYCHOLOGIST DID NOT ADMIT NOR DENY CHARGES IN THE AGREEMENT/ORDER/SETTLEMENT	12/12/2015
COX, CHIKAKO INOUE	OH	VOLUNTARY LIMITATION OR RESTRICTION ON LICENSE/CERTIFICATION/REGISTRATION	IMPROPER OR INADEQUATE SUPERVISION OR DELEGATION	04/14/2016
DAVIS, JEREMY T	OR	PUBLICLY AVAILABLE FINE/MONETARY PENALTY; SUPERVISED PRACTICE; SUSPENSION OF LICENSE/CERTIFICATION/REGISTRATION/STRIKING OFF THE ROLL	CONDUCT EVIDENCING MORAL UNFITNESS; CONVICTION OF CRIME	09/25/2015
FRITZ, RON	OR	PUBLICLY AVAILABLE FINE/MONETARY PENALTY	PRACTICING WITHOUT A LICENSE	01/29/2016
GRANADOS, REGINA	CA	SURRENDER OF LICENSE/VOLUNTARY OR IN LIEU OF FURTHER ACTION/RETIREMENT OF LICENSE	NEGLIGENCE; FRAUD -- UNSPECIFIED	12/24/2015
GUSTIN, ERIN CHRISTINE	MN	REPRIMAND/CENSURE/PUBLIC REPROVAL/LETTER OF ADMONITION	FAILURE TO OBTAIN INFORMED CONSENT; BREACH OF CONFIDENTIALITY	01/22/2016
HANSEN, JOSEPH WILLIAM	MN	REVOCAION/CANCELLATION OF LICENSE	SEXUAL MISCONDUCT	12/18/2015
HART, JUDY A	OR	REPRIMAND/CENSURE/PUBLIC REPROVAL/LETTER OF ADMONITION; PUBLICLY AVAILABLE FINE/MONETARY PENALTY	PRACTICING WITHOUT A LICENSE	11/20/2015
HULTENG, RICHARD J	OR	SURRENDER OF LICENSE/VOLUNTARY OR IN LIEU OF FURTHER ACTION/RETIREMENT OF LICENSE	ALL DISCIPLINARY REASONS ARE ALLEGED IN THAT THE PSYCHOLOGIST DID NOT ADMIT NOR DENY CHARGES IN THE AGREEMENT/ORDER/SETTLEMENT	01/29/2016
JACKSON, STEPHEN ALAN	MO	REPRIMAND/CENSURE/PUBLIC REPROVAL/LETTER OF ADMONITION	OTHER UNPROFESSIONAL CONDUCT	03/23/2016
JOHNSON, MARTIN KYLE	OH	LIMITATION OR RESTRICTION ON LICENSE; SUSPENSION OF LICENSE/CERTIFICATION/REGISTRATION/STRIKING OFF THE ROLL	FAILURE TO OBTAIN INFORMED CONSENT; NEGLIGENCE; IMPROPER OR INADEQUATE SUPERVISION OR DELEGATION	04/14/2016

KING, KATHLEEN J	MO	SURRENDER OF LICENSE/VOLUNTARY OR IN LIEU OF FURTHER ACTION/RETIREMENT OF LICENSE	NON-SEXUAL DUAL RELATIONSHIP OR BOUNDARY VIOLATION	04/05/2016
LABOUNTY, KAREN	MN	REVOCAION/CANCELLATION OF LICENSE	UNABLE TO PRACTICE SAFELY BY REASON OF PSYCHOLOGICAL IMPAIRMENT OR MENTAL DISORDER; CONDUCT EVIDENCING ETHICAL UNFITNESS; NON-SEXUAL DUAL RELATIONSHIP OR BOUNDARY VIOLATION	02/19/2016
LEONARD, JOHN EDMUND	CA	PROBATION OF LICENSE/REGISTRATION/CERTIFICATION	NEGLIGENCE; OTHER UNPROFESSIONAL CONDUCT	03/02/2016
MACHOS, THOMAS F	CA	SUSPENSION OF LICENSE/CERTIFICATION/REGISTRATION/STRIKING OFF THE ROLL	UNABLE TO PRACTICE SAFELY; CONVICTION OF CRIME	04/07/2016
MASON, JOHN HOWARD	OH	LIMITATION OR RESTRICTION ON LICENSE; REPRIMAND/CENSURE/PUBLIC REPROVAL/LETTER OF ADMONITION	INCOMPETENCE; NEGLIGENCE	04/14/2016
MORGUELAN, FRED NEAL	CA	PROBATION OF LICENSE/REGISTRATION/CERTIFICATION	NEGLIGENCE; VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES	02/24/2016
NICKS, DARRELL L	IL	REPRIMAND/CENSURE/PUBLIC REPROVAL/LETTER OF ADMONITION	OTHER - NOT CLASSIFIED	12/08/2015
PEERSON, STACEY	CA	REPRIMAND/CENSURE/PUBLIC REPROVAL/LETTER OF ADMONITION	OTHER UNPROFESSIONAL CONDUCT	03/19/2016
PEREZ, JUAN C.	CA	PROBATION OF LICENSE/REGISTRATION/CERTIFICATION	VIOLATION OF OR FAILURE TO COMPLY WITH LICENSING BOARD ORDER	02/25/2016
ROBERTS, SARAH	MN	SUSPENSION OF LICENSE/CERTIFICATION/REGISTRATION/STRIKING OFF THE ROLL	UNABLE TO PRACTICE SAFELY BY REASON OF PHYSICAL ILLNESS OR IMPAIRMENT	01/22/2016
RUNDELL, LESLIE	OK	SUPERVISED PRACTICE; ADDITIONAL EDUCATION REQUIRED (E.G. CE; TUTORIALS; SCHOLARLY PAPER); PROBATION OF LICENSE/REGISTRATION/CERTIFICATION	PATIENT NEGLECT; VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES	03/25/2016
RUSSELL, MICHELE C	CA	SURRENDER OF LICENSE/VOLUNTARY OR IN LIEU OF FURTHER ACTION/RETIREMENT OF LICENSE	UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE; FRAUD -- UNSPECIFIED; OTHER UNPROFESSIONAL CONDUCT	03/06/2016
SHILATI, SHEILA	CA	SURRENDER OF LICENSE/VOLUNTARY OR IN LIEU OF FURTHER ACTION/RETIREMENT OF LICENSE	SEXUAL MISCONDUCT; NEGLIGENCE; OTHER UNPROFESSIONAL CONDUCT	03/04/2016
SMITH, KAREN P	IL	REPRIMAND/CENSURE/PUBLIC REPROVAL/LETTER OF ADMONITION	OTHER - NOT CLASSIFIED	12/21/2015
TUCKER, JANET C	CA	SURRENDER OF LICENSE/VOLUNTARY OR IN LIEU OF FURTHER ACTION/RETIREMENT OF LICENSE	NEGLIGENCE	03/31/2016
VIGEN, SUSAN BAILEY	LA	ADDITIONAL EDUCATION REQUIRED (E.G. CE; TUTORIALS; SCHOLARLY PAPER)	ALL DISCIPLINARY REASONS ARE ALLEGED IN THAT THE PSYCHOLOGIST DID NOT ADMIT NOR DENY CHARGES IN THE AGREEMENT/ORDER/SETTLEMENT	06/26/2015
WEISS, PATRICIA J	CA	PROBATION OF LICENSE/REGISTRATION/CERTIFICATION	VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES; INCOMPETENCE; FRAUD -- UNSPECIFIED	12/07/2014

**Board of Directors Meeting  
January 30, 2016  
San Diego, California  
Open Session Meeting  
MINUTES**

The ASPPB Board of Directors met in open session on Saturday, January 30, 2016 at the Hotel Palomar in San Diego, California. Dr. Don Crowder, the Association's President, called the meeting to order at 10:40 a.m. Board members present were:

Don Crowder, PhD	President
Martha Storie	Past-President
Don S. Meck, PhD, JD, ABPP	President-Elect
Karen Messer-Engel, MA, R. Psych.	Secretary-Treasurer
Sharon Lightfoot, PhD	Member-at-Large
C. Gerald O'Brien, Jr., PhD	Member-at-Large
Sheila Young, PhD	Member-at-Large

Also present:

Stephen T. DeMers, EdD	Chief Executive Officer
Amy C. Hilson, CAE	Associate Executive Officer for Exams and Governance
Janet P. Orwig, MBA	Associate Executive Officer for Member Services
Alex M. Siegel, JD, PhD	Director of Professional Affairs

**Welcome, Amendments to Agenda**

Dr. Crowder asked for revisions to the agenda. There was one: removal of the agenda item regarding the Canadian Exchange Rate.

**Acceptance of the Consent Agenda**

**The Board passed a motion to approve the Consent Agenda as revised.**

**Ratification of Actions Taken in Confidential Session**

**A motion was made to ratify the actions taken in Confidential Session. Those actions were to:**

- **Passed a motion to approve the minutes of the October 6-7, 2015 Board of Directors Confidential Meeting as revised.**
- **Passed a motion to approve the minutes of the October 7, 2015 Board of Directors Open Session Meeting as revised.**

- **Passed a motion to approve the minutes of the November 4, 2015 Confidential Conference Call as presented.**
- **Passed a motion to approve the minutes of the December 13, 2015 Board of Directors Confidential Meeting as presented.**
- **Passed a motion to approve the minutes of the December 13, 2015 Board of Directors Open Session Meeting as presented.**
- **Passed a motion to approve the Confidential Consent Agenda as presented.**
- **Passed a motion establishing guidelines for remuneration for speakers at membership meetings: to waive the registration fee for all presenters, and to pay travel, expenses and an honorarium for keynote speakers.**
- **Passed a motion to accept the final report of the Committee on Competency Assessment (CCA) including approval of the committee's recommendations as included in the CCA Report which are in summary, that:**
  1. **ASPPB develop and implement a skills-based examination that will partner with the existing EPPP .**
  2. **The EPPP Step 2 be developed as a generic exam.**
  3. **The name “EPPP Step 1” be used to refer to the core knowledge component and “EPPP Step 2” to refer to the skills-based component of the EPPP examination.**
  4. **A committee structure similar to the one used for the EPPP be established.**
  5. **The chairs of the Exam Committee 2 and the Item Development Committee 2 be included as members of the Committee on Exam Coordination.**
  6. **Anyone who contributes to the development the EPPP Step 2 have an active license as a psychologist.**
  7. **The CCA itself be converted to an Implementation Task Force (ITF), and that the Committee charges be reconfigured.**
  8. **The membership of the CCA be preserved in the Task Force.**
  9. **That while in existence, the Chair of the ITF be included as a member of the CEC.**
- **Passed a motion to proceed with the proposed collaboration project with the American Board of Professional Psychology.**

**The motions passed.**

### **Executive Officer's report**

#### *ASPPB Property Update*

Dr. DeMers updated the Board on the status of ASPPB rental property. The Greencastle property continues to be unoccupied. The Montgomery property continues to be occupied and the rental agreement is coming up for renewal but no changes are perceived.

#### *Exam Numbers*

Ms. Hilson updated the Board on how exam numbers are calculated. The numbers continue to be strong.

#### *Variance Report*

The Board reviewed the Variance Report for the period ending November 2015.

### **2015 Annual Meeting Recap**

Dr. DeMers conducted a review of the meeting evaluation forms. Several suggestions were made to continue to improve the membership meetings:

- A procedure needs to be developed to ensure Canadian case law is presented during the legal review session;
- Meeting room layout needs to be a main focus of the location selection process;
- In order to engage guests, a special breakfast for guests was suggested; and
- Names should not be on the review forms if the person is not actually presenting but only there as a discussant or panelist.

### **2016 Annual Meeting Planning**

Ms. Storie led a discussion regarding planning for 2016 Annual Meeting. Several themes were discussed:

- How the current anti-regulatory atmosphere is impacting public protection;
- Competency assessment; and
- Benefits of regulation.

### **APA's Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) Accepting Comments for Specialty and Proficiency Petitions**

It was the consensus of the Board that no comment was necessary.

### **Workforce Data Task Force Update**

Dr. Lightfoot updated the Board on the work of the Task Force. The Task Force will be scheduling a meeting soon to continue to review current data and ascertain ways to increase compliance from licensed psychologists.

### **APPIC/APA Education Directorate Postdoctoral Psychology Training Summit**

Dr. Lightfoot will be attending this summit and will inform the Board of the outcomes.

### **Proposed Professional Practice Guidelines for Occupationally-Mandated Psychological Evaluations**

Dr. Siegel conducted a review of these guidelines. These guidelines are designed to provide guidance for psychologists conducting court ordered evaluations. The guidelines are well drafted but several areas need additional information regarding licensure. It was the consensus of the Board that Dr. Siegel prepare a response.

### **Commission on Accreditation (CoA) Request for Public Comment on Data and Disclosure Implementing Regulations**

Dr. Lightfoot updated the Board on this document. She felt CoA was responsive to ASPPB's feedback. A follow-up response will be sent by Dr. DeMers.

### **Updates on ASPPB Committees, Task Forces and Liaison Activities**

#### *APA Consolidated Meetings:*

Dr. Lightfoot discussed how the APA Board of Professional Affairs (BPA) will be creating a sub-committee to review master's trained psychologists and licensure issues.

#### *ASPPB Model Act and Regulations Committee (MARC)*

Dr. Siegel updated the Board on the work of committee. The model act has been revised and work on the model regulations is set to begin at the next committee meeting.

#### *Job Task Analysis Update*

Ms. Messer-Engel gave an update on the work of this project. Applications for potential volunteers to assist with the project will be reviewed at the upcoming JTAAC meeting in February.

#### *Committee on Early Career Psychologists (CECP)*

Dr. Siegel has started a dialogue with the new liaison from this group.

Association of State and Provincial Psychology Boards  
Board of Directors Open Session Meeting  
January 30, 2016  
San Diego, California  
Page 5 of 5

*American Psychological Association of Graduate Students (APAGS)*

Dr. Siegel updated the Board on Dr. Nabil El-Ghoroury's hope that Dr. Siegel would be available to provide with him the *APAGs on the Road* presentation while in Alaska.

*National Council of Schools and Programs of Professional Psychology (NCSPP)*

Dr. DeMers updated the Board on the recent meeting in Atlanta where he and Dr. David Cox of the American Board of Professional Psychology (ABPP) provided a presentation on telepsychology and the training changes that will be needed as this mode of delivery advances forward.

**Identification of Policy Items Arising from this Meeting**

Ms. Messer-Engel noted that the Policies and Procedures Committee will add language regarding meeting presenter remuneration to the ASPPB Policies and Procedures Manual.

**Plus/Delta**

Dr. Crowder requested feedback regarding the meeting:

- Well-run meeting and
- Thank you to Ms. Hilson for putting the agenda together.

**Adjourn**

There being no further business, the meeting adjourned at 3:30 p.m.

Respectfully submitted,

Janet P. Orwig, MBA, Recorder

*Approved by Board of Directors on May 3, 2016*

## Branch, Michelle L

---

**From:** Peggieward <peggiwardphd@gmail.com>  
**Sent:** Monday, June 06, 2016 11:17 AM  
**To:** King, Anna  
**Cc:** Branch, Michelle L  
**Subject:** Michelle Branch

Hi Anna,

I would like to say, for the 2nd year in a row, Michelle has been super helpful to me. She is prompt, courteous, always finds the answers and has a wealth of information. I am glad I can write to you to let you know. Peggieward

Peggieward, Ph.D.  
4835 27th Street West  
Suite 205  
Bradenton, Florida 34207  
Phone: 978 509 8286  
email: [peggiwardphd@gmail.com](mailto:peggiwardphd@gmail.com)

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**From:** Erin Rabideau [<mailto:erabideau@uwf.edu>]  
**Sent:** Monday, May 09, 2016 5:16 PM  
**To:** King, Anna  
**Subject:** Michelle Branch

Hi Anna,

I have been working with Michelle over the past year on my Florida licensure and she has been so supportive and responsive throughout the process. Her information was accurate and her professionalism was perfect. She helped me through the tricky process of obtaining accommodations for testing and helped me understand the licensure process inside and out. She is doing an excellent job and I'm so glad the end of my journey to become a licensed psychologist was managed by her.

Thank you for taking my comments into consideration!

Erin

Erin M. Rabideau, PhD  
Licensed Psychologist  
Counseling & Psychological Services  
University of West Florida  
(850) 474-2420

**From:** Dominguez, Maria [<mailto:mdominguez@CenturionofFL.com>]

**Sent:** Friday, June 17, 2016 11:22 AM

**To:** King, Anna <[Anna.King@flhealth.gov](mailto:Anna.King@flhealth.gov)>

**Subject:** Good Morning

Good Morning Ms. King,

I'm writing this e-mail to you to let you know how efficient and professional Mr. Trexler is. I have been needing information on how to go about asking for an extension to my psychologist application. Mr. Trexler explained and provided all the steps in order for me to understand and participate in this morning Board of Psychology meeting. I was granted the extension and understood the process well , thanks to Mr. Trexler.

Again, going through the licensing process and navigating it is much smoother when there are employees like Mr. Trexler who are committed to their job and are helpful.

Have a nice weekend!!!

Maria E Dominguez Psy.D.

**From:** Dominguez, Maria [<mailto:Maria.Dominguez@corizonhealth.com>]  
**Sent:** Wednesday, April 20, 2016 11:56 AM  
**To:** King, Anna  
**Subject:** Good Afternoon

Hello Ms. King,

I would like to tell you how helpful and professional Mr. Trexler, Sean is. I have e-mailed Mr. Trexler, a few times requesting information on the EPPP Exam and he answers the e-mails in a fast timely manner with the answers to all my questions. He is professional and addresses the questions with complete answers, it has been a great experience to work with him. Recently, I have e-mailed him to ask about the Laws Exam for psychologist and his response has been the same very professional and accurate.

Maria Dominguez Psy.D.

**From:** [cyngrace@aol.com](mailto:cyngrace@aol.com) [mailto:[cyngrace@aol.com](mailto:cyngrace@aol.com)]

**Sent:** Wednesday, June 15, 2016 6:44 PM

**To:** King, Anna <[Anna.King@flhealth.gov](mailto:Anna.King@flhealth.gov)>

**Cc:** Trexler, Sean <[Sean.Trexler@flhealth.gov](mailto:Sean.Trexler@flhealth.gov)>

**Subject:** Sean Trexler

Dear Ms. King,

I want to let you know how appreciative I am for the assistance given to me in processing my application for Psychology Licensure by Sean Trexler. He communicated with me in a clear and very professional manner. His follow up was impeccable. He made the application more pleasant than I could have imagined it would be.

Thank you for giving me this chance to provide feedback.

Cynthia A Grace, PhD

**From:** Alexandra Corning [<mailto:acorning@nd.edu>]

**Sent:** Thursday, June 23, 2016 4:51 PM

**To:** King, Anna <[Anna.King@flhealth.gov](mailto:Anna.King@flhealth.gov)>

**Subject:** Fdbk re. Sean Trexler

Dear Ms. King,

Sean was a really big help to me as I pursued licensure as a psychologist in Florida. The process, as you know, can be involved, esp. if credentials need to be checked and so on. Sean was such a professional. He had to call me at the beginning of the process to let me know of an issue with my application. I was nervous b/c I am very conscientious and couldn't imagine what it might be, and, of course, I didn't want to make any mistakes on my application or not get the proper paperwork to you. Sean returned all my calls very promptly, clearly explained issues to me, and guided me through the questions I had. He made this potentially nerve-racking process a lot more understandable and easier on my mind, and I really appreciate that. He was warm, involved, responsive, and prompt. Thank you for such a good experience with the State of Florida through Mr. Trexler.

Sincerely,  
Alexandra Corning

---

Alexandra F. Corning | Dept of Psychology | University of Notre Dame |  
[www.nd.edu/~acorning](http://www.nd.edu/~acorning)

**APPLICANT REQUEST FOR EXTENSION PURSUANT TO  
§490.005(3)(b), F.S.**

**Name: Alina Perez**

**File Number: 8191**

**Application Method: Examination**

**Original Application Date: 06/17/2014**

**Board Approval Date: 06/19/2014**

**Scheduled Expiration Date: 06/19/2016**

**Application Missing:**

[REDACTED]

This applicant is requesting an extension of time allowed to complete the requirements for licensure. Enclosed for the Board's review is the request for extension as well as the exam history. [REDACTED]

**Section 490.005(3)(a), Florida Statutes provides:**

The board shall close the application file of any applicant who fails to pass the psychology licensure examination and the Florida law and rules portion of the examination or who fails to submit evidence of completion of the postdoctoral, supervised experience within a timeframe no longer than 24 months.

**Rule 64B19-11.0075, F.A.C. provides:**

(1) The Board shall close the application file of and issue a final order of denial to any applicant for licensure by examination who fails to pass the Examination for Professional Practice in Psychology and the Florida laws and rules examination or who 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.

(2) The Board may grant an additional twelve (12) months to comply with the requirements of subsection (1) above, of up to 36 months, to any applicant who files a written request for extension and demonstrates that the applicant has made a good faith effort to comply but has failed to comply because of illness or unusual hardship.

**Mission:**

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**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General and Secretary

**Vision:** To be the **Healthiest State** in the Nation

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July 11, 2016

Alina Perez  
11920 Ne 11 Place  
Biscayne Park, FL 33161

Dear Dr. Perez:

PLEASE TAKE NOTICE that a consideration of your request for an extension will be held by the Board of Psychology at the meeting listed below:

Date: July 22, 2016  
Time: 9:00 a.m. EST or soon thereafter  
Location: St. Petersburg Marriott Clearwater  
12600 Roosevelt Boulevard  
St. Petersburg, FL 33716  
Phone: 727-572-7800

You are not required to attend; however, it is requested that you contact me in writing if it is your intention to attend the meeting. You may e-mail, write to the address listed below, or fax your response to (850) 414-6860.

If you have any questions, please do not hesitate to contact this office at the address below, by telephone (850) 245-4373 ext. 3482 or e-mail [Michelle.Branch@flhealth.gov](mailto:Michelle.Branch@flhealth.gov).

Sincerely,

Michelle Branch  
Regulatory Specialist II

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C05 • Tallahassee, FL 32399-3255  
PHONE: (850)245-4444 • FAX: (850) 414-6860



## Branch, Michelle L

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**From:** Alina Perez <alinaperez7276@att.net>  
**Sent:** Monday, July 11, 2016 9:47 AM  
**To:** Branch, Michelle L  
**Subject:** Re: Florida Board of Psychology Meeting Notice

Thank you Michelle. Unfortunately I cannot attend in person as I will be out of town.

Regards  
Alina

Sent from my iPhone

On Jul 11, 2016, at 9:41 AM, Branch, Michelle L <[Michelle.Branch@flhealth.gov](mailto:Michelle.Branch@flhealth.gov)> wrote:

Dr. Perez,

Please find the attached Board of Psychology meeting notice. The Board will consider your request for an extension at the July 22, 2016 General Business Meeting. If the Board grants your request for an extension, your name will automatically be removed from the File Closure List.

Please let me know if you will be able to attend.

Thank you,

*Michelle Branch  
Regulatory Specialist II  
Florida Department of Health  
Medical Quality Assurance  
Board of Psychology  
4052 Bald Cypress Way BIN C-05  
Tallahassee, FL. 32399  
Phone: [850-245-4373](tel:850-245-4373) Ext 3482*

***How Am I Doing? Please contact my manager to comment on my service to you,  
[Anna.King@flhealth.gov](mailto:Anna.King@flhealth.gov)***

Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Vision: **Healthiest State in the Nation.**

Purpose: To protect the public through health care licensure, enforcement and information.

Focus: To be the nation's leader in quality health care regulation.

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**Attention Health Care Practitioners:** There have been changes to the license renewal process. To learn more about CE/CME@Renewal visit [www.flhealthsource.com](http://www.flhealthsource.com) . For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at [MQAReportCE@flhealth.gov](mailto:MQAReportCE@flhealth.gov).

Please note : Florida has a very broad public records law.  
Most written communications to or from state officials regarding  
state business are public records available to the public and media

upon request. Your e-mail communications may therefore be subject to public disclosure.

Please consider the environment before printing this email.

<GENCOR.pdf>

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**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

June 19, 2014

Alina Perez  
11920 Ne 11 Place  
Biscayne Park, FL 33161

Applicant ID#: 8191

Dear Dr. Perez:

The Board of Psychology has reviewed your psychologist application. You have been authorized for the Florida laws and rules exam and the national exam. You have been approved for licensure upon passage of your exams.

**Florida Laws & Rules Exam Information**

The Florida laws and rules exam is a computer-based test administered on a continual basis by Prometric, Inc. You may schedule your examination through Prometric at any time\*, beginning 7-10 days from your receipt of this letter. After you have taken the examination, our testing services unit will forward your score to this office.

You may obtain a Candidate Information Booklet (CIB) and study packet on the Department of Health Testing Services website at <http://www.floridahealth.gov/licensing-and-regulation/psychology/exam-services/schedule/index.html> . The CIB includes information about how to schedule your examination, examination procedures, and what you should expect after taking your examination. You may download a study packet, or request one by contacting this office. Study packets and CIBs are only valid effective as of the month and year listed on the front cover. Please use the most recent version.

**National Examination for Professional Practice in Psychology (EPPP) Information**

For the national exam, please go to the Association of State and Provincial Psychology Boards (ASPPB) website, <http://www.asppb.net/EPPPsignup>, where you will find important information for exam candidates, as well as a link to where you will complete the application for the exam online and pay the required examination fee. Please note that, effective March 1, 2013, the registration fee for the EPPP will be \$600. Once you complete the 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\*. The candidate bulletin for the EPPP is available at <http://www.asppb.net/InfoForCandidates>.

**\*SPECIAL NOTE:** If you do not schedule your examinations within 60 days of this authorization, you may need to contact the Board office to request that your eligibility be re-submitted to the testing vendor.

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C05 • Tallahassee, FL 32399-3255  
PHONE: (850)245-4444 • FAX: (850) 414-6860

**www.FloridaHealth.gov**

TWITTER: HealthyFLA  
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Created on 6/19/2014 10:24 AM

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If you have any questions, please contact me at the address below. You may also reach me at (850) 245-4373 ext. 3482, or e-mail [Michelle.Branch@flhealth.gov](mailto:Michelle.Branch@flhealth.gov).

Sincerely,

Michelle Branch  
Regulatory Specialist II

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**www.FloridasHealth.com**

TWITTER:HealthyFLA  
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YOUTUBE: fldoh  
Created on 6/19/2014 10:24 AM

**APPLICANT REQUEST FOR EXTENSION PURSUANT TO  
§490.005(3)(b), F.S.**

**Name: Alexandra Victoria**

**File Number: 8205**

**Application Method: Examination**

**Original Application Date: 06/27/2014**

**Board Approval Date: 07/08/2014**

**Scheduled Expiration Date: 07/08/2016**

**Application Missing:**

[REDACTED]

This applicant is requesting an extension of time allowed to complete the requirements for licensure. Enclosed for the Board's review is the request for extension as well as the exam history. [REDACTED]

**Section 490.005(3)(a), Florida Statutes provides:**

The board shall close the application file of any applicant who fails to pass the psychology licensure examination and the Florida law and rules portion of the examination or who fails to submit evidence of completion of the postdoctoral, supervised experience within a timeframe no longer than 24 months.

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July 8, 2016

Alexandra Marie Victoria  
222 Lakeside Cir  
Sunrise, FL 33326

Dear Dr. Victoria:

PLEASE TAKE NOTICE that a consideration of your request for an extension will be held by the Board of Psychology at the meeting listed below:

Date: July 22, 2016  
Time: 9:00 a.m. EST or soon thereafter  
Location: St. Petersburg Marriott Clearwater  
12600 Roosevelt Boulevard  
St. Petersburg, FL 33716  
Phone: 727-572-7800

You are not required to attend; however, it is requested that you contact me in writing if it is your intention to attend the meeting. You may e-mail, write to the address listed below, or fax your response to (850) 414-6860.

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Sincerely,

Michelle Branch  
Regulatory Specialist II

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July 8, 2014

Alexandra Marie Victoria  
222 Lakeside Cir  
Sunrise, FL 33326

Applicant ID#: 8205

Dear Dr. Victoria:

The Board of Psychology has reviewed your psychologist application. You have been authorized for the Florida laws and rules exam and the national exam. You have been approved for licensure upon passage of your exams.

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**www.FloridaHealth.gov**

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Sincerely,

Michelle Branch  
Regulatory Specialist II

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YOUTUBE: fldoh  
Created on 7/8/2014 8:52 AM

The Association of State and Provincial Psychology Boards (ASPPB) is conducting a job task analysis (JTA) for the Examination for Professional Practice in Psychology (EPPP). The JTA will be used to validate the examination to ensure that it assesses the knowledge (EPPP) and skills (EPPP Step 2) required at the point of licensure.

ASPPB would like to survey as many licensed/registered psychologists in the United States and Canada as possible to insure that the responses to this survey provide an accurate reflection of what psychologists do. When licensees receive our request, they will be randomly routed to one of two online surveys, developed by licensed/registered subject matter experts, assessing the knowledge base or skills required for the practice of psychology. Thus the questions on the survey will examine the knowledge or the skills needed to practice psychology. Responses will be gathered anonymously.

It is anticipated that the survey will take approximately 30 minutes for respondents to complete. The survey will be open for response on July 11, 2016 and will close on August 31, 2016.