

# Psychology Florida Laws and Rules Re-examination Application



**Board of Psychology**  
**P.O. Box 6330**  
**Tallahassee, FL 32314-6330**  
**Website: [www.floridaspsychology.gov](http://www.floridaspsychology.gov)**  
**Email: [MQA.Psychology@flhealth.gov](mailto:MQA.Psychology@flhealth.gov)**  
**Phone: (850) 245-4373**  
**FAX: (850) 414-6860**





# Re-Examination Application for Psychology Laws and Rules Exam

Board of Psychology  
4052 Bald Cypress Way, Bin C-05  
Tallahassee, FL 32399-3255  
Fax: (850) 414-6860  
Email: MQA.Psychology@flhealth.gov



## Florida Psychology Laws and Rules Re-Examination

Examination fees are paid directly to the testing vendor. Do not submit re-examination fees to the department.

### 1. PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)

Street/P.O. Box Apt. No. City

State ZIP Country Home/Cell Telephone (Input without dashes)

Practice Location: (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website)

Street Suite No. City

State ZIP Country Work/Cell Telephone (Input without dashes)

#### EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with 41 CFR Part 60-3-Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender: Male Race: Native Hawaiian or Pacific Islander Hispanic or Latino White  
Female American Indian or Alaska Native Black or African American Asian  
Two or More Races

Email Notification: To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: \_\_\_\_\_

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

## 2. SOCIAL SECURITY DISCLOSURE

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code, § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statute (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_  
(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, §§ 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

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## 3. SPECIAL TESTING ACCOMMODATIONS

Are you applying for special testing accommodations due to disability?      Yes      No

If “Yes,” submit the “**Application for Candidates Requesting Testing Accommodations in Accordance with the Americans with Disabilities Act,**” form to the exam vendor no later than 60 days prior to the examination for which you wish to be scheduled. The form is available at <https://www.flrules.org/gateway/ruleNo.asp?id=64B-1.005>.

Name: \_\_\_\_\_

#### 4. APPLICANT BACKGROUND

- A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

\_\_\_\_\_

- B. Since the submission of your initial application for psychologist licensure, has there been any material change in any circumstance or condition stated therein, which might affect the decision of the board?      Yes      No

If “Yes,” attach a **written explanation** providing accurate details and submit copies of **all relevant supporting documentation**.

#### 5. EXAMINATION HISTORY

Provide the date(s) of previous Laws and Rules Examination attempt(s).

| Enter dates in MM/DD/YYYY format. |  |                          |  |                          |  |
|-----------------------------------|--|--------------------------|--|--------------------------|--|
| 1st Attempt:                      |  | 2 <sup>nd</sup> Attempt: |  | 3 <sup>rd</sup> Attempt: |  |
| 4 <sup>th</sup> Attempt:          |  | 5 <sup>th</sup> Attempt: |  | 6 <sup>th</sup> Attempt: |  |

#### 6. CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS

**IMPORTANT NOTICE:** Applicants for licensure, certification, or registration and candidates for examination may be excluded from licensure, certification, or registration if their felony convictions fall into certain timeframes as established in s. 456.0635(2), F.S.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under chapter (ch.) 409, F.S. (relating to social and economic assistance), ch. 817, F.S. (relating to fraudulent practices), ch. 893, F.S. (relating to drug abuse prevention and control), or a similar felony offense(s) in another state or jurisdiction?      Yes      No

**If you responded “No” to the question above, skip to question 2.**

- 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?      Yes      No
- b. If “Yes” to 1, for the felonies of the third degree, has it been more than ten years from the date of the plea, sentence, and completion of subsequent probation (this question does not apply to felonies of the third degree under s. 893.13(6)(a), F.S.)?      Yes      No
- c. If “Yes” to 1, for the felonies of the third degree under s. 893.13(6)(a), F.S., has it been more than five years from the date of the plea, sentence, and completion of any subsequent probation?  
Yes      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,” provide supporting documentation)?  
Yes      No
2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?      Yes      No

**If you responded “No” to the question above, skip to question 3.**

- 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?      Yes      No

Name: \_\_\_\_\_

3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to s. 409.913, F.S.?  
Yes      No

**If you responded "No" to the question above, skip to question 4.**

- 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?      Yes      No
4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?      Yes      No

**If you responded "No" to the question above, skip to question 5.**

- a. Have you been in good standing with a state Medicaid program for the most recent five years?  
Yes      No
- b. Did termination occur at least 20 years before the date of this application?      Yes      No
5. Are you currently listed on the United States Department of Health and Human Services' Office of the Inspector General's List of Excluded Individuals and Entities (LEIE)?      Yes      No
- a. If you responded "Yes" to the question above, are you listed because you defaulted or are delinquent on a student loan?      Yes      No
- b. If you responded "Yes" to question 5.a., is the student loan default or delinquency the only reason you are listed on the LEIE?      Yes      No

**If you responded "Yes" to any of the questions in this section, you must provide the following:**

**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 listed on the first page of the application.

**Supporting documentation** including court dispositions or agency orders where applicable.

**All documentation must be mailed to:**

**Board of Psychology**  
4052 Bald Cypress Way Bin C-05  
Tallahassee, FL 32399-3255

## 6. APPLICANT SIGNATURE

I, the undersigned, state that I am the person identified in this application for re-examination in the state of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067, F.S.

Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You may print this application and sign it or sign digitally.*      MM/DD/YYYY