

**ABPP DIPLOMATE VERIFICATION FORM
FLORIDA BOARD OF PSYCHOLOGY**

PART I: TO BE COMPLETED BY THE APPLICANT

Complete this part and send it to the American Board of Professional Psychology (ABPP) for completion by an ABPP organization official.

Applicant Name _____ SS# _____

Address _____

Diploma Number _____ ABPP Specialty _____

I hereby authorize release of any information regarding my diplomate status to the Florida Board of Psychology.

Applicant Signature _____ Date _____

PART II: TO BE COMPLETED BY AN OFFICIAL OF THE AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY AND RETURNED TO THE ADDRESS BELOW

Specialty Area of Diploma _____

Diploma Number _____ Issue Date _____

Is the applicant's diploma in good standing? Yes No

If "No", please explain:

Do you have any disciplinary action information on file regarding the licensee? Yes No

If "Yes", please explain:

Verified by:

Signature of Official

Printed Name and Title

Date Signed

**MAILING ADDRESS:
DEPARTMENT OF HEALTH
MEDICAL THERAPIES/PSYCHOLOGY
4052 BALD CYPRESS WAY ● BIN # C05
TALLAHASSEE, FL 32399-3255**

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