



Board of Psychology

Application for Provisional Psychology Licensure

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE*

* This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by Section 456.013 (1)(a), Florida Statutes.

Name:			Social Security Number:
_____	_____	_____	_____
Last	First	Middle	

You must answer all of the following questions. If you answer "yes", you must explain in detail on a separate sheet. In your explanation, include date(s), location(s), specific circumstances, practitioners and/or treatment involved, etc. Your "yes" answers must be substantiated by either official documents sent directly to us from the respective state licensing board, official copies of court records from the clerk of the court, or letters from treating physicians/practitioners. You must ensure that we receive the documents that substantiate your "yes" answers. Your "yes" answer would not be an automatic cause for denial.

NOTE: Obtaining or attempting to obtain a license by bribery, fraud, or knowing misrepresentation is a violation of the Psychology Practice Act and may result in the denial of licensure, suspension or revocation of license, and/or other penalty under Section 490.009, Florida Statutes, or Rule Chapter 64B19-17, Florida Administrative Code.

PART I. PERSONAL HISTORY

A. In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice psychology within the past five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice psychology?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder, or, if you were previously in such a program, did you suffer a relapse within the last five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
F. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice psychology within the past five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Mission Statement:

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

4052 Bald Cypress Way, Bin # C05
Tallahassee, Florida 32399-3257

Phone: (850) 245-4373 Fax: (850) 414-6860

Website: <http://www.floridahealth.gov/licensing-and-regulation/psychology/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 all other documentation:

4052 Bald Cypress Way, Bin #C05

Tallahassee, FL 32399-3255

(850) 245-4373; Fax (850) 414-6860

\$505 total = \$250 application fee & \$250 initial

licensure fee & \$5 unlicensed activity fee

APPLICATION FOR PROVISIONAL PSYCHOLOGY LICENSURE

NOTE: PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

PART II. PROFILE DATA FORM

¹ List your full, legal NAME as it should appear on PROVISIONAL PSYCHOLOGY license (no nicknames or shortened versions):

FIRST:

MIDDLE:

LAST:

² Have you ever changed your name through marriage or action of a court, or have you been known by any other name? *If "YES", give the name(s) and date(s) of changes below:*

YES NO

³ Date of Birth (mm/dd/yy)

⁴ MAILING Address (street address, city, state, ZIP):
(Mailing address will display on the Internet if you have not provided a practice location):

PRACTICE Address (required- street address, city, state, ZIP):

^{5a} Work Telephone Number: ()

⁶ Fax Number: ()

^{5b} Alternate Telephone Number: ()

^{7a} Name of School, College or University OF DOCTORAL DEGREE and major:

⁸ Type of Degree:

Ph.D.

Psy.D.

Ed.D.

Other _____

⁹ Date Graduated:

___/___/___

^{7b} Did you graduate from an APA accredited program? YES NO

(An official transcript must be submitted directly to Board office from the degree granting institution, or, if sent by the applicant, must be sent in the institution's sealed envelope.)

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: Asian/Pacific Black Caucasian Hispanic Native American 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 NO

PRINT APPLICANT NAME HERE _____

PART III. SUPERVISOR INFORMATION AND AGREEMENT

¹² Name of Supervisor:	
¹³ Supervisor's License Number:	¹⁴ State(s) Where Licensed:
¹⁵ Supervisor's MAILING Address (street address, city, state, ZIP):	¹⁶ Supervisor's PRACTICE Address (street address, city, state, ZIP):
¹⁷ SUPERVISOR AGREEMENT: I, _____, a licensed psychologist practicing in the State of Florida, license number _____, have entered into an agreement with this applicant, _____, in which I agree to provide supervision to this individual in accordance with Section 490.005(1)(c), Florida Statutes, and Rule 64B19-11.011, Florida Administrative Code. By executing this agreement, I also consent to notifying the Department of Health, Board of Psychology, immediately and in writing in the event that my supervision of this individual terminates, tolls, or changes for any reason. I understand that this individual, once granted a provisional license, can only practice as outlined by rule of the Board and under my supervision. I have read and understand fully Chapters 456 and 490, Florida Statutes, and Title 64B19, Florida Administrative Code. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; margin-top: 5px;">Signature of Supervisor</div> <div style="width: 45%; border-top: 1px solid black; margin-top: 5px;">Date Signed</div> </div>	

PART IV. 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), 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 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. <i>NOTE: Obtaining or attempting to obtain a license by bribery, fraud, or knowing misrepresentation is a violation of the Psychology Practice Act and may result in the denial of licensure, suspension or revocation of license, and/or other penalty under Section 490.009, Florida Statutes, or Rule Chapter 64B19-17, Florida Administrative Code.</i>	
DISCIPLINARY HISTORY ¹⁸ Are you now under investigation in any jurisdiction, including Florida, for an offense which would be a violation of Chapters 456 or 490, Florida Statutes?	<input type="checkbox"/> YES <input type="checkbox"/> NO
¹⁹ Have you ever had your license revoked, suspended, or in any way acted against (e.g., reprimand, administrative fine, probation, etc.) in any state, including Florida, U.S. territory or foreign country?	<input type="checkbox"/> YES <input type="checkbox"/> NO
²⁰ Have you ever been denied licensure to practice psychology or any health-related profession in any licensing jurisdiction, including Florida or been granted such under restrictions (e.g., probation, other obligations imposed, etc.) of any kind?	<input type="checkbox"/> YES <input type="checkbox"/> NO
CRIMINAL HISTORY ²¹ Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction, including a military court martial, other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.	<input type="checkbox"/> YES <input type="checkbox"/> NO

PRINT APPLICANT NAME HERE _____

PART V. HISTORY PURSUANT TO SECTION 456.0635(2), F.S.

²² **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? (If you responded "no", skip to #2.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If "yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)? (If you responded "no", skip to #3.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 3a. and skip to #4.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? (If "No", do not answer 4a or 4b. and skip to #5.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Have you been in good standing with a state Medicaid program for the most recent five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Did the termination occur at least 20 years before the date of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 type="checkbox"/> No

PRINT APPLICANT NAME HERE: _____

THE FOLLOWING STATEMENT MUST BE COMPLETED:

³⁰ **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, and I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, or any supporting documentation, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license to practice as a Provisional Psychologist in the State of Florida.

I understand that my provisional licensure, once granted, will be valid for a maximum of two years and that I may practice only under the supervision of a Board approved and fully licensed psychologist in accordance with applicable laws and rules. In the event that my supervision with the Board-approved supervisor terminates or changes for any reason, I agree to notify the Board of Psychology immediately and in writing of the termination or change. Further, in the event of termination of supervision, my practice must cease until a new supervisor is approved by the Board.

I further state that I have read and understand Chapters 456 and 490, Florida Statutes, and Title 64B19, Florida Administrative Code, pertaining to Psychological Services, and acknowledge that I must abide by them.

Signature of applicant (required)

Date signed (required)

PRINT APPLICANT NAME HERE _____

APPLICATION FOR PROVISIONAL PSYCHOLOGIST LICENSURE

INSTRUCTIONS

SECTION I - GENERAL REQUIREMENTS AND INFORMATION

STATUTE AND RULE REFERENCES:

Specific licensure requirements can be found at Sections 490.0051, F.S. and 64B19-11.011 Florida Administrative Code, which may be viewed on the Board's website at www.floridaspsychology.gov.

ELIGIBILITY REQUIREMENTS:

EDUCATION

Completion of doctoral degree in psychology from a program as outlined in sections 490.003, F.S., AND

REQUIRED SUPERVISION

Provisional psychology licensees should not practice without the appropriate supervision. Practicing without the appropriate supervision may result in disciplinary action being taken against the provisional psychology licensee.

APPLICATION PROCESS:

It takes approximately 10-15 working days for checks to be processed by the Revenue Unit of the Department. Board office staff does not receive applications until the checks are processed.

By law, the Board office is allowed 30 days from receipt of the application and fee to review an application and notify the applicant in writing of any deficiencies. If notification of application status has not been received within 40 days of the Department's receipt of the application, you may contact the Board's administrative office. It is recommended that all applicants submit applications and documentation as far in advance of deadlines as possible.

It is recommended that applicants gather supporting documentation, such as transcripts, for submission with their applications and fees. This will expedite application processing. Applications will still be processed if documents are sent in separate from the application; doing so, however, may slow application processing down considerably. Transcripts may be submitted in this manner as long as they bear the official seal and are in sealed envelopes from the educational institution.

A complete application consists of a completed application form and ALL required supporting documentation received by established deadlines and deemed acceptable by the Board staff.

An incomplete application shall expire 1 year after initial filing. Applicants whose files are closed must submit new applications and fees. Likewise, applicants who delay timely responses to notices of deficiencies may be required to update their applications prior to the Board's consideration.

COMPLETING THE APPLICATION:

Keep these instructions, the laws and rules, and a copy of the completed application, for future reference.

When answering questions, do not refer to an attached resume. All questions can be answered by completing the form in its entirety as required. Failure to do so will cause the application to be incomplete and the applicant will be requested to complete additional application pages, as applicable.

If you would like to explain or clarify any question or if any of the sections in the application do not contain sufficient space for the requested information, use an additional sheet of paper to make addenda to the question and attach such to the application. Make a note on the application question that an addendum for that question is attached. Always number the additional information with the corresponding number of the question in the application.

Social Security Number. Under the Federal Privacy Act, disclosure of social security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.013, 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L 193, Section 317.

If confirmation that the Board office received any documentation is needed, use of certified mail is highly recommended. Supporting documentation may be submitted to this office before submission of application and fee.

Supervisor must complete, sign, and date the agreement as part of the application.

ADDRESS CHANGES

Please notify the Board office immediately of any address change for either practice location or mailing address. If you do not currently have a practice location, please inform us as soon as you obtain employment. Licenses are printed with the practice location address but are mailed to your home/ mailing address. The Internet will display your practice location address only. If none given, your home/ mailing address will be displayed. You are strongly encouraged to provide this office of any change in address, as it is a violation to not do so.

For information on limited and provisional licensure, please visit our web site at www.floridaspsychology.gov. As a potential licensee, we recommend that you frequently visit the Board of Psychology web site for updates and changes in the profession.

LICENSURE EXPIRATION

Provisional psychology licenses expire twenty-four (24) months after the date issued or after receipt of a letter from the Board that states that the provisional psychology licensee is a licensed psychologist in Florida, whichever is earlier. The provisional psychologist license may not be renewed or reissued.

WITHDRAWAL OF APPLICATION

If you decide to withdraw your application, you must make the request in writing. The request must be received prior to the Board's granting of licensure. Included in the request should be a request for refund of the appropriate fees. The application fee portion of your payment is non-refundable.

SECTION II - APPLICATION CHECKLIST AND REQUIRED DOCUMENTATION

Fees: \$250 non-refundable application processing fee
\$250 initial licensure fee
\$ 5 unlicensed activity fee
\$505 total

Make checks payable to DOH/Board of Psychology.

1. APPLICATION FORM AND FEES:

The application must be fully completed by every applicant. Please staple the fee securely to page 1 of the application. Do not stop payment on your check. This could result in a bad check charge being filed against you.

2. LICENSE/CERTIFICATE VERIFICATION FORM

Staff will seek to obtain online licensure verifications from the applicable state board. Official verifications will be required if unavailable online or the online version does not contain required information.

3. OFFICIAL DOCTORAL LEVEL TRANSCRIPTS

Official doctoral level education transcripts can be sent directly to this office from the institution, or, if sent by the applicant, must be contained in the institution's sealed envelope.

SUBMIT INITIAL APPLICATION, SUPPORTING DOCUMENTS AND FEES TO:

Department of Health/Board of Psychology
P. O. Box 6330
Tallahassee, FL 32314-6330

All SUBSEQUENT DOCUMENTATION MAY BE SUBMITTED TO:

Department of Health
Board of Psychology
4052 Bald Cypress Way, BIN C05
Tallahassee, FL 32399-3255