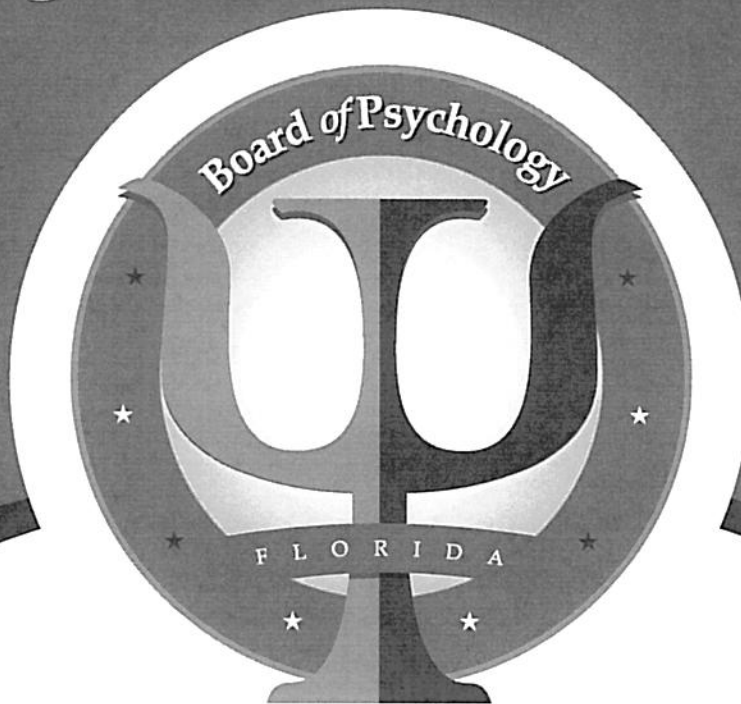


Application for Licensure as a Psychologist by Examination



Board of Psychology
P.O. Box 6330
Tallahassee, FL 32314-6330
Website: FloridasPsychology.gov
Email: MQA.Psychology@FLHealth.gov
Phone: (850) 245-4373
FAX: (850) 414-6860





Are you an active-duty member of the United States Armed Services?

Are you a veteran of the United States Armed Services?

Are you the spouse of a veteran of the United States Armed Services?

Are you the spouse of an active member of the United States Armed Services?

If you answered "Yes" to any of these questions, you may qualify for a reduction in your application fees. You can find information about the Florida Department of Health's commitment to serving members and veterans of the United States Armed Forces and their families online at <http://www.flhealthsource.gov/valor>.

Methods of Application

Use the information on this page to determine the application method you best qualify for.

Examination: Requires doctoral degree in psychology from a program accredited by the American Psychological Association (APA) at the time the applicant was enrolled and graduated. Requires completion of 4,000 hours of supervised experience under a licensed psychologist. The doctoral level internship satisfies the first 2,000 hours. The remaining 2,000 hours must be completed as a post-doctoral resident or fellow according to Rule 64B19-11.005, Florida Administrative Code (F.A.C.), and documented on the form provided in this application. Passage of the National Examination for Professional Practice in Psychology (EPPP) and the Florida Laws and Rules examination will be required prior to licensure.

Examination w/ Waiver: This application method is for applicants who meet all the requirements for "Examination" above and have **previously passed the EPPP**. The Florida Laws and Rules examination will be required prior to licensure.

Bifurcation/Examination: Requires doctoral degree in psychology from a program accredited by the American Psychological Association (APA) at the time the applicant was enrolled and graduated. Requires completion of 4,000 hours of supervised experience under a licensed psychologist. The doctoral-level internship satisfies the first 2,000 hours. The remaining 2,000 hours must be completed as a post-doctoral resident or fellow according to Rule 64B19-11.005, F.A.C., and documented on the form provided in this application. *Applicants approved under this method are able to proceed with sitting for the required examinations while completing the 2,000-hour post-doctoral experience requirement.* Verification of the post-doctoral supervised experience and passage of the National Examination for Professional Practice in Psychology (EPPP) and Florida Laws and Rules examinations will be required prior to licensure.

Bifurcation/Examination w/ Waiver: This application method is for applicants who meet all the requirements for "Bifurcation/Examination" above and have **previously passed the EPPP**. The Florida Laws and Rules examination will be required prior to licensure.

International – Examination: Requires credentials evaluation report verifying the international degree and internship were equivalent to a U.S. Psy.D., Ed.D., or Ph.D. in psychology from a psychology program at an educational institution which meets the criteria of s. 490.003(3)(a), Florida Statutes. Requires letter from a director or former director of an APA-accredited university or college program showing the international program was comparable to an APA-accredited program. Internationally trained applicants able to document post-doctoral experience requirements may apply under this method. Passage of the EPPP and the Florida Laws and Rules examination will be required prior to licensure.

International – Bifurcation/Examination: Requires credentials evaluation report verifying the international degree and internship were equivalent to a U.S. Psy.D., Ed.D., or Ph.D. in psychology from a psychology program at an educational institution which meets the criteria of s. 490.003(3)(a), Florida Statutes. Requires letter from a director or former director of an APA-accredited university or college program showing the international program was comparable to an APA-accredited program. Applicants who have not completed the post-doctoral experience requirements may apply under this method. Passage of the EPPP and the Florida Laws and Rules examination will be required prior to licensure.



Application for Licensure as a Psychologist by Examination

Board of Psychology
P.O. Box 6330
Tallahassee, FL 32314-6330
Fax: (850) 414-6860
Email: MQA.Psychology@flhealth.gov

Do Not Write in this Space
for Revenue Receiving Only

Select one method of licensure as a Psychologist (2701): \$305.00

- | | |
|--|--|
| ☐ Examination | ☐ Examination w/ Waiver |
| ☐ Bifurcation/Examination | ☐ Bifurcation/Examination w/ Waiver |
| ☐ International - Examination | ☐ International - Bifurcation/Examination |

Total fee of \$305.00 includes the following:

Application Fee	\$200.00
Licensure Fee	\$100.00
Unlicensed Activity Fee	\$5.00

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. An applicant who is denied licensure or withdraws their application prior to licensure is entitled to a \$105.00 (Licensure Fee and Unlicensed Activity Fee) refund. Requests to withdraw or for a refund must be made in writing. Fees are refundable for up to three years from the date of receipt.

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

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

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

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.

Address Changes: 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, inform the board office as soon as you obtain employment. Licenses are issued with the practice location address. The internet will display your practice location address only. If no practice location is provided, your home/ mailing address will be displayed.

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 Statutes, authorizes the collection of Social Security numbers as part of the general licensing provisions.

Last Name: _____

First Name: _____

Middle Name: _____

U.S. Social Security Number: _____

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, Florida Statutes. 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 or by calling 1-800-772-1213.

You may apply for licensure before obtaining a Social Security number. However, you will not be issued a license until proof of a U.S. Social Security number is received.

Name: _____

3. APPLICANT BACKGROUND

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

- B. Have you ever applied for psychology licensure in the state of Florida? ☐ Yes ☐ No

If "Yes," indicate the date you previously applied: _____
MM/DD/YYYY

- C. Do you hold, or have you ever held licensure or certification to practice psychology or any health-related profession in any state, including Florida, U.S. territory, or foreign country? ☐ Yes ☐ No

- D. List all health-related licenses (active, inactive, or lapsed).

License Type	License #	State/Country	Original Date Issued (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	Status of License

- ☐ **Verifications are required for each license ever held.** Board staff will attempt to complete verifications online. If unavailable online or if the online verification lacks sufficient detail, you will be required to request an official verification. License verifications must be received directly from the licensing authority regardless of the status of the license. **A copy of your license will not be accepted** in lieu of official verification from the licensing agency. **International License/Certificate Verifications** must be translated into English prior to submission.

- E. Is there any time period during which any license listed above was not active? ☐ Yes ☐ No

If "Yes," specify which license, and list beginning and ending dates of all **non-active** periods. Attach additional sheets if necessary.

License #	State/Country	Non-Active Begin Date (MM/DD/YYYY)	Non-Active End Date (MM/DD/YYYY)

- F. Do you have a licensure or certification application pending in any jurisdiction, including Florida?
☐ Yes ☐ No

- G. Have you ever withdrawn an application for licensure or certification? ☐ Yes ☐ No

- H. Have you ever allowed an application for licensure or certification to lapse? ☐ Yes ☐ No

If you responded "Yes" to question F, G, or H, specify the license type, state/jurisdiction, and indicate if the application is **pending**, **withdrawn**, or **lapsed**. Attach additional sheets if necessary.

License Type	State/Jurisdiction	Status

Name: _____

4. AVAILABILITY FOR DISASTER

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

If you respond "Yes," your name will be added to a listing that is available to the Department of Health if a disaster is declared. If you live in an area where you may be able to help you will be called on if needed.

5. EDUCATION HISTORY

- A. List your **doctoral** degree(s) in psychology. In the "Major(s)" column, indicate whether the doctoral degree in psychology was in clinical, counseling, school psychology, or any combination of these. If none of these are applicable, list your actual major. Under the "Degree Awarded" column, list whether the degree earned was a Psy.D., Ed.D., or Ph.D. in Psychology.

School Name/Location	Major(s)	Graduation Date (MM/DD/YYYY)	Degree Awarded

- ☐ **Official doctoral level education transcripts** must be submitted to the board office. Transcripts are accepted directly from the educational institution, the Association of State and Provincial Psychology Board's Mobility Program, the National Register of Health Service Psychologists, or the National Student Clearinghouse. Applicants may provide transcripts if the transcript bears the official university seal and is submitted to the board office in the sealed envelope from the educational institution. **International Education Transcripts** must be translated into English prior to submission.

Transcripts must be submitted directly to the board at MQA.Psychology@flhealth.gov or by mail to:

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

- B. What name(s) did you use when you received your psychology education?

- C. Did you graduate from a doctoral program which was accredited by the APA at the time you were enrolled and subsequently graduated? ☐ Yes ☐ No
- D. Did you complete all requirements for your degree before your graduation date? ☐ Yes ☐ No

If "Yes," provide the date of completion: _____
MM/DD/YYYY

- ☐ **Applicants for Bifurcation method only:** If you intend to use this date to determine the start of your post-doctoral supervised experience, a **letter from the registrar** verifying the date of completion of all requirements for your degree, **including approval of dissertation**, must be sent directly to the board office.

Name: _____

- E. Did you receive your doctoral degree from an educational institution outside of the U.S.? ☐ Yes ☐ No

If "Yes," the following documentation is required:

- ☐ A **Letter of Comparability to APA-Accredited Program**, as detailed in Rule 64B19-11.0035, F.A.C.
- ☐ A **Credentials Evaluation Report** from a credentials evaluation service acceptable to the board.

Below is a listing of organizations that provide credentials evaluation services. This listing does not constitute an endorsement of any particular organization as other credentialing organizations exist. Any fees associated with the credentials evaluation are the responsibility of the applicant.

Educational Credential Evaluators

P.O. Box 514070
Milwaukee, Wisconsin 53203-3470
Phone: (414) 289-3400
Website: www.ece.org

International Education Research Foundation

P.O. Box 3655
Culver City, California 90231-7086
Phone: (310) 258-9451
Website: www.ierf.org

Josef Silny & Associates, Inc.

7101 SW 102 Avenue
Miami, FL 33173
Phone: (305) 273-1616
Website: www.jsilny.org

World Education Services, Inc.

P.O. Box 745 Old Chelsea Station
New York, New York 10113
Phone: (212) 219-7300
Website: www.wes.org

6. EXAMINATION HISTORY

Have you previously taken the Examination for Professional Practice in Psychology (EPPP) sponsored by the Association of State and Provincial Psychology Boards (ASPPB)? ☐ Yes ☐ No

If "Yes," provide the following:

City	State/Province, Country	Date (MM/DD/YYYY)

- ☐ **Applicants applying by a "Waiver" method only:** Use an EPPP score transfer form to request your qualifying score be mailed to the board office. The score transfer form is available at www.asppb.net.

Documentation must be submitted directly to the board at:

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

General Examination Information

Exam Results: The board office receives score results for each exam on a regular schedule established by the testing vendor. Upon receipt of scores and review of each applicant's status at the time of review, board staff will send the appropriate letter advising of next steps or issue the license if the score received met requirements and was the last item pending. **The board office does not mail examination score reports nor is board staff able to communicate examination scores to candidates by any other means.** Upon receipt of official scores, board staff will provide a re-examination application to those who were unsuccessful on either or both exams.

Special Testing Accommodations: Rule 64B-1.005, F.A.C., states the department will provide special assistance to candidates with disabilities. If the applicant has a physical or mental impairment that substantially limits one or more major life activities, the applicant may request special assistance with the examination process. Special accommodations may also be requested by candidates who, due to their religious beliefs, have conflicts with scheduled exam dates.

EPPP Exam Special Accommodations: Contact the Department of Health's Special Accommodations Coordinator at (850) 245-4252, or the ASPPB EPPP Candidate Helpline at 1-844-659-4754 for instructions on applying for special accommodations. Accommodations should be sought **at least 60 days prior** to the examination for which the applicant wishes to be scheduled. Accommodations on site cannot be guaranteed without making the request for accommodation as instructed above.

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

EPPP Examination Information

*Required for applicants for **Examination and Bifurcation/Examination methods***

The EPPP exam is only offered via computer-based testing. Applicants will **not** be eligible to sit for the exam until the Board of Psychology has received **all** documentation required and deemed the application complete. Applicants may visit <http://www.asppb.net/EPPPsignup> for the candidate handbook as well as current and important information for candidates. Applicants will receive an automated email from Certemy.com once the board has approved the application. Using the link in the email, login to the Certemy registration portal to complete the examination registration, payment, and scheduling process. Email support@certemy.com if technical assistance is needed.

Fees: The EPPP exam fee is separate from the psychology application fee and must be paid directly to the testing service. Fee information may be found at <http://www.pearsonvue.com/asppb/>. The testing vendor, Pearson VUE, will also assess a Computer Based Testing (CBT) administration fee. See the EPPP candidate bulletin at <http://www.pearsonvue.com/asppb/> for the current CBT administration fee.

Laws and Rules Examination Information

*Required for **all** applicants*

The Board of Psychology administers the Laws and Rules examination by computer-based testing through the Department of Health's contracted vendor. Applicants will **not** be eligible to sit for the exam until the Board of Psychology has received **all** documentation required and deemed the application complete. Once the application is approved, the board office will send information with details on scheduling the exam.

Fees: The Laws and Rules exam fee is separate from the psychology application fee and must be paid directly to the testing service.

Fee information as well as the current study packet may be downloaded at <https://home.pearsonvue.com/fl/doh>.

7. EXPERIENCE INFORMATION

A total of 4,000 hours of supervised experience is required for licensure. The board accepts the doctoral level psychology internship in satisfaction of the first 2,000 hours of the required experience. Applicants must complete the remaining 2,000 hours as post-doctoral supervised experience according to the requirements of Rule 64B19-11.005, F.A.C.

Bifurcation/Examination applicants may sit for the required examinations while completing any outstanding hours of the required post-doctoral supervised experience.

- ☐ The licensed psychologist supervisor and applicant must complete and sign the “**Supervising Psychologist Verification**” form at the back of the application to document the required one year or 2,000-hour post-doctoral supervised experience.

Post-doctoral experience obtained in more than one location with more than one supervisor requires that **each** supervisor conduct the experience in a manner consistent with Rule 64B19 11.005(3), F.A.C. A **separate “Supervising Psychologist Verification”** form must be completed and signed by the licensed psychologist supervisor and applicant for **each** post-doctoral experience location.

For the most efficient licensure process, the form(s) should be submitted prior to or in conjunction with your licensure application. Bifurcation/Examination applicants must have this form submitted at the conclusion of the post-doctoral experience prior to licensure.

Application Closure 24 Months After Approval

Pursuant to s. 490.005(3)(a), Florida Statutes, and Rule 64B19-11.0075, F.A.C., the board will close the application file and issue a **final order of denial** to any applicant for licensure who fails to pass the Laws and Rules examination and EPPP examination, or fails to submit evidence of completion of the required post-doctoral supervised experience within 24 months of the issuance of the board's letter advising that the applicant has been approved for examination.

This information is exempt from public records disclosure.

8. HEALTH HISTORY

Physical and Mental Health Disorders Impacting Ability to Practice

- A. During the last two years, have you been treated for or had a recurrence of a diagnosed physical or mental disorder that impaired or would impair your ability to practice? ☐ Yes ☐ No
- B. In the last two years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental or physical disorder that impaired your ability to practice? ☐ Yes ☐ No

Substance-Related Disorders Impacting Ability to Practice

- C. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol or drug) disorder that impaired or would impair your ability to practice? ☐ Yes ☐ No
- D. During the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol or drug) disorder or, if you were previously in such a program, did you suffer a relapse? ☐ Yes ☐ No
- E. During the last five years, have you been enrolled in, required to enter, or participated in any substance-related (alcohol or drug) recovery program or impaired practitioner program for treatment of drug or alcohol abuse? ☐ Yes ☐ No

If a "Yes" response was provided to any of the questions in this section, provide the following documents directly to the board office:

- ☐ **A letter from a Licensed Health Care Practitioner**, who is qualified by skill and training to address the condition identified, which explains the impact the condition may have on the ability to practice the profession with reasonable skill and safety. The letter must specify that the applicant is safe to practice the profession without restrictions or specifically indicate the restrictions that are necessary. Documentation provided must be dated within one year of the application date.
- ☐ **A written self-explanation**, identifying the medical condition(s) or occurrence(s); and current status.

9. DISCIPLINE HISTORY

- A. 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? ☐ Yes ☐ No
- B. Have you ever had a license to practice any health care profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state, including Florida, U.S. territory, or foreign country? ☐ Yes ☐ No
- C. Are you now under investigation in any jurisdiction, including Florida, for an offense in violation of chapter (ch.) 456 or 490, Florida Statutes? ☐ Yes ☐ No

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

Name of Agency	State	Action Date (MM/DD/YYYY)	Final Action	Under Appeal?
				☐ Y ☐ N
				☐ Y ☐ N
				☐ Y ☐ N
				☐ Y ☐ N

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

- ☐ A written self-explanation, describing in detail the circumstances surrounding the disciplinary action.
- ☐ A copy of the **Administrative Complaint** and **Final Order**.

10. CRIMINAL HISTORY

For the question below, you **must include** all misdemeanors and felonies, even if adjudication was withheld. Reckless driving, driving while license suspended or revoked (DWLSR), driving under the influence (DUI) or driving while impaired (DWI) are **not** minor traffic offenses for purposes of this question.

Pursuant to s. 943.0585(6)(b), Florida Statutes, and s. 943.059(6)(b), Florida Statutes, an applicant seeking to be licensed by the Department of Health **must disclose** expunged and sealed criminal history records.

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? ☐ Yes ☐ No

If you responded "Yes" in this section, you must provide the following:

Offense	Jurisdiction	Date (MM/DD/YYYY)	Final Disposition	Under Appeal?
				☐ Y ☐ N
				☐ Y ☐ N
				☐ Y ☐ N

If you responded "Yes" in this section, you must provide the following:

- ☐ A written self-explanation, describing in detail the circumstances surrounding each offense; including dates, city and state, charges, and final results.
- ☐ Final Dispositions and Arrest Records for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.
- ☐ Completion of Sentence Documents. You may obtain documents from the Department of Corrections. The report must include the start date, end date, and that the conditions were met.

11. 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), Florida Statutes.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under ch. 409, Florida Statutes (relating to social and economic assistance), ch. 817, Florida Statutes (relating to fraudulent practices), ch. 893, Florida Statutes (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 10 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), Florida Statutes)? ☐ Yes ☐ No
- c. If "Yes" to 1, for the felonies of the third degree under s. 893.13(6)(a), Florida Statutes, 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? ☐ Yes ☐ No
2. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to 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)? ☐ 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
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to s. 409.913, Florida Statutes? ☐ 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

Name: _____

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

Documentation for sections 8 and 9 must be sent to the board office at MOA.Psychology@flhealth.gov or mailed to:

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

Documentation for sections 10 and 11 must be sent to the Background Screening Unit at MOA.BackgroundScreen@flhealth.gov or mailed to:

Background Screening Unit
Florida Department of Health
4052 Bald Cypress Way, Bin BSU-01
Tallahassee, FL 32399

12. LIVESCAN PRIVACY STATEMENT

- ☐ I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation (found in the forms following this application).

The board will not receive your Livescan results if you do not confirm the above statement by checking the box.

- ☐ **Electronic Fingerprinting:** (Required for ALL applicants)

All applicants, including out-of-state applicants, are required to submit their fingerprints electronically. The Department of Health accepts electronic fingerprinting offered by Livescan service providers that are approved by the Florida Department of Law Enforcement. For a list of approved vendors, visit our website at: <http://www.flhealthsource.gov/background-screening/>.

Typically background results submitted by Livescan are received by the board within 24-72 hours of being processed. The board's ORI number is **EDOH4710Z**. The board cannot accept hard fingerprint cards or results. All results must be submitted electronically by the Livescan service provider.

The Florida Department of Health retains fingerprints on any applicant in the Care Provider Clearinghouse. One of the requirements for your Livescan to be retained in the Care Provider Clearinghouse is a photograph must be taken by the Livescan service provider at the time of fingerprinting. Your background screening results will be retained for five years. Licensees will be notified when their retention date is approaching and will be provided instructions on how to retain their fingerprints to avoid having to submit a new background screening.

Name: _____

13. APPLICANT SIGNATURE

I, the undersigned, state that I am the person identified in this application for licensure 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, Florida Statutes.

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.

I further state that I have read and understand ch. 456 and 490, Florida Statutes, and Rule ch. 64B19, F.A.C., pertaining to the Psychology Practice Act. I further state that I will comply with all requirements for licensure renewal including continuing education credits.

Section 456.013(1)(a), Florida Statutes, 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

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR ALL APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORDS RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record to be employed, licensed, work under contract, or serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Person with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of your record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, Florida Statutes, and Rule 11C-8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor. Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

PRIVACY STATEMENT

Authority: The FBI's acquisition, preservation and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub. L.92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L.94-29; Pub.L.101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion of approval of your application.

Social Security Account Number (SSAN): Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal Agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as many be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice, FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosure to: appropriate governmental authorities responsible for civil or criminal law enforcement counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing the application, they may have additional routine uses.

Additional information: The requesting agency and/or the agency conducting the application investigation will provide additional information to the specific circumstances of this application, which may include identification of other authorities, purposes, uses and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice.

Board of Psychology Electronic Fingerprinting



Take this form with you to the Livescan service provider. Check the service provider's requirements to see if you need to bring any additional items.

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting a fingerprint scan using the Livescan method.
- You can find Livescan service providers at: <http://www.flhealthsource.gov/background-screening/>.
- Failure to submit background screening will delay your application.
- Applicants may use any Livescan service provider approved by the Florida Department of Law Enforcement to submit their background screening to the department.
- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider, the board office will not receive your background screening results.
- The ORI number for the Board of Psychology is **EDOH4710Z**.
- You must provide accurate demographic information to the Livescan service provider at the time your fingerprints are taken, **including your Social Security number (SSN)**.
- Typically background screening results submitted through a Livescan service provider are received by the board within 24-72 hours of being processed.
- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: _____ SSN#: _____
Last First Middle

Aliases: _____

Address: _____ Apt. Number: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Place of Birth: _____
MM/DD/YYYY

Weight: _____ Height: _____ Eye Color: _____ Hair Color: _____

Race: - _____ Sex: - _____
(W-White/Latino(a); B-Black; A-Asian; NA-Native American; U-Unknown) (M=Male; F=Female)

Citizenship: _____

Transaction Control Number (TCN#): _____
(This will be provided to you by the Livescan service provider.)

Keep this form for your records.

Complete verifications must be mailed directly from the licensing agency to:

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



Board of Psychology License Verification Request

Part I: To be completed by applicant (Florida requires verification of all your current and previously held licenses.)

Name: _____

Address: _____

Name original license was issued under: _____

License Number: _____ State: _____

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

Applicant Signature: _____ Date: _____
MM/DD/YYYY

Part II: To be completed by state licensing agency

All verifications must be in English and include the following criteria:

- * Typed on an official state form or letterhead
- * Include an official board seal
- * Signature and title of state board official

The following information must be included in all verifications:

- * Licensee name
- * License number
- * State or jurisdiction of licensure
- * Licensure status
- * Is license in good standing?
- * Date of issuance and expiration
- * Licensure method (examination, grandfathering, reciprocity/endorsement) If exam, provide exam name, exam level, exam date, and score achieved.
- * Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)?
- * If this license has ever been encumbered, please provide certified copies of documentation regarding the action with the completed license verification.

Complete forms must be sent to the board office at:

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



Board of Psychology Supervising Psychologist Verification

Page 1 of 3

Form must be completed by the primary supervising psychologist.

Florida law requires two years or 4,000 hours of supervised experience for licensure.

Per Rule 64B19-11.005, Florida Administrative Code (F.A.C.), the board recognizes that the applicant's internship satisfies one year or 2,000 of those hours.

Use this form to verify the remaining one year or 2,000 post-doctoral hours.

Applicant Name: _____

1. SUPERVISOR INFORMATION

Supervisor Name: _____ Telephone: _____

Address: _____
Street and Number City State ZIP

A. At the time you supervised the applicant, were you licensed in any state? ☐ Yes ☐ No

If "Yes," provide the following:

License #	State, U.S. Territory, or Canada

B. Did you provide **remote supervision** to the applicant, for a post-doctoral residency or fellowship completed in Florida, under a **PSYPACT E-Passport** or **Florida Telehealth Registration**? ☐ Yes ☐ No

If "Yes," complete a. and b. below:

a. Remote Supervision Qualifications

Credential Type: ☐ PSYPACT E-Passport ☐ Florida Telehealth Registration

Credential Number: _____

b. Supervisor Affirmation

☐ I affirm that during my remote supervision of the applicant, an additional Florida-licensed psychologist was immediately accessible and available to the resident or fellow in case of an emergency.

2. SUPERVISOR EDUCATION HISTORY

List your **doctoral** degree(s) in psychology. In the "Major(s)" column, indicate whether the doctoral degree in psychology was in **clinical, counseling, school psychology**, or **any combination** of these. If none of these are applicable, list your actual major. Under the "Degree Awarded" column, list whether the degree earned was a **Psy.D., Ed.D., or Ph.D.** in psychology. If none of these are applicable, list your actual degree.

School Name/Location	Major(s)	Graduation Date (MM/DD/YYYY)	Degree Awarded

Board of Psychology Supervising Psychologist Verification

Page 2 of 3



Applicant Name: _____

3. APPLICANT'S POST-DOCTORAL SUPERVISED EXPERIENCE LOCATIONS

Facility Name	Street Address	City/State	ZIP

For applicants who completed the required post-doctoral supervised experience at more than one location under more than one supervisor, a separate **"Supervising Psychologist Verification"** form must be completed and signed by the licensed psychologist supervisor and applicant for **each** post-doctoral experience location. Refer to Rule 64B19-11.005(2)(b), F.A.C.

4. APPLICANT'S POST-DOCTORAL EXPERIENCE

- A. Provide the dates of the applicant's post-doctoral supervised experience. List only the date range over which the 2,000 hours of post-doctoral supervised experience was completed.

From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

- B. Did the applicant's supervised experience for a total of one year or 2,000 hours average at least 20 hours a week over no more than 104 weeks or, alternatively, did the supervised experience average no more than 40 hours a week over no more than 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: _____

- C. Did the supervision occur through the use of telecommunications? ☐ Yes ☐ No

If **"Yes,"** indicate the total hours of supervised experience accrued by the resident or fellow in this format:

Total Number of Hours: _____ Total Number of Weeks: _____

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

If **"No,"** provide the number of hours completed: _____

- E. Were any of the direct client contact hours conducted through the use of asynchronous telecommunications technology under your supervision? ☐ Yes ☐ No

If **"Yes,"** indicate the total hours of direct client contact hours accrued by the resident or fellow in this format:

Total Number of Hours: _____ Total Number of Weeks: _____

**Refer to Rule 64B19-11.005(2)(d), F.A.C., for guidance on acceptable telecommunication types specifically for direct client contact.*

Board of Psychology Supervising Psychologist Verification

Page 3 of 3



Applicant Name: _____

- F. Did the applicant's supervised experience include an average of **at least two hours** of clinical supervision each week, with **at least one hour** of such as individual face-to-face supervision? *The remaining hour of clinical supervision may have included individual supervision, group supervision or case presentation. Note that both hours of supervision may have been conducted by HIPPA compliant video.* ☐ Yes ☐ No

If "No," provide the following:

Total number of clinical supervision hours/week: _____

Total number of individual face-to-face supervision hours/week: _____

- G. Provide the applicant's title while under your supervision: _____

- H. Was the applicant supervised by more than one supervisor? ☐ Yes ☐ No

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

If "Yes," provide the name(s) and license number(s) below:

Name	License #

- J. Did you enter into an agreement with the applicant which detailed the applicant's obligations and remuneration as well as your responsibilities to the applicant? ☐ Yes ☐ No

- K. Did you determine that the applicant was capable of providing competent and safe psychological service to each client? ☐ Yes ☐ No

- L. Did you maintain professional responsibility for the applicant's work? ☐ Yes ☐ No

- M. Did you have complete authority in all professional disagreements with the applicant? ☐ Yes ☐ No

- N. Were you kept informed of all the services performed by the applicant? ☐ Yes ☐ No

If you responded "No" to any question J through N, attach a written explanation on a separate page.

- O. Was there any other relationship existing between the supervisor and the psychological applicant other than the supervisory association? ☐ Yes ☐ No

- P. 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? ☐ Yes ☐ No

If you responded "Yes" to question O or P, attach a written explanation on a separate page.

5. SUPERVISOR STATEMENT

I declare that the above information is true and correct to the best of my knowledge. I also declare that I have read Rule 64B19-11.005, F.A.C., and entered into an agreement with the applicant as required.

Supervisor Signature: _____

Date: _____
MM/DD/YYYY

Applicant Signature: _____

Date: _____
MM/DD/YYYY