FLORIDA DEPARTMENT OF HEALTH
BOARD OF PSYCHOLOGY

Mailing address for the national re-examination application:

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

PLEASE NOTE

EXAMINATION FEES FOR THE NATIONAL EXAM ARE TO BE PAID DIRECTLY TO THE TESTING VENDOR. PLEASE DO NOT SUBMIT RE-EXAMINATION FEES TO THE DEPARTMENT.

NOTE: PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

RE-EXAMINATION APPLICATION / NATIONAL EXAM

APPLICANT PROFILE DATA FORM

[1] List your full, legal NAME (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] MAILING Address (street address, city, state, ZIP):

[4] Social Security Number*: (required) _____-_____-_____

[5] Date of Birth (mm/dd/yr)

[6a] Work Telephone Number: ( )

[6b] Alternative Telephone Number: ( )

[7a] Fax Number: ( )

[7b] E-mail Address[+]:

[8] Please indicate date(s) of previous examination(s): _____ _____ _____ _____ _____
mm/dd/yr

[9] We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR39298 (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: ☐ Caucasian ☐ Black ☐ Hispanic ☐ Asian ☐ Native American ☐ Other_____

[10] **Special Testing Accommodations**

Please indicate if you require special testing accommodations due to disability. If yes, contact the Bureau of Operations immediately for an application at (850) 245-4252. The "Application for Special Testing Accommodations" must be completed and returned to the Bureau of Operations no later than 60 days before the examination for which the applicant wishes to be scheduled. ☐ YES ☐ NO

*For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by Section 456.013(1)(a), F.S.

HISTORY PURSUANT TO SECTION 456.0635(2) F.S.

[11] **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.)***	☐ Yes ☐ 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?	☐ 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 any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).	☐ Yes ☐ 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?	☐ 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", please provide supporting documentation).	☐ Yes ☐ 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.)***	☐ Yes ☐ 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?	☐ Yes ☐ 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.)***	☐ Yes ☐ 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?	☐ 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? ***(If "No", do not answer 4a or 4b. and skip to #5.)***	☐ Yes ☐ No
a. Have you been in good standing with a state Medicaid program for the most recent five years?	☐ Yes ☐ No
b. Did the 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 Inspector General's List of Excluded Individuals and Entities?	☐ Yes ☐ No

Name_____

Re-examination application date:_____

mm/dd/yr

HISTORY PURSUANT TO SECTION 456.013(1), F.S.

Note: Section 456.013(1), Florida Statutes, requires that licensure applicants must supplement the original licensure application form, if there is a material change in any circumstance or condition stated therein, prior to the final granting of a license. If you answer "yes" to this question, explain on a separate sheet providing accurate details and submit copies of supporting documentation. Please note that your "yes" answer would not be an automatic cause for denial.

12 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

Name _____

Re-examination application date: _____
mm/dd/yr

*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.