FLORIDA DEPARTMENT OF HEALTH

BOARD OF PSYCHOLOGY

Mailing address for the laws and rules re-examination application:

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

PLEASE NOTE

EXAMINATION FEES FOR THE LAWS AND RULES EXAM WILL BE PAID TO THE DEPARTMENT AND TO THE TESTING VENDOR.

PLEASE SUBMIT $85 TO THE DEPARTMENT FOR THE EXAM

NOTE: PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

RE-EXAMINATION APPLICATION / LAWS AND RULES 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] City/State/Country of Birth:

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

[7a] Work Telephone Number: ( )

[7b] Alternative Telephone Number: ( )

[8a] Fax Number: ( )

[8b] E-mail Address:

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

[10] 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: ☐ American Indian ☐Asian ☐Black or African American ☐ Hispanic or Latino ☐ White ☐ Other_____

[11] **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

Name _____

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

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

Note: Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked. If you answer "yes" to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documentation.

12 A.1. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? **(If no, do not answer A.2.)**	☐Yes ☐ No
A.2. Has it been more that 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for each such conviction?	☐Yes ☐ No ☐ N/A
B.1. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? **(If no, do not answer B.2.)**	☐Yes ☐ No
B.2. 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 ☐ N/A
C.1. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? **(If no, do not answer C.2 and C.3.)**	☐Yes ☐ No
C.2. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?	☐Yes ☐ No ☐ N/A
C.3. Did the termination occur at least 20 years prior to the date of this application?	☐Yes ☐ No ☐ N/A

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.

13 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