Florida Department of Health
Board of Psychology
Application for Psychologist Limited 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?	☐YES ☐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?	☐YES ☐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?	☐YES ☐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?	☐YES ☐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?	☐YES ☐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?	☐YES ☐NO

(CLIENT 2703)

FLORIDA DEPARTMENT OF HEALTH

Board of Psychology
Mailing Address for application and fees:
P.O. Box 6330
Tallahassee, FL 32314-6330

Mailing Address for supporting documents:
4052 Bald Cypress Way, Bin #C05
Tallahassee, FL 32399-3255
(850) 245-4373; Fax (850) 414-6860

NOTE: PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

APPLICATION FOR PSYCHOLOGIST LIMITED LICENSURE

PART II. PROFILE DATA FORM

[1] **APPLICATION METHOD:** Please check the box applicable to your proposed practice setting.
☐ *Non-Remunerated* (Volunteer - not paid for services) **Total due: $5.00 unlicensed activity fee.** Must submit Fee Waiver Form.
☐ *Remunerated* (Paid employee) **Total due: $30.00 ($25 application and license fee + $5 unlicensed activity fee).**

[2] List your full, legal NAME as it should appear on LIMITED license (no nicknames or shortened versions):

FIRST: MIDDLE: LAST:

[3] List all names, by which you are currently known, and have been known as in the past: ☐YES ☐NO

[4] City/State/Country of Birth:

[5] Date of Birth (m/d/yr)

[6] MAILING Address (required) (Mailing address will display on the Internet if you have not provided a practice location):

[7] Work Telephone Number: ( )

[8] Alternate Telephone Number: ( )

[9] Name of School, College or University OF DOCTORAL DEGREE (optional):

[10] Type of Degree:
☐ Ph.D. ☐ Psy.D.
☐ Ed.D.
☐ Other_____

[11] Date Graduated:
___/____/___

PART III. LICENSURE DATA

[12] Please list below all licensure/certifications to practice psychology or any health-related profession in any jurisdiction in the U.S. territory, including Florida, or foreign country that you currently hold or have ever held, regardless of status.

[13] State	[14] License Title	[15] License Number	[16] Original Issue Date	[17] Expiration Date	[18] License Status

[19] **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_____ or No_____

PRINT APPLICANT NAME HERE: _____

PART IV. PRACTICE HISTORY

[20] Have you practiced psychology as a licensed psychologist for at least 10 years in the United States?	□ YES □ NO
[21] Have you retired or intend to retire from the practice of psychology within six months of the date of submission of this application? *Please give the date (m/d/yr) of actual or intended retirement:*	□ YES □ NO
[22] Will you practice only as specified in Rule 64B19-11.010, Florida Administrative Code, if granted a limited license in Florida?	□ YES □ NO

For Questions 20-22:
Under penalties of perjury, I declare that I have read the foregoing responses to questions 20, 21 and 22, and the facts stated in it are true. A person who knowingly makes a false declaration under subsection (2) is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

_____ _____

Signature of applicant (required) Date signed (required)

[23] **List Place of Practice in Florida.** A letter of intention to employ must be submitted by the director of the agency or institution. Section 456.035, Florida Statutes, and Rule 64B19-13.0025, Florida Administrative Code, require that the department must be notified of any change of current mailing address and place of practice within 45 days.

[24] Place of Employment	[25] Location Address (street, city, state, and ZIP)	[26] Employment Setting (□ one)
		□ Public or non-profit agency □ Indigent, underserved or critical need area

PART V . 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.
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.

DISCIPLINARY HISTORY [27] Are you now under investigation or prosecution in another jurisdiction for an offense that would be a violation of Chapter 456, Part II, or Chapter 490, Florida Statutes?	□ YES □ NO
[28] Have you ever had your license revoked, suspended, or in any way acted against (e.g., reprimand, administrative fine, probation, etc.) in any state, jurisdiction, U.S. territory or foreign country?	□ YES □ NO
[29] Have you ever been denied licensure to practice psychology or any health-related profession in any licensing jurisdiction or been granted such under restrictions (e.g., probation, other obligations imposed, etc.) of any kind?	□ YES □ NO
CRIMINAL HISTORY [30] 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.	□ YES □ NO

PRINT APPLICANT NAME HERE: _____

PART VI. 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**. If you answer "No" to A.1., B.1. or C.1. please respond "N/A" for A.2., B.2., C.2. and C.3.**

31 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, respond N/A to 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, respond N/A to 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, respond N/A to 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

PRINT APPLICANT NAME HERE:_____

[32] MANDATORY CONTINUING EDUCATION REQUIREMENT

Prevention of Medical Errors Education Requirement: Section 456.013(7), Florida Statutes, requires the completion of a 2-hour course relating to prevention of medical errors prior to permanent licensure and upon each renewal in Florida as a limited license psychologist.

NOTE: Only courses taken from a pre-approved Board of Psychology provider are acceptable for this requirement. For a current list of providers, visit our website at http://www.doh.state.fl.us/mqa/psychology, access the link Continuing Education and click on: Approved Medical Errors Courses**.**

☐ I have completed the medical errors education required by Section 456.013(7), Florida Statutes.

☐ I have not completed a medical errors course. I understand that the education must be completed prior to licensure. Further, it is my responsibility to submit a copy of the certificate of completion of the continuing education to the Board office upon completion of the course.

Section 456.013 (7), F.S. The boards, or the department when there is no board, shall require the completion of a 2-hour course relating to prevention of medical errors as part of the licensure and renewal process. The 2-hour course shall count towards the total number of continuing education hours required for the profession. The course shall be approved by the board or department, as appropriate, and shall include a study of root-cause analysis, error reduction and prevention, and patient safety. If the course is being offered by a facility licensed pursuant to Chapter 395 for its employees, the board may approve up to 1 hour of the 2-hour course to be specifically related to error reduction and prevention methods used in that facility.

[33] **CORRESPONDENCE VIA E-MAIL**

Please print legibly. By checking "yes" you are agreeing to allow the Board office to contact you with information regarding your application via e-mail. If you choose this option please check your e-mail account frequently and notify the Board office of any change to your e-mail address.

☐YES ☐NO

E-MAIL ADDRESS

PRINT APPLICANT NAME HERE: _____

THE FOLLOWING STATEMENT MUST BE COMPLETED:

[34] **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, 775.0083 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 understand that it is my responsibility to supplement my application as needed to reflect any material changes in any circumstance or condition stated in the application which might affect the decision of the Board and which takes place between the initial filing of the application and the final granting or denial of limited licensure.

I understand that, once my limited license is granted, I may only practice in the employ of public agencies or institutions or nonprofit agencies or institutions which meet the requirements of s. 501(c)(3) of the Internal Revenue Code, and which provide professional liability coverage for my acts or omissions as the limited licensee. I also understand that, as a limited licensee, I may provide services only to the indigent, underserved, or critical need populations within the state.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, or in any supporting documentation, I hereby agree that such an act constitutes cause for denial, suspension, or revocation of my limited license to practice psychology under Chapter 490, Florida Statutes, Chapter 456, Part II, Florida Statutes, and Chapter 64B19, Florida Administrative Code, in the State of Florida.

I further state that I have received , read and understood Chapters 456 and 490, Florida Statutes, and Chapter 64B19, Florida Administrative Code, and acknowledge that I must abide by them.

_____ _____

Signature of applicant (required) Date signed (required)

[35] **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: □ Caucasian □ Black □ Hispanic □ Asian □ Native American □ Other_____

PRINT APPLICANT NAME HERE: _____

LIMITED PSYCHOLOGY LICENSE FEE WAIVER FORM
TO BE COMPLETED BY EMPLOYER OR VOLUNTEER PSYCHOLOGIST

Pursuant to Section 456.015(2), Florida Statutes, and Rule 64B19-11.010, Florida Administrative Code, if a person applying for a limited license submits a notarized statement from the employing agency or institution stating that he/she will not receive monetary compensation for any services involving the practice of psychology, the licensure fees shall be waived.

NOTARIZED STATEMENT

I, _____, being first duly sworn, state that the following psychologist:

_____
TYPE OR PRINT PSYCHOLOGIST'S NAME

will NOT receive monetary compensation for any service involving the practice of psychology from:

Agency/Institution: _____

Address: _____

City/State/Zip: _____

Signed: _____

Name (type or print): _____

Title: _____

STATE OF FLORIDA
COUNTY OF: _____

The above person is personally known to me or has produced _____ as identification.

SWORN AND SUBSCRIBED BEFORE ME
THIS _____ DAY OF _____, _____
(month) (year)

(SEAL)

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

APPLICATION FOR PSYCHOLOGIST LIMITED LICENSURE

INSTRUCTIONS

SECTION I - General Requirements and Information

STATUTE AND RULE REFERENCES
For licensure requirements, refer to Section 456.015, Florida Statutes (F.S.), and Rule 64B19-11.010, Florida Administrative Code (F.A.C.), copies of which may be found at www.doh.state.fl.us/mqa.

ELIGIBILITY REQUIREMENTS
The following criteria MUST be met in order to obtain psychologist limited licensure in Florida:

- *The applicant was licensed to practice psychology in any jurisdiction in the United States for at least 10 years; AND*

- *The applicant has retired or intends to retire from the practice of psychology and intends to practice only pursuant to the restrictions of the limited license.*

The limited licensee can only practice in the employ of public agencies or institutions or nonprofit agencies or institutions which meet the requirements of s. 501(c)(3) of the Internal Revenue Code, and which provide professional liability coverage for acts or omissions of the limited licensee.

Limited licensees may provide services only to the indigent, underserved, or critical need populations within the state.

APPLICATION PROCESSING
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 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. *Verifications of other state licenses must still be forwarded directly to the Board office from the respective agency*.

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.

The Board does not review incomplete applications. Applications must be complete thirty days prior to a scheduled Board meeting to ensure review by the Board. Applications that become complete after the deadline will be reviewed at the following meeting.

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 USCA § 666 (a)(13); 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.

SECTION II - APPLICATION CHECKLIST AND REQUIRED DOCUMENTATION

Remunerated:
Fees: $25 non-refundable application processing fee
$5 unlicensed activity fee

Non-Remunerated:
Fees: $5 unlicensed activity fee

Make checks payable to DOH/Board of Psychology

1. APPLICATION FORM AND FEES:
The application must be fully completed by every applicant.

2. LETTER OF INTENTION TO EMPLOY
The director of the agency or institution must submit an original, signed, and currently dated letter verifying the agency's intent to hire you as a limited licensee.

3. FEE WAIVER FORM
Notarized statement regarding non-remunerated status. This form must be completed in order to apply without having to pay the application fee. *The $5 unlicensed activity fee must still be submitted as part of the application*

4. LICENSE/CERTIFICATE VERIFICATION FORM
Verifications are required for each psychology and health-related license or certificate currently or ever held. If available online, verifications will be retrieved through the applicable state licensing entity's website, upon receipt of your licensure application in the Board office. If unavailable online, or if the online verification lacks sufficient detail, you will be responsible for requesting that the verifications be sent to the Board office directly from the applicable state licensing authorities.

MEDICAL ERRORS REQUIREMENT
Section 456.013(7), Florida Statutes, requires the completion of a 2-hour course relating to prevention of medical errors prior to permanent licensure in Florida as a limited license psychologist.

Section 456.013 (7), F.S. The boards, or the department when there is no board, shall require the completion of a 2-hour course relating to prevention of medical errors as part of the licensure and renewal process. The 2-hour course shall count towards the total number of continuing education hours required for the profession. The course shall be approved by the board or department, as appropriate, and shall include a study of root-cause analysis, error reduction and prevention, and patient safety. If the course is being offered by a facility licensed pursuant to Chapter 395 for its employees, the board may approve up to 1 hour of the 2-hour course to be specifically related to error reduction and prevention methods used in that facility.

You may also refer to rule 64B19-13.003, F.A.C., for additional information.

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.

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