

**Florida Department of Health - Board of Medicine  
License Renewal Notice**

DEPARTMENT USE ONLY

**Active Anesthesiologist Assistant License # AA \*\*\*\*\* expires January 31, 2011.**

The fee of **\$505.00** and the renewal notice must be postmarked on or before January 31, 2011. Renewal notices postmarked on or after February 01, 2011 require renewal and delinquent fees of **\$605.00**.

**1. CURRENT MAILING ADDRESS:**

This address will be used for all correspondence from the Department of Health.

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**2. CURRENT PRACTICE LOCATION:**

This address will be printed on your license and posted on the Internet.

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**3. CHANGES TO CURRENT LICENSE INFORMATION:**

If you have any changes to the name or address associated with your license, please provide the updated information in the appropriate fields of section 10 on the back of this form.

**4. CHANGE TO MILITARY STATUS:**

I am requesting Military Active Status. (You must submit proof of active military duty. Attach a copy of your current active duty orders or a letter from your Commanding Officer.) The fee for military active status is **\$0.00**.

**5. CHANGE OF LICENSE STATUS:**

I wish to change my status from active to inactive. The fee for an inactive receipt is **\$505.00**. The fee for inactive after February 01, 2011 is **\$605.00**.

**6. CHANGE TO RETIRED STATUS:**

I am requesting retired status. The fee for retired status is **\$55.00** postmarked on or before January 31, 2011. The fee for retired status on or after February 01, 2011 is **\$155.00**.

**7. RENEWAL QUALIFICATION:**

Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked. **Please answer Yes or No to each question below.** 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 and date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation may include court dispositions or agency orders.

**Department of Health, Division of Medical Quality Assurance, Bureau of Operations, 4052 Bald Cypress Way, Bin #C-10, Tallahassee, FL 32399-3260.**

1. On or after July 1, 2009, 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?  Yes  No

**[Note: the questions below refer to terminations as a provider, not as a recipient of services]**

2. On or after July 1, 2009, have you been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?  Yes  No

3. On or after July 1, 2009, have you 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?  Yes  No

**8. OTHER INFORMATION:**

By submitting the appropriate renewal fees to the Department, a licensee certifies compliance with all requirements for renewal, including continuing education credits.

Go to [www.FLHealthsource.com](http://www.FLHealthsource.com) to change your address, and confirm information maintained by the Department. Use the login information provided on this notice.

Avoiding complaints can protect your clients and your ability to practice. Go to [www.doh.state.fl.us/mqa/avoid.html](http://www.doh.state.fl.us/mqa/avoid.html) to find out more.

**9. SPECIAL NEEDS:**

If you are renewing to active status, would you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?

Yes  No

File No.: Á

Seq. No.: Á

Profession Code: 1515

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**10. CHANGES TO CURRENT LICENSE INFORMATION:**

**CHANGE OF NAME:**

Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license (marriage license must indicate the original signature and seal from the clerk of the court), a divorce decree indicating restoration of your maiden name, or a court order (e.g., adoption, name change, or federal identity change). Any one of these will be accepted unless the department has a question about the authenticity of the document. A driver's license or social security card is not considered legal documentation.

**If the name change cannot be completed, your certificate will be renewed using the current name.**

\_\_\_\_\_  
Last First Middle Title Suffix Qualifier

**CHANGE OF MAILING ADDRESS:**

\_\_\_\_\_  
Attention

\_\_\_\_\_  
Street Address Apt./Suite No.

\_\_\_\_\_  
City State Zip Code Country (if outside U.S.)

**CHANGE OF PRACTICE LOCATION:**

\_\_\_\_\_  
Attention

\_\_\_\_\_  
Street Address Apt./Suite No.

\_\_\_\_\_  
City State Zip Code Country (if outside U.S.)

**11. PROFILE CONFIRMATION:**

Florida Statutes 456.039(1) and 456.0391(1) require that you update your profile at renewal. Please review and confirm the information in your profile before completing your renewal. Each practitioner who applies for license renewal must, in conjunction with procedures adopted by the Department of Health, and in addition to any other information that may be required, furnish the mandatory reporting requirements.

**Note: A practitioner must submit updates to their profile within 15 days of any changes, 456.042, F.S.**

You may review/update your profiling information by visiting the following link, [www.FLHealthsource.com](http://www.FLHealthsource.com). Use the login information provided on this notice. If you still choose to manually submit your information after visiting our website, please print out your profile using the print friendly version and make any changes directly on the profile. Please include your updates, if any, along with your other renewal information.

**12. THERE IS ONE RENEWAL METHOD AVAILABLE:**

This profession is unable to renew online. Please mail this renewal form along with the renewal fees and the Financial Responsibility form to the Florida Department of Health. All renewal documentations and fees must be received in order to be renewed. To use the online system for updating information (i.e. address changes), visit [www.FLHealthsource.com](http://www.FLHealthsource.com) go to the Practitioner Logon box, select your profession, and enter your Account ID and password.

Account ID: Á ···· Password: ······ (Account ID and Password are case sensitive)

The online renewal system will allow practitioners to update their mailing address and practice location address, and confirm licensee information maintained by the Department.

**U.S. Mail:** Mail completed form and fee payable to the Department of Health to the following address:  
**Department of Health, Division of Medical Quality Assurance, P.O. Box 6320, Tallahassee, FL 32314-6320**

**13. CHECKLIST FOR MAILING RENEWAL FORM:**

If mailing your renewal form, use the checklist below as a guide for enclosing all the required items to ensure a smooth renewal. If renewing by mail, allow 2 - 4 weeks processing time.

- REQUIRED:**
- Renewal Notice
  - Cashier's Check or Money Order written to the Department of Health
  - Financial Responsibility
  - Mail to: P.O. Box 6320, Tallahassee, Florida 32314-6320

**14. CRIMINAL CONVICTIONS:**

**A]. I hereby swear or affirm that I have not been convicted of any felonies in any jurisdiction within the two years preceding this application for renewal.**

STATE OF FLORIDA \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Type, Print or Stamp Commissioned Name  
Personally known \_\_\_\_\_ OR Produced identification \_\_\_\_\_  
Type of Identification produced \_\_\_\_\_

**B]. I was convicted of the following felonies within the two years preceding this application for renewal:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**(Please attach copies of all certified court documents related to your conviction(s) and any materials documenting successful completion of your sentence or other legal obligations.)**

**\* Please note that a false response to section A of this question may result in disciplinary action against your license and criminal penalties pursuant to Sections 456.067, 775.083, and 775.084, Florida Statutes.**