



Florida Department of Health
Board of Psychology
Psychologist Licensure Application

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/practioners. 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? | <input type="checkbox"/> YES <input type="checkbox"/> 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? | <input type="checkbox"/> YES <input type="checkbox"/> 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? | <input type="checkbox"/> YES <input type="checkbox"/> 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? | <input type="checkbox"/> YES <input type="checkbox"/> 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? | <input type="checkbox"/> YES <input type="checkbox"/> 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? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Mission Statement: The mission of the Department of Health is to protect and promote the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties.

4052 Bald Cypress Way, Bin # C05
 Tallahassee, Florida 32399-3257
 Phone: (850) 245-4373 Fax: (850) 414-6860
 Website: www.doh.state.fl.us/mqa/

To ensure that your profile is properly entered into the Department's licensure database, please keep this page on top.

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.

TAPE 2" X 2" photo HERE
must have been taken within
6 months of application

PROFESSIONAL QUALITY ONLY
DEPICTING HEAD AND SHOULDERS

ONE PHOTO REQUIRED:
for identification purposes

Print Name On Back Of Photo

APPLICATION FOR PSYCHOLOGIST LICENSURE

PART II. PROFILE DATA FORM

| | | |
|--|---|--|
| ¹ APPLICATION METHOD: <input type="checkbox"/> EXAM <input type="checkbox"/> BIFURCATION/EXAM <input type="checkbox"/> EXAM W/ WAIVER <input type="checkbox"/> BIFURCATION W/ WAIVER Endorsement applicants, check all that apply <input type="checkbox"/> ENDORSEMENT OF OTHER STATE LICENSE <input type="checkbox"/> ENDORSEMENT OF DIPLOMATE STATUS WITH ABPP <input type="checkbox"/> ENDORSEMENT OF 20 YEARS OF LICENSED PSYCHOLOGY EXPERIENCE | | \$375 Application processing fee \$150 Florida laws & rules exam fee \$300 Initial licensure fee \$5 Unlicensed activity fee All application methods require an \$830.00 fee. |
| ² Have you ever applied for psychology licensure in Florida? <i>If "YES", give date(s) below:</i> | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ³ List your full, legal NAME as it should appear on license (no nicknames or shortened versions): First: _____ Middle: _____ Last: _____ | | |
| ⁴ Have you ever changed your name through marriage or action of a court, or have you been known by any other name? <i>If "YES", give the name(s) and date(s) of changes below:</i> | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ⁵ City/State/Country of Birth: _____ | ⁶ Date of Birth (m/d/yr) _____ | |
| ⁷ MAILING Address (street address, city, state, ZIP)(Mailing address will display on the Internet if you have not provided a practice location): _____ | | |
| ⁸ Practice Address (required - business name, street address, city, state, ZIP): _____ | | If currently unemployed, please check <input type="checkbox"/> . You must provide an address when employment is secured. |
| ^{9a} Work Telephone Number: () _____ | ^{10a} Fax Number: () _____ | |
| ^{9b} Alternative Telephone Number: () _____ | ^{10b} E-mail Address: _____ | |
| ¹¹ Name of School, College or University OF DOCTORAL DEGREE: _____ | | ¹² Date Graduated(m/d/yr): _____ |
| <i>(Official doctoral level education transcripts may be sent directly to this office from the institution, or, if sent by the applicant, must be contained in the institution's sealed envelope.)</i> | | ¹³ Type of Degree: <input type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D. <input type="checkbox"/> Ed.D. <input type="checkbox"/> Other _____ |
| ¹⁴ 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: <input type="checkbox"/> F <input type="checkbox"/> M Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give alien number _____ Ethnic Origin: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other _____ | | |
| ¹⁵ 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 III. ENDORSEMENT INFORMATION
(Check all that apply, if an endorsement applicant)

ENDORSEMENT OF ANOTHER STATE LICENSE:

| | |
|--|--|
| <p>¹⁶ Are you applying for licensure based on the endorsement of a valid license to practice psychology in another state in which the requirements for licensure at the time of your original licensure were substantially equivalent to or more stringent than the requirements of Florida law at that time? Section 490.006(1)(a), Florida Statutes. If "yes", what state do you hold a current active license that you wish to have endorsed? _____</p> <p>Please request the above state regulatory office to send a copy of the laws/regulations, which were in effect at the time you were licensed, directly to this office.</p> | <p align="center"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
|--|--|

ENDORSEMENT OF DIPLOMATE STATUS WITH THE ABPP:

| | | | |
|---|----------------------------------|------------------|--|
| <p>¹⁷ Are you applying for licensure based on the endorsement of diplomate status granted by the American Board of Professional Psychology (ABPP), Section 490.006(1)(b), Florida Statutes. If yes, complete the following and request that the ABPP complete and submit the Board's ABPP Diplomate Verification Form directly to this office.</p> | | | <p align="center"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p>Diploma Number</p> | <p>Date of Diploma</p> | <p>Specialty</p> | |
| | <p align="center">__/__/____</p> | | |

ENDORSEMENT OF 20 YEARS OF EXPERIENCE AS A LICENSED PSYCHOLOGIST:

| | |
|---|--|
| <p>¹⁸ Are you applying for licensure based on 20 years of licensed experience in any jurisdiction or territory of the United States within 25 years preceding the date of this application? Section 490.006(1)(c), Florida Statutes. Please provide a vitae showing licensed psychology practice for at least 20 of the last 25 years. Verification of 20 years of active psychology licensure must be verified by the regulatory licensing authority.</p> | <p align="center"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
|---|--|

PART IV. EDUCATIONAL DATA

| | | | |
|---|-----------------|------------------------|--|
| <p>¹⁹ List below all graduate level education, including the Master's level, for which you have received a degree and note your name under which your degree was received, if different from your full legal name:</p> | | | |
| <p>Name and Location of school, college or university</p> | <p>Major(s)</p> | <p>Degree Received</p> | <p>Date of Graduation</p> |
| | | | <p align="center">__/__/____</p> |
| | | | <p align="center">__/__/____</p> |
| <p>²⁰ Did you graduate from a doctoral program which was accredited by the American Psychological Association (APA) at the time you were enrolled and subsequently graduated?</p> | | | <p align="center"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p>²¹ Did you complete all of the requirements for your degree before your graduation date? If "yes", please give the date (m/d/y) of completion: _____ If you plan to use this date to determine the start of your post-doctoral supervised experience, this office must receive a letter from the registrar verifying the date of completion of all requirements, including approval of dissertation, for your degree.</p> | | | <p align="center"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p>²² Did you graduate from an educational institution outside of the U.S. or Canada? If "yes," you must have your education evaluated by a certified credentialing agency. A list of agencies can be found in the instructions of the application. A letter from the director of an APA program is also required. See rule 64B19-11.0035, F.A.C.</p> | | | <p align="center"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |

PRINT APPLICANT NAME HERE: _____

PART V. SUPERVISED EXPERIENCE

Please number chronologically

Use this form to list only supervised experience, including internship training

EXPERIENCE SETTING – Number 1 – Please Check One: Internship or Post Doctoral Supervision

| | |
|---|--|
| ²³ Practice Setting (name of business, street address, city, state, ZIP): | |
| Title by Which You were Known: | |
| Supervisor's Name: | Supervisor's License Number: |
| Supervised Experience -- Starting Date: _____ Ending Date: _____ <small style="display: block; text-align: center;">mm/dd/yyyy mm/dd/yyyy</small> | |
| <i>(If supervision is not yet complete please do not provide a future ending date. Please provide the current <u>numerical</u> date.)</i> | |
| Total Number of Weeks of Experience: _____ Total Number of Hours per Week of Experience: _____ <i>(If supervision is not yet complete please provide the correct information to date.)</i> | Total Number of Hours per Week of Clinical Supervision: _____ Of the above Total Number of Hours, how many were Individual Face-to-Face per week: _____ |

EXPERIENCE SETTING – Number 2 – Please Check One: Internship or Post Doctoral Supervision

| | |
|---|--|
| ²⁴ Practice Setting (name of business, street address, city, state, ZIP): | |
| Title by Which You were Known: | |
| Supervisor's Name: | Supervisor's License Number: |
| Supervised Experience -- Starting Date: _____ Ending Date: _____ <small style="display: block; text-align: center;">mm/dd/yyyy mm/dd/yyyy</small> | |
| <i>(If supervision is not yet complete please do not provide a future ending date. Please provide the current <u>numerical</u> date.)</i> | |
| Total Number of Weeks of Experience: _____ Total Number of Hours per Week of Experience: _____ <i>(If supervision is not yet complete please provide the correct information to date.)</i> | Total Number of Hours per Week of Clinical Supervision: _____ Of the above Total Number of Hours, how many were Individual Face-to-Face per week: _____ |

EXPERIENCE SETTING – Number 3 – Please Check One: Internship or Post Doctoral Supervision

| | |
|---|--|
| ²⁵ Practice Setting (name of business, street address, city, state, ZIP): | |
| Title by Which You were Known: | |
| Supervisor's Name: | Supervisor's License Number: |
| Supervised Experience -- Starting Date: _____ Ending Date: _____ <small style="display: block; text-align: center;">mm/dd/yyyy mm/dd/yyyy</small> | |
| <i>(If supervision is not yet complete please do not provide a future ending date. Please provide the current <u>numerical</u> date.)</i> | |
| Total Number of Weeks of Experience: _____ Total Number of Hours per Week of Experience: _____ <i>(If supervision is not yet complete please provide the correct information to date.)</i> | Total Number of Hours per Week of Clinical Supervision: _____ Of the above Total Number of Hours, how many were Individual Face-to-Face per week: _____ |

PRINT APPLICANT NAME HERE: _____

PART VI. LICENSURE/CERTIFICATION DATA

| ²⁶ Do you now or have you ever held licensure/certification, regardless of status, to practice psychology or any health-related profession in any state, U.S. territory, including Florida, or foreign country? | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|---------------|----------------|---------------------|-----------------|--|
| State | License Title | License Number | Original Issue Date | Expiration Date | License Status |
| | | | | | |
| | | | | | |
| ²⁷ Was there any time period during which any license listed above was not active? <i>If yes, please specify which license and list beginning and ending dates of all non-active periods:</i> | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ²⁸ Do you currently have a license/certificate or application pending in <i>any state or jurisdiction</i> , or have you ever withdrawn an application in <i>any state or jurisdiction</i> or allowed a licensure/certification application to lapse for any reason, including Florida? <i>If "yes", indicate the state(s) involved:</i> | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ²⁹ Have you previously taken the Examination for Professional Practice (EPPP or National Exam) sponsored by the Association of State and Provincial Psychology Boards (ASPPB)? <i>If "yes", indicate where and when and use a EPPP score transfer form to request that your scores be mailed to the Board office.</i> | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

PART VII. DISCIPLINARY & CRIMINAL HISTORY

| | |
|--|--|
| <p>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), and specific circumstances 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.</p> <p><i>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.</i></p> | |
| <p>DISCIPLINARY HISTORY</p> ³⁰ 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? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ³¹ Have you ever had your license revoked, suspended, or in any way acted against (e.g., reprimand, administrative fine, probation, etc.) in any state, U.S. territory or foreign country? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ³² Are you now under investigation in any jurisdiction for an offense, which would be a violation of Chapter 490, Florida Statutes? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>CRIMINAL HISTORY</p> ³³ 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. | <input type="checkbox"/> YES <input type="checkbox"/> NO |

PRINT APPLICANT NAME HERE: _____

PART VIII. 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.

| | |
|---|--|
| <small>34</small> 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, please respond N/A to A.2.) | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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, please respond N/A to B.2) | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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, please respond N/A to C.2 and C.3.) | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| C.3. Did the termination occur at least 20 years prior to the date of this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

PRINT APPLICANT NAME HERE: _____

³⁵ **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 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. A copy of the completion certificate must be submitted to the board office via facsimile, e-mail or mail.
- 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.

³⁶ **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 _____

THE FOLLOWING STATEMENT MUST BE COMPLETED:

³⁷ **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 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, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license to practice as a Psychologist in the State of Florida.

I further state that I have read and understand Chapter 490, Florida Statutes, and Chapter 64B19, Florida Administrative Code, pertaining to the Psychology Practice Act. I further state that I will comply with all requirements for licensure renewal including continuing education credits.

Signature of applicant (required)

Date signed (required)

PRINT APPLICANT NAME HERE: _____

APPLICATION FOR PSYCHOLOGIST LICENSURE

****INSTRUCTIONS****

The Board and its staff strive to license applicants as quickly and efficiently as possible but the licensure and exam process is lengthy. Applicants are encouraged to take this into consideration when moving to Florida and when accepting positions that require licensure. Submitting the application and supporting documents far in advance of the date you wish to begin practice is strongly recommended.

LICENSURE BIENNIUM:

All psychology licenses expire the same day, May 31, of every even numbered year.

Licenses issued within 150 days of the expiration date will continue into the next biennium. Licenses issued more than 150 days from the expiration date will expire at the end of the current biennium.

The biennium dates are:

06/01/08 to 05/31/10

06/01/10 to 05/31/12

06/01/12 to 05/31/14

SECTION I - GENERAL REQUIREMENTS AND INFORMATION

STATUTE AND RULE REFERENCES:

Specific licensure requirements can be found in sections 490.005 and 490.006, Florida Statutes, and Chapter 64B19-11, Florida Administrative Code, copies of which may be found at www.doh.state.fl.us/mqa

ELIGIBILITY REQUIREMENTS:

EDUCATION

Completion of doctoral degree in psychology from a program as outlined in sections 490.003 and 490.005, F.S., **AND**

EXPERIENCE

Successful completion of two years of supervised experience as outlined in Rule 64B19-11.005, F.A.C.; **AND**

EXAMINATIONS

Successful passage of the Florida laws and rules examination by all applicants regardless of method of application: **AND**

Successful passage of the National (EPPP) examination. Applicants by endorsement and applicants that have passed the national examination will not be required to re-take it.

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, such as transcripts and supervision verification forms, 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. Transcripts may be submitted in this manner as long as they bear the official seal and are in sealed envelopes from the educational institution. Verifications of other state licenses and examination scores 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 may be required to wait until following meeting.

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, as well as candidates desiring to use a translation dictionary due to English as a Second Language.

Special testing accommodations may be requested by submitting the following:

- Application for Candidates Requesting Special Testing Accommodations in Accordance with the American's with Disabilities Act
- Application for Special Testing Accommodations Due to a Religious Conflict
- Application for Use of a Translation Dictionary due to English as a Second Language.

The above applications may be obtained on the Department of Health's website at <http://www.doh.state.fl.us/mqa/Exam/spectest.htm>, or by contacting the Special Testing Coordinator, Bureau of Operations/Testing Services, at (850) 245-4252.

Please note that applications must be submitted, in the manner described in each application, no later than 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. Specific questions regarding special testing conditions should be directed to Special Testing Coordinator, Bureau of Operations/Testing Services, at (850) 245-4252.

Failure to sit for the examination as scheduled will result in the forfeiture of examination fees, pursuant to 64B19-12.002(3), F.A.C.

EXAMINATION/APPLICATION REVIEW:

Complete applications will be reviewed by the Board at the next available meeting, based on when the application becomes complete. A complete application consists of application, fees and all documentation required for the Board to determine whether an applicant is eligible or not for examination.

The Laws and Rules Exam

The Board of Psychology administers the laws and rules examination by computer based testing. Once the Board has approved your application, the board office will send information, which will provide details on how to schedule the exam. Approved candidates will pay **\$48** directly to the testing vendor in addition to the **\$150** paid to the Department.

Study packets may be downloaded at this address <http://www.doh.state.fl.us/mqa/Exam/schedule-psy.htm#Psychology> or you may contact the board office at (850) 245-4373 for a current copy.

Study packets for the laws and rules examination are only valid for a specific period of time. Please verify that you are reviewing the appropriate packet for your scheduled examination. The dates the packets are valid are listed on the front cover. Packets outside of the valid date range may contain outdated rules or not reflect changes in the law.

The National Exam

The EPPP (national) exam is only offered by computer-based testing.

Please note: The national exam fee is to be paid directly to the testing service.

Once the Board of Psychology has approved your application, Professional Examination Service (PES) will forward a computer based test (CBT) scan application for you to complete and return to PES. You will then submit **\$454** to PES when you return the CBT scan application. PES will verify that the CBT scan application is completed correctly and send you an authorization to test (ATT) letter. When you receive the ATT letter, you may contact Prometric and schedule the date and location of your exam. Prometric requires a **\$65** computer based testing fee to be paid directly to Prometric at the time you schedule the examination.

If your file is complete for licensure, the board office must process your scores with your file for the license to be generated. Please allow approximately 2 weeks beyond your receipt of passing scores to receive notification of a license number or other correspondence from the board office.

For detailed information on the CBT EPPP (national) test administration, study information, and the practice exam information, please go to www.asppb.org.

EXAMINATION RESULTS

Please note that the board office does not mail examination score reports nor is board staff able to communicate examination scores to candidates by any other means. Applicants may currently access examination results on the Department of Health's Testing Service's Unit website at <http://www.doh.state.fl.us/mqa/Exam/schedule-psy.htm#Psychology> by clicking on the "Examination Results" link. Exam results are generally available on the site within 3 to 4 weeks of the date you sat for the examination. Upon receipt of official scores in the board office, staff will provide a re-examination application to applicants who were unsuccessful on either or both exams.

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 of receipt is needed for any documentation mailed to the board office, use of certified mail is highly recommended. Please note that the Department of Health's central mail room will initially receive and sign for your documents and thereafter distribute same to the board office within 3 to 5 business days. Supporting documentation may be submitted to this office before submission of application and fee.

FOREIGN EDUCATED APPLICANTS

Foreign educated applicants must have their educational credentials evaluated by a credentials evaluation service acceptable to the Board of Psychology in addition to the criteria of 64B19-11.0035, F.A.C.

This listing is provided as general information. The organizations listed below do not constitute an endorsement of any organization.

Joseph Silny & Associates, Inc.
International Education Consultants
P. O. Box 248233
Coral Gables, FL 33124
(305) 273-1616
web site: www.jsilny.com

Educational Credential Evaluators
P. O. Box 514070
Milwaukee, Wisconsin 53203-3470
(414) 289-3400
web site: www.ece.org

International Education Research
Foundation
P. O. Box 3655
Culver City, California 90231-7086
(310) 258-9451
web site: www.ierf.org

World Education Services, Inc.
P. O. Box 745 – Old Chelse Station
New York, New York 10113
(212) 219-7300
web site: www.wes.org

METHODS OF APPLICATION:

There are SIX methods of application for licensure as a psychologist in Florida. Please note that holding licensure in another state does not mandate one method over another. You must consider the process for each method and determine the best method of application for your qualifications and circumstances.

EXAMINATION: This method means the EPPP examination has not been passed with a score acceptable to Florida. The Florida Laws and Rules examination must be taken and passed. It also means the required supervised experience has been completed.

EXAMINATION WITH WAIVER OF THE NATIONAL EXAMINATION: This method means the EPPP examination has been passed with a score acceptable to Florida. The Florida Laws and Rules examination must be taken and passed. It also means the required supervised experience has been completed.

BIFURCATION: This method means the educational requirements for licensure have been completed, but the supervised experience will not be completed and verified before the application is submitted. This method is to be used in conjunction with the examination or examination with waiver concept, depending on whether the applicant has previously passed the EPPP examination. The Supervising Psychologist Verification Form should not be submitted until completion of the 2,000 hours of post-doctoral supervised experience.

ENDORSEMENT METHODS:

Applicants who apply by endorsement may choose any of the three available endorsement application methods, or any combination thereof. If you choose multiple methods you will be required to submit all of the required documentation for these methods before the Board will review your application. Additional fees are not required when you select multiple endorsement methods.

ENDORSEMENT OF ABPP DIPLOMATE STATUS: This method means an applicant is a diplomate in good standing with the American Board of Professional Psychology, Inc.

ENDORSEMENT OF LICENSURE IN ANOTHER STATE: You are not required to use this method if licensed in another state. However, it is an option that may be used by someone who holds an active, valid license as a psychologist in another state, provided that when such license was secured, the requirements were substantially equivalent to or more stringent than those in Florida at that time. If no Florida law existed at that time, then the requirements in the other state must have been substantially equivalent to or more stringent than those currently required by Florida Statutes. Please see section 490.006, F.S.

ENDORSEMENT OF 20 YEARS OF LICENSED PSYCHOLOGIST EXPERIENCE:
To apply for this method of licensure, the statute requires that the applicant possess a doctoral degree in psychology as described in section 490.003, F.S., and has at least 20 years of experience as a licensed psychologist in any jurisdiction or territory of the United States within 25 years preceding the date of application.

SECTION II - APPLICATION CHECKLIST AND REQUIRED DOCUMENTATION

- Fees: \$375 non-refundable application processing fee
- \$150 Florida laws and rules examination fee
- \$300 initial licensure fee
- \$5 unlicensed activity fee

Make checks payable to DOH/Board of Psychology.

Applicants must submit **\$830.00** to the Department of Health regardless of application method. All other required fees will be paid directly to the testing vendors.

WHAT TO SUBMIT FOR THE VARIOUS APPLICATION METHODS

(Detailed descriptions of each item follow this list.)

Examination Applicants:

- Application Form and Fees
- License/Certificate Verification Form
- Supervising Psychologist Verification Form
- Official Doctoral Level Transcripts

Examination/Waiver Applicants:

- Application Form and Fees
- License/Certificate Verification Form
- Supervising Psychologist Verification Form
- Official Doctoral Level Transcripts
- EPPP Score Transfer Form

Examination/Bifurcation Applicants:

- Application Form and Fees
- License/Certificate Verification Form
- Official Doctoral Level Transcripts

Endorsement of ABPP Diplomate Status:

- Application Form and Fees
- License/Certificate Verification Form
- ABPP Diplomate Verification Form

Endorsement of Other State's License:

- Application Form and Fees
- License/Certificate Verification Form
- Complete Copy of the Laws and Rule by which you were licensed

Endorsement of 20 Years of Licensed Psychology Practice:

- Application Form and Fees
- License/Certificate Verification Form
- Official Doctoral Level Transcripts
- Curriculum Vita

1. APPLICATION FORM AND FEES:

The application must be fully completed by every applicant with an appropriate photo. Please staple the fee securely to page 1 of the application.

2. LICENSE/CERTIFICATE VERIFICATION FORM

This form must be submitted for each psychology and health-related license or certificate currently or ever held. All verifications must be sent to the board office directly from each respective state.

3. SUPERVISING PSYCHOLOGIST VERIFICATION FORM

This form must be received to complete all applications except applications for licensure by endorsement of ABPP diplomate status and endorsement of 20 years licensed

psychology experience. **Bifurcation applicants** need to submit this form only after completion of the required 2,000 hours of post-doctoral supervised experience. Supervisor must have form notarized.

PLEASE NOTE: Applicants who, for whatever reason, obtain the post-doctoral supervised experience in more than one (1) location with more than one supervisor, must submit an explanation from the primary supervising psychologist of how the combined experiences provided a cohesive and integrated training experience. Re: Rule 64B19-11.005(2)(c), F.A.C.

4. OFFICIAL DOCTORAL LEVEL TRANSCRIPTS

Official doctoral level education transcripts may be sent directly to this office from the institution, or, if sent by the applicant, must be contained in the institution's sealed envelope. All methods of application require official transcripts except endorsement of ABPP diplomate status and endorsement of Other State's License. Bachelor and Master level transcripts are not required.

PLEASE NOTE: Examination applicants and applicants endorsing 20 years of licensed psychology experience must document graduation from a program that was accredited by a programmatic agency recognized and approved by the United States Department of Education. Currently, the American Psychological Association (APA) is the only programmatic accrediting agency approved for psychology. Foreign-trained applicants must submit a letter of comparability (see paragraph 7. below) which demonstrates that the applicant's doctoral-level psychology program was comparable with an APA-accredited doctoral-level psychology program.

5. EPPP SCORE TRANSFER FORM

This form is available at www.asppb.org. Use this form to request your scores of the EPPP (national) examination taken in another state be forwarded to this office from the official source.

6. ABPP DIPLOMATE VERIFICATION FORM

This form is to be used only by those applicants who applied for licensure by endorsement of their diplomate status with the American Board of Professional Psychology (ABPP). The form must be completed by the appropriate official and mailed directly to this office.

7. FOREIGN EDUCATED APPLICANTS

If you were awarded your degree from an institution outside of the United States or Canada, in addition to official transcripts and official translations of the transcripts, if necessary, the following is required: a letter of APA comparability of your program (see rule 64B19-11.0035), and an evaluation of your educational credentials from one of the credentials evaluation services listed in section I of the application instructions.

8. FOR ENDORSEMENT OF LICENSURE IN ANOTHER STATE APPLICANTS ONLY

A complete copy of the laws and rule by which you were licensed or certified in the state you wish to be endorsed.

9. ENDORSEMENT OF 20 YEARS OF LICENSED PSYCHOLOGY PRACTICE APPLICANTS ONLY

Please include a curriculum vita showing active psychology practice for at least 20 years of the last 25 years immediately preceding your application. You must have also possessed an active license during those years. This method requires doctoral degree in psychology from an APA accredited program. A transcript substantiating the degree is required for this method of endorsement.

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 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.

Only medical errors courses that have been approved by the Board will meet this requirement. A list of approved courses is available at http://www.doh.state.fl.us/mqa/psychology/psy_ce-errors.html.

WITHDRAWAL OF APPLICATION

If you decide to withdraw your application, you must make the request in writing. The request must be received prior to the Board's granting of licensure. Included in the request should be a request for refund of the appropriate fees. The application fee portion of your payment is non-refundable.

Do not stop payment on your check. This could result in a bad check charge being filed against you.

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. You are strongly encouraged to provide this office of any change in address, as it is a violation to not do so.

For information on limited and provisional licensure, please visit our web site at www.doh.state.fl.us/mqa. As a potential licensee, we recommend that you frequently visit the Board of Psychology web site for updates and changes in the profession.

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