APPLICATION FOR REACTIVATION OF INACTIVE PSYCHOLOGIST LICENSURE

PLEASE TYPE ANSWERS OR PRINT LEGIBLY IN BLACK INK

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 Title 64B19-17, Florida Administrative Code.

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

4052 Bald Cypress Way, Bin # C05
Tallahassee, Florida 32399-3257
Phone: (850) 245-4373 Fax: (850) 414-6860
Website: www.flhealth.gov/

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

The records of the Department show that your psychology license has been on inactive status since _____. The fees and continuing education required to bring your license to current active status are shown below. Please refer to the laws and rules for further clarification regarding the fees and continuing education requirements. Please note that you cannot practice psychology in Florida on an inactive or delinquent license.

FEES*:

☐ $295 Active Renewal Fee
☐ $400 Delinquency Fee
☐ $ 50 Change of Status Fee
☐ $ 50 Reactivation Fee
☐ Other:_____

TOTAL DUE: $_____

*Refer to Rule Title 64B19-15.003, F.A.C., Reactivation of Inactive Licenses and Rule Title 64B19-12, F.A.C., Fees, for reactivation fee requirements.

CONTINUING EDUCATION REQUIREMENTS*:

☐ 2004-2006 Renewal Period - 40 Hrs of Approved CE
☐ 2006-2008 Renewal Period - 40 Hrs of Approved CE
☐ 2008-2010 Renewal Period - 40 Hrs of Approved CE
☐ 2010-2012 Renewal Period - 40 Hrs of Approved CE
☐ 2012-2014 Renewal Period - 40 Hrs of Approved CE
☐ 2014-2016 Renewal Period - 40 Hrs of Approved CE

☐ Other:
_____
_____
_____

TOTAL HOURS DUE: _____

*The licensee must submit proof that 40 hours of continuing education have been earned that meets the requirements of subsection 64B19-13.003(3), F.A.C., for each full biennium in which the license was in an inactive status and for the last full biennium in which the licensee held an active license. Attach copies of certificates of attendance to this application for verification of completion of required continuing education.

[1] List NAME as it should appear on license:

First: Middle: Last:

[2] Have you ever changed your name through marriage or action of a court or have you ever been known by any other name?
•IF "YES", LIST NAME(S) AND DATES(S) OF THE CHANGE(S):

☐ YES ☐ NO

[4] Date of Birth (M/D/Y):

[5] Mailing Address (required):

Practice Location: (required)

E-mail Address: [+] **(Optional)** _____fax: _____

[6] Home Telephone Number: ( )

[7] Work Telephone Number: ( )

[8] Florida Psychologist License Number:
PY

[9] Date license became inactive (M/D/Y):

APPLICANT HISTORY:

[10] Please explain below your activities since the expiration of your active license. Please give information chronologically, and do not leave out any time. Please indicate the location and state of any activities.

DISCIPLINARY HISTORY:

If you answer "yes", you must explain the circumstances of your response in detail on a separate sheet providing complete and accurate details. 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. Your "yes" answer would not be an automatic cause for denial.

[11] Has any disciplinary action been taken against you by any regulatory agency?	☐ Yes ☐ No

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

[12] **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
6. If "yes" to any of the questions 1 through 5 above, on or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession's licensing board or the Department of Health? ***(If "yes", please provide official documentation verifying your enrollment status.)***	☐ Yes ☐ No

[13] **STATEMENT OF APPLICANT:**

I,_____, declare that I am the person referred to in the foregoing application for renewal of licensure and supporting documentation and that said application and any supporting documentation are true and accurate. I have carefully read the instructions and questions in the foregoing application and have answered them completely, without reservations of any kind. Should I furnish any false information in this application, or in any supporting documentation, I acknowledge that such an act constitutes cause for denial, disciplinary action, suspension or revocation of my license to practice as a psychologist in the State of Florida. I hereby declare that I have read and understood Chapter 490, Florida Statutes, and Title 64B19, Florida Administrative Code, and acknowledge that I must abide by them.

Signature of Applicant_____ Date _____

***RETURN ADDRESS*:** Please return the completed application, fees, and any supporting documentation to the Department of Health, Board of Psychology, P.O. Box 6330, Tallahassee, Florida 32314-6330. You will be forwarded the renewed license in approximately four to six weeks following completion of renewal. If you wish proof of renewal prior to receipt of your license, you must request verification of licensure or visit our licensure verification website: http://ww2.doh.state.fl.us/IRM00PRAES/PRASLIST.ASP . Written verification of licensure requires a written request plus a $25 fee. Submit any such requests with fee to Department of Health, Board of Psychology, 4052 Bald Cypress Way, BIN# C05, Tallahassee, Florida 32399-3255, (850) 245-4373. Include license number and complete mailing address with each verification request.

[+]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.