

APPLICATION FOR SCHOOL PSYCHOLOGIST LICENSURE

****INSTRUCTIONS****

SECTION I - GENERAL REQUIREMENTS AND INFORMATION

This application should not be submitted until you are ready for licensure. That means that the education, experience, and a passing score on the examination have already been completed.

STATUTE AND RULE REFERENCES

Specific licensure requirements can be found at sections 490.005 and 490.006, Florida Statutes, and Rule 64B21-500, Florida Administrative Code, copies of which may be found at <http://www.floridahealth.gov/licensing-and-regulation/school-psychology>.

EDUCATION

Completion of graduate level school psychology education as outlined in rule 64B21-500.009, F.A.C., **AND**

EXPERIENCE

Successful completion of three years of school psychology experience.

- One (1) year of experience consists of 1500 hours within twelve (12) consecutive months.
- Two (2) years of the three (3) year requirement shall consist of supervised experience.
- All supervised experience shall be performed by a certified or licensed school psychologist in any jurisdiction or a licensed psychologist.
- The third year can consist of general experience.
- Doctoral internships may be applied toward the supervision requirement. Non-doctoral internships, which are part of the education requirement, do not count toward the supervised or general experience requirement.; **AND**

EXAMINATION

Passage of the PRAXIS II School Psychology exam administered by Educational Testing Service (ETS) as outlined in rule 64B21-500.011, F.A.C. You may contact ETS at (609) 771-7395 or www.ets.org. Current information regarding the passing score is available at <http://www.nasponline.org/certification/etsinfo.aspx>.

FEES

- \$175 non-refundable application processing fee
- \$175 initial licensure fee
- \$5 unlicensed activity fee

Make checks, cashier's check, or money orders payable to the Department of Health. Applicants must submit **\$355** to the Department of Health regardless of application method.

APPLICATION PROCESSING

It can take up to 10-15 working days for checks to be processed by the Revenue Unit of the Department. Licensure office staff does not receive applications until the checks are processed.

By law, office staff 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 you have not been notified of your application status within 40 days of the Department's receipt of the application, you may contact the office. If confirmation of receipt of your application is needed, it is recommended that you submit your application by certified mail.

It is recommended that you gather supporting documentation, such as transcripts and supervision verification forms, for submission with your application and fee. 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, the appropriate fee, and ALL required supporting documentation.

Pursuant to section 456.013(1)(a), F.S., "An incomplete application shall expire one year after initial filing."

COMPLETING THE APPLICATION

Keep these instructions 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.

If confirmation that this 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.

WITHDRAWAL OF APPLICATION

If you decide to withdraw your application, you must make the request in writing prior to the 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. Please do not stop payment on your check. This could result in a bad check charge being filed against you.

METHODS OF APPLICATION:

There are four methods of application for licensure as a school 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 you are applying for licensure based on education, experience and examination in compliance with the laws and rules.

ENDORSEMENT OF ABPP DIPLOMATE STATUS: This method means you are applying based on possession of diplomate status 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 or certificate as a school 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. Your personal qualifications are not considered when applying by this method. The Department makes its determination of eligibility for licensure solely on the law to law comparison. 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 defined 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. This method requires a doctoral degree in psychology from an APA accredited program.

SECTION II APPLICATION CHECKLIST AND REQUIRED DOCUMENTATION

1. APPLICATION FORM AND FEES

The application must be fully completed by every applicant.

2. LICENSE/CERTIFICATE VERIFICATION FORM

Verifications are required for each school psychology or other health-related licenses or certificates 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. **Exception:** *Official verifications of licensure from the regulatory board are required for 20 Year Endorsement Applicants. Please see No. 10 in this listing.*

3. SCHOOL PSYCHOLOGY SUPERVISED EXPERIENCE VERIFICATION FORM, if applicable

This form must be used to document 2 years of supervised experience. If you completed 3 years of supervised school psychology experience in compliance with the rule, this form may be used to document the 3 years of required experience. In that event, the general experience form will not be necessary.

4. SCHOOL PSYCHOLOGY GENERAL EXPERIENCE VERIFICATION FORM

This form is used to document the 1 year of school psychology experience that did not require supervision. Only necessary if less than three, but more than two, years of supervision have been obtained.

5. 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.

6. **OFFICIAL GRADUATE LEVEL TRANSCRIPTS**

Bachelor transcripts are not required.

7. **OFFICIAL ETS SCHOOL PSYCHOLOGY SCORES**

When requesting your scores be mailed to this office, the destination code is R7114. ETS phone: (609) 771-7395.

8. **SCHOOL PSYCHOLOGY EDUCATION COURSEWORK SHEET**

This form is required if you did not obtain the minimum of a master's degree in school psychology. Refer to 64B21-500.009, F.A.C., for assistance when completing.

9. **FOR ENDORSEMENT OF LICENSURE IN OTHER STATE APPLICANTS ONLY**

Under the Endorsement of Other State License method, the Department will perform a law-to-law comparison of the school psychology licensure requirements in effect at the time you were licensed in the other state with those in effect in Florida at that time. The review will include comparison of the Education, Experience, Examination and any other pertinent requirements. Personal credentials will not be considered under this application method.

To ensure the Department has the appropriate documentation to conduct the comparison, please request the following of the regulatory board which issued the license or certificate you are endorsing:

- Copy of State Laws or Statutes governing the issuance of school psychology licenses or certificates “at the time you were licensed”; and
- Copy of any related State Rules or Administrative Codes in effect at the time you were licensed, which may clarify or expound upon the laws/statutes.

If the year you were licensed is not printed on the cover of the statutes and regulations, please submit a letter verifying they were in effect when you were licensed.

10. **ENDORSEMENT OF 20 YEARS OF LICENSED PSYCHOLOGY PRACTICE APPLICANTS ONLY**

For this method, official licensure verification(s) are required to show 20 years of actively licensed psychology experience within 25 years of the application submission date. The official verification(s) should indicate whether there were any gaps or inactive periods of licensure.

This method requires a doctoral degree in psychology from an APA accredited program. A transcript substantiating the degree is required for this method of endorsement.

WHAT TO SUBMIT:

• **EXAMINATION APPLICANTS:**

Submit items 1, 2, 3, 4, 6, and 7.

• **ENDORSEMENT APPLICANTS:**

Endorsement of ABPP Diplomate Status - submit items 1, 2 and 5.

Endorsement of Another State License - submit items 1, 2 and 9.

Endorsement of 20 years of licensed psychology practice - submit items 1, 2, 6 and 10.

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 school 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.

Only medical errors courses that have been approved by the Department will meet this requirement. A list of approved courses is available by using the course search function for school psychologists at www.cebroke.com.

ADDRESS CHANGES

Please notify the office of school psychology 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.

SUBMIT INITIAL APPLICATION, SUPPORTING DOCUMENTS AND FEES TO:

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

ALL SUBSEQUENT DOCUMENTATION MAY BE SUBMITTED TO:

Department of Health
School Psychology
4052 Bald Cypress Way, Bin #C05
Tallahassee, FL 32399-3255



Medical Quality Assurance School Psychologist 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: <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>	Social Security Number: <hr/>
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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.

1. 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 school 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 school 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 school psychology within the past five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Mission Statement: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

4052 Bald Cypress Way, Bin # C05
 Tallahassee, Florida 32399-3257
 Phone: (850) 245-4373 Fax: (850) 414-6860
 Website: <http://www.floridahealth.gov/licensing-and-regulation/>

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

**DEPARTMENT OF HEALTH
School Psychology**

**APPLICATION FOR SCHOOL PSYCHOLOGY
LICENSURE**

<http://www.floridahealth.gov/licensing-and-regulation/>

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

ALL INCOMPLETE APPLICATIONS SHALL EXPIRE ONE YEAR AFTER FILING. APPLICATION FEES ARE NON-REFUNDABLE.

2. APPLICATION METHOD Indicate below the type of license and method of qualification you wish to use to qualify for licensure. Consult instructions for eligibility requirements.

(Check one only):

EXAMINATION: **\$355 due** = \$175 application fee + \$175 licensure fee + \$5 unlicensed activity fee

ALL ENDORSEMENT APPLICATIONS: **\$355 due** = \$175 application fee + \$175 licensure fee + \$5 unlicensed activity fee

Endorsement of other state license, If so, what state? _____

Endorsement of diplomate status with the ABPP

Endorsement of 20 years of licensed psychology experience

Please Type or Print Legibly in Black Ink

3. PROFILE INFORMATION List your full, legal name as it should appear on license (no nicknames or shortened versions)

NAME: Last _____ First _____ Middle _____

Please list any other names that you have been known by: _____

MAILING ADDRESS: (Required) _____ Apt. No. _____

(Mailing address will display on the Internet if you have not provided a practice location):

City _____ State _____ Zip _____ Country _____

PRACTICE ADDRESS: (REQUIRED-If not applicable indicate with n/a) _____

Apt. No. _____ City _____ State _____ Zip _____

WORK TELEPHONE: _____ **HOME TELEPHONE:** _____

FAX Number: _____

DATE OF BIRTH (M/D/Y): _____

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 and reporting purposes only and does not in any way affect your candidacy for licensure. Are you a US citizen? YES NO If no, give alien/visa number: _____

RACE: White Black Asian/Pacific Islander Hispanic Other _____ **SEX:** Male Female

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 _____

4. LICENSURE AND CERTIFICATION DATA

A) Do you now or have you ever held licensure or certification to practice school psychology or any health-related profession in any state, including Florida, U.S. territory, or foreign country? School psychology certification from the Florida Department of Education is included.
 YES NO If "YES", complete the following:

<u>State/Country</u>	<u>License Title</u>	<u>License number</u>	<u>Original Issue Date</u>	<u>Expiration Date</u>	<u>License Status</u>

B) Have you ever previously applied for school psychology licensure in the state of Florida? If so, please provide the date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
C) Do you hold diplomate status with the American Board of Professional Psychology (ABPP)? If so, please provide the diploma number, date of diploma and area of specialty. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
D) Do you currently have a licensure or certification application pending in any jurisdiction, including Florida?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E) Have you ever withdrawn an application for licensure or certification?	<input type="checkbox"/> YES <input type="checkbox"/> NO
F) Have you ever allowed an application for licensure or certification to lapse	<input type="checkbox"/> YES <input type="checkbox"/> NO
G) Have you ever been denied licensure or certification to practice school psychology or any health-related profession in any licensing jurisdiction? Please explain any "yes" answer.	<input type="checkbox"/> YES <input type="checkbox"/> NO

5. EXAMINATION HISTORY

Have you taken and passed the specialty examination in school psychology developed and administered by Educational Testing Service? YES NO

6. MANDATORY CONTINUING 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 in Florida as a school psychologist.

- 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.

7. EDUCATION

Please provide the following information for graduate education being used to comply with licensure requirements. Please provide dates in mm/dd/yy format.

Name and location of graduate institution:

Major and Type of degree earned: _____ **Date Graduated:** _____

Name and location of graduate institution:

Major and Type of degree earned: _____ **Date Graduated:** _____

8. EXPERIENCE – Please specify supervised or general experience. G=General, S=supervised

Practice Setting Address: G or S _____

Supervisor's Name, License Number and State of Licensure: _____

Title by Which You Were Known: _____

Starting and Ending Dates of Experience (m/d/yr): _____ to _____

Number of Weeks of Experience: _____ Number of Hours per Week of Experience: _____

Total Number of Hours of Experience _____ Weekly Number of Contact Hours of Supervision: _____

Practice Setting Address: G or S _____

Supervisor's Name, License Number and State of Licensure: _____

Title by Which You Were Known: _____

Starting and Ending Dates of Experience (m/d/yr): _____ to _____

Number of Weeks of Experience: _____ Number of Hours per Week of Experience: _____

Total Number of Hours of Experience _____ Weekly Number of Contact Hours of Supervision: _____

Practice Setting Address: G or S _____

Supervisor's Name, License Number and State of Licensure: _____

Title by Which You Were Known: _____

Starting and Ending Dates of Experience (m/d/yr): _____ to _____

Number of Weeks of Experience: _____ Number of Hours per Week of Experience: _____

Total Number of Hours of Experience _____ Weekly Number of Contact Hours of Supervision: _____

Practice Setting Address: G or S _____

Supervisor's Name, License Number and State of Licensure: _____

Title by Which You Were Known: _____

Starting and Ending Dates of Experience (m/d/yr): _____ to _____

Number of Weeks of Experience: _____ Number of Hours per Week of Experience: _____

Total Number of Hours of Experience _____ Weekly Number of Contact Hours of Supervision: _____

For general experience, you may leave the weekly number of contact hours of supervision blank, if this does not apply.

<p>9. CORRESPONDENCE VIA E-MAIL</p> <p>Please print legibly. By checking "yes" you are agreeing to allow the board office to contact you via e-mail with information regarding your application. 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.</p> <p>E-MAIL ADDRESS* _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>10. CRIMINAL AND DISCIPLINARY HISTORY</p> <p>You must answer all of the following questions.</p> <p>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. <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>
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<p>CRIMINAL HISTORY</p> <p>A. 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.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>DISCIPLINARY HISTORY</p> <p>B. Are you now under investigation in any jurisdiction, including Florida, for an offense which would be a violation of Chapter 490, Florida Statutes?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>C. Have you ever had your license revoked, suspended, or in any way acted against (e.g., reprimand, administrative fine, probation, etc.) in any state, including Florida, U.S. territory or foreign country?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>D. Have you ever been denied licensure to practice school 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?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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*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.

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

11. 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.

<p>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? <i>(If you responded "no", skip to #2.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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 or conviction, and completion of any sentence or subsequent period of probation?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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 or conviction, and completion of any sentence or subsequent period of probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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 or conviction, and completion of any sentence or subsequent period of probation?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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)? <i>(If you responded "no", skip to #3.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? <i>(If "No", do not answer 3a. and skip to #4.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? <i>(If "No", do not answer 4a or 4b. and skip to #5.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. Have you been in good standing with a state Medicaid program for the most recent five years?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. Did the termination occur at least 20 years before the date of this application?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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? <i>(If "yes", please provide official documentation verifying your enrollment status.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

12. 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, 775.083 and 775.084, Florida Statutes.

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign), to release to the Florida Office of School 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 agency and which takes place between the initial filing of the application and the final granting or denial of licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. 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 school psychologist in the State of Florida.

I further state that I have read and understand Chapter 490, Florida Statutes, pertaining to psychological services and Chapter 64B21, Florida Administrative Code, pertaining to school psychology. I further state that I will comply with all requirements for licensure renewal including continuing education credits.

Signature of Applicant (required)

Date Signed (required)



LICENSURE/CERTIFICATION VERIFICATION
OFFICE OF SCHOOL PSYCHOLOGY

THIS SECTION TO BE COMPLETED BY THE APPLICANT

Complete this part and submit a copy to each state where you hold or have ever held a license or certificate to practice school psychology or any health-related profession, making copies of this form as necessary. If you do not know your license or certificate number, you may leave this response blank.

Applicant Name _____

Address _____

License/Certification Number _____ State of _____

I hereby authorize release of any information regarding my licensure status to the State of Florida, Department of Health, School Psychology office.

Applicant Signature _____ Date _____

**THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE
LICENSURE/CERTIFICATION BOARD**

Please complete the following information and return this form to the address listed below.

LICENSEE NAME: _____ PROFESSION: _____

LICENSE/CERTIFICATION NUMBER: _____ ISSUE DATE: _____

LICENSE/CERTIFICATION STATUS: _____ EXPIRATION DATE: _____

ISSUANCE BASED ON: STATE EXAM _____ NATIONAL EXAM _____

RECIPROcity WITH _____ ENDORSEMENT _____

EDUCATION _____ EXPERIENCE _____

IS LICENSE/CERTIFICATION IN GOOD STANDING? _____

HAS THE LICENSE/CERTIFICATION EVER BEEN REVOKED OR SUSPENDED? _____

DO YOU HAVE ANY DISCIPLINARY ACTION INFORMATION ON FILE REGARDING THE
LICENSEE? _____

REMARKS: _____

BOARD SEAL

Signature of Official

Printed Name and Title

STATE: _____

Date Signed

Department of Health
School Psychology Licensure
4052 Bald Cypress Way, BIN C05
Tallahassee, FL 32399-3255
Telephone: (850) 245-4373



SCHOOL PSYCHOLOGY REQUIRED COURSEWORK SHEET

NAME: _____

*Please complete the following form, indicating the courses you have taken in each area listed. Give only one course number per subject, and indicate whether the specified number of hours taken were in quarter or semester hours. **This form only required if your masters, specialist or doctorate degree was not in school psychology.** See 64B21-500.009, F.A.C., for more information.*

A) PSYCHOLOGICAL FOUNDATIONS. 12 Quarter Hours or 9 Semester Hours from the following concentrations:

	COURSE	#SEM HRS	QTR HRS	SCHOOL
1. Human Development	_____	_____	_____	_____
2. Human Learning	_____	_____	_____	_____
3. Psychology of Personality	_____	_____	_____	_____
4. Child or Adolescent Psychology	_____	_____	_____	_____
5. Educational Psychology	_____	_____	_____	_____
6. Human Exceptionality	_____	_____	_____	_____
7. Abnormal Psychology	_____	_____	_____	_____

OFFICE USE ONLY: 12 QTR OR 9 SEM HOURS COMPLETED YES NO

B) EDUCATIONAL FOUNDATIONS. 9 Quarter Hours or 6 Semester Hours from the following concentrations:

	COURSE #	SEM HRS	QTR HRS	SCHOOL
1. The Role and Function of School Psychologists	_____	_____	_____	_____
2. Curriculum in the Schools	_____	_____	_____	_____
3. Purposes and Organization of Schools	_____	_____	_____	_____
4. Educational Administration	_____	_____	_____	_____
5. Remedial Instruction	_____	_____	_____	_____
6. Special Education	_____	_____	_____	_____
7. Social Foundations of Education	_____	_____	_____	_____
8. Social Psychology	_____	_____	_____	_____

OFFICE USE ONLY: 9 QTR OR 6 SEM HOURS COMPLETED YES NO

C) PSYCHO-EDUCATIONAL EVALUATION METHODS. 12 Quarter Hours or 9 Semester Hours from the following concentrations, with at least one course in Individual Intellectual Assessment:

	COURSE #	SEM HRS	QTR HRS	SCHOOL
1. Individual Intellectual Assessment (Required)	_____	_____	_____	_____
2. Psycho-educational Assessment	_____	_____	_____	_____
3. Statistics and Research Design	_____	_____	_____	_____
4. Test and Measurement	_____	_____	_____	_____

OFFICE USE ONLY: 12 QTR OR 9 SEM HOURS COMPLETED YES NO

D) PSYCHO-EDUCATIONAL INTERVENTIONS. 12 Quarter Hours or 9 Semester Hours from the following concentrations:

	COURSE #	SEM HRS	QTR HRS	SCHOOL
1. Consultation	_____	_____	_____	_____
2. Behavior Modification	_____	_____	_____	_____
3. Counseling and Interviewing Techniques	_____	_____	_____	_____
4. Organization and Administration of Pupil Services	_____	_____	_____	_____

OFFICE USE ONLY: 12 QTR OR 9 SEM HOURS COMPLETED YES NO

E) REQUIRED SUPERVISED TRAINING RECEIVED IN A COUNSELING SETTING. Indicate coursework below.

	COURSE #	SEM HRS	QTR HRS	SCHOOL
1. Practicum, Internship, or Fieldwork (Required)	_____	_____	_____	_____

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SCHOOL PSYCHOLOGIST GENERAL EXPERIENCE VERIFICATION

Do not use this form to verify experience to be used toward the supervised experience requirement.

APPLICANT – Complete the applicant information section and forward the form to the person verifying your general school psychology experience for completion of the remainder of the form.

1. APPLICANT INFORMATION

Applicant's Name _____
Address: _____

2. INFORMATION ON INDIVIDUAL VERIFYING EXPERIENCE

Your relationship to the applicant (Please check all that apply):

_____ EMPLOYER _____ CO-WORKER _____ SUPERVISOR _____ PERSONNEL OFFICE REPRESENTATIVE
Other _____

Name _____

Mailing Address _____

Business Phone _____ Home Phone _____

3. APPLICANT EXPERIENCE DATA

Name and address of entity where experience took place

a) Dates of experience: From _____ To _____

b) How many **hours per week** did the applicant practice? _____

c) How many **weeks of experience** did the applicant practice? _____

d) What was the **total number of hours of experience** the applicant practiced for the time period above? _____

Note: The total number of hours of experience is generally calculated as the product of 3.b) and 3.c).

e) What position did the applicant hold? _____

f) Please list the percentage of the applicant's work hours spent in the following duties:

_____ Evaluation, measurement, and assessment of intellectual ability, aptitudes, or achievement that directly relates to learning or behavioral problems in an educational setting in order to determine appropriate recommendations.

_____ Psycho-educational or vocational consultation or direct psycho-educational service to schools, agencies, organizations, or psychological professionals, directly related to learning problems.

_____ Development of programs to facilitate the learning process of clients.

Please specify other duties and percentage of time spent in those areas.

RECOMMENDATION

Based upon your knowledge of the applicant's character, education, training and experience, are you of the opinion that the applicant, if licensed, will practice the profession of school psychology in an ethical and professional manner? Yes No

If "no", please explain: _____

4. CERTIFICATION

I hereby certify that the above information is true and correct to the best of my knowledge.

(Signature)

(date)

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SCHOOL PSYCHOLOGIST SUPERVISED EXPERIENCE VERIFICATION

APPLICANT: Complete the applicant information section and forward the form to your supervisor to complete the remainder of the form.

1. APPLICANT INFORMATION

Applicant's Name: _____

Address: _____

2. SUPERVISOR INFORMATION

SUPERVISOR: Please complete the remainder of this form and forward to the address listed at the end of this form.

Name: _____

Mailing Address: _____

Business Phone: _____ Employer: _____

SUPERVISOR'S EDUCATION

DEGREE	MAJOR	SCHOOL	DATE OF GRADUATION

SUPERVISOR'S EXPERIENCE

a. How many years of experience had you completed as a school psychologist prior to supervising the applicant? _____

b. How many of these years were you supervised? _____

SUPERVISOR LICENSURE/CERTIFICATION

Please choose your professional status, at the onset of supervising the applicant, from the selections below.

() Licensed School Psychologist () Certified School Psychologist () Licensed Psychologist
 State and License No. _____ State and License No. _____ State and License No. _____

3. APPLICANT EXPERIENCE DATA

Please answer the following questions regarding the applicant's experience while under your supervision. Attach additional pages as necessary for comments, clarification, etc.

Name and address of entity where experience took place

a) Dates of supervised experience (mm/dd/yy): from _____ to _____

b) How many **hours of experience** per week did the applicant practice? _____

c) How many **weeks of experience** did the applicant practice? _____

3. APPLICANT EXPERIENCE DATA (continued)

- d) How many **hours of face-to-face interactive supervision per week** did you provide the applicant? _____
- e) What was the **total number of hours of experience** the applicant acquired under your supervision? _____
- f) Did your supervision focus on raw data from the applicant’s clinical work, which was made available to you through such means as written clinical materials, direct observation and video and audio recordings? Yes No
- g) Was your supervision of the applicant a process clearly distinguishable from personal psychotherapy or didactic instruction? Yes No

DUTIES AND RESPONSIBILITIES

h) Please list the percentage of the applicant's work hours spent in the following duties:

_____ Evaluation, measurement, and assessment of intellectual ability, aptitudes, or achievement that directly relates to learning or behavioral problems in an educational setting in order to determine appropriate recommendations.

_____ Psycho-educational or vocational consultation or direct psycho-educational service to schools, agencies, organizations, or psychological professionals, which is directly related to learning problems.

_____ Development of programs to facilitate the learning process of clients.

Please specify other duties and percentage of time spent in those areas:

i) Have you ever received any complaints about this applicant or have any reason to suspect that the applicant is less than fully ethical, professional or qualified for licensure? **Yes** **No**

If yes, please provide details

4. RECOMMENDATION

Based upon your supervision and knowledge of the applicant's character, education, training and experience, are you of the opinion that the applicant, if licensed, will practice the profession of school psychology in an ethical and professional manner?

Yes **No**

If no, please explain:

5. STATEMENT OF SUPERVISOR

I hereby certify that the above information is true and correct to the best of my knowledge.

(Signature)

(date)

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