



Temporary Certificate for Active Duty Military Health Care Practitioners Renewal Application

Fees: \$50.00 Renewal Fee

Temporary Certification: _____

Name:	
Mailing Address:	Practice Location:
<input type="checkbox"/> My mailing address has changed, please see update on Information Sheet. <input type="checkbox"/> My practice location address has changed, please see update on Information Sheet.	

Qualifications for Renewal

1. Must be a military health care practitioner who is serving on active duty in the United States Armed Forces, the United States Reserve Forces, the National Guard, or is on active duty in the United States Armed Forces and serving in the United States Public Health Services. **A copy of your active duty orders must be received with the renewal application.**
2. Must submit proof that you are continuing to practice pursuant to a military platform as defined in s. 456.0241(1)(b), F.S.
3. Must pay a \$50.00 non-refundable renewal fee.

Renewal Qualification

As required by Section 456.0635(3), Florida Statutes, please answer 'YES' or 'NO' to the following questions. If you answer YES to any question, 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 (court dispositions or agency orders where applicable) to the address below.

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

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 offense(s) in another state or jurisdiction? (If you responded "no", skip to #2) Your answer:
- a. Are you currently enrolled in a drug court program for a felony offense that allows the withdrawal of the plea or the dismissal of the charges? (If "yes", please provide supporting documentation) Your answer:
2. On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 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)? [Note: The questions below refer to terminations as a provider, not as a recipient of services] Your answer:
3. Have you been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? Your answer:
4. Have you been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? Your answer:
5. Are you currently listed on the United States Department of Health and Human Services Office of the Inspector General's List of Excluded Individuals and Entities? Your answer:



INFORMATION SHEET

Address Updates

If your address has changed, complete the information below and mail this page with your renewal form.

Change of Mailing Address

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City

State

Zip

Phone

Country

Change of Practice Location (**Please note: PL address cannot contain a PO Box.**)

City

State

Zip

Phone

Country

Checklist for mailing renewal form:

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

Required items:

Mail Renewal Application to:
Florida Department of Health
P.O. Box 6320
Tallahassee, Florida 32314-6320

Cashier's Check or Money Order written to the Department of Health

Proof of practicing pursuant to a military platform

Copy of Active Duty Orders

