



APPLICATION FOR RENEWAL OF PROVISIONAL LICENSE

FORM SPA-5

Speech-Language Pathologist
 Speech-Language Audiologist

1. APPLICANT DATA ☞ Print clearly or type the following information.					
NAME	Last	First	Middle	Home Telephone:	Business Telephone:
MAILING ADDRESS	Street and Number		Apt #	Email Address: _____	
	City	State	Zip Code	Date of Birth:	
License Number: _____ Expiration Date: _____					
2. APPLICANT HISTORY – GENERAL					
A. Have you been convicted of a crime, pled nolo contendere, or had adjudication of guilt withheld since your last application to the Department? <input type="checkbox"/> yes <input type="checkbox"/> no If YES, provide the date, jurisdiction, offense, disposition, and attach a certified copy of the court disposition.					
B. Have you completed your nine (9) months of professional employment? <input type="checkbox"/> yes <input type="checkbox"/> no If YES, you are not eligible to renew your provisional license.					

Department of Health
 Division of Medical Quality Assurance
 Board of Speech-Language Pathology and Audiology
 4052 Bald Cypress Way BIN# C06, Tallahassee, FL 32399-3256
 Telephone: (850) 245-4161

License Number: _____

CERTIFICATION

I hereby authorize all hospitals, institutions, or organizations, personal physicians, employers (past or present), business and professional associates (past or present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Department of Health any information, files, or records requested by the Department in connection with the processing of this application. I further authorize the Department to release to the organizations, individuals, and groups listed above any information, which is material to my application.

I understand that it is my duty and responsibility as an applicant for licensure to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for examination or licensure. Chapter 455.213(1), F.S, requires such supplement. Failure to do so may result in disciplinary action by the Board including denial of 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 on this application, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of any license to practice in the State of Florida the profession for which I am applying.

I hereby acknowledge receipt of Chapter 468, Part I, F.S., and related rules and further acknowledge that I have read these regulations. I understand that it is my responsibility to keep informed of any changes to Chapter 468, Part I, F.S. and related rules.

I UNDERSTAND THAT I AM NOT PERMITTED TO PRACTICE THE PROFESSION FOR WHICH I AM APPLYING UNTIL I AM ISSUED A LICENSE OR CERTIFICATE TO PRACTICE THE PROFESSION.

Print Applicant Name

Applicant's Signature

Date



VERIFICATION OF EMPLOYMENT
Form SPA-2A

APPLICANT NAME _____

Check one: [] Speech-Language Pathology [] Speech-Language Audiology

To The Applicant: Type or print your name and social security number only.
SECTIONS I AND II ARE TO BE COMPLETED BY THE SUPERVISING LICENSED SPEECH-LANGUAGE PATHOLOGIST/AUDIOLOGIST VERIFYING THE EMPLOYMENT

To The Supervisor: Please complete Sections I and II below.

I. GENERAL INFORMATION
Supervisor's Name: Business Phone:
License Number: [] Speech-Language Pathology [] Speech-Language Audiology
Business Address:
Office or Agency where experience will take place:
II. CERTIFICATION
I understand that pursuant to Chapter 468.1155(1), F.S., a provisional license is required prior to the above named applicant initiating the professional employment experience.
I certify that the professional employment shall include assessment, habilitation and rehabilitation activities with the clients; the activities performed by the provisional licensee shall be monitored and evaluated by an individual with an active license in the same area for which provisional licensure is being sought.
I hereby acknowledge receipt of Chapter 468, Part I, F.S., and related rules and further acknowledge that I have read these regulations. I understand that it is my responsibility to keep informed of any changes to Chapter 468, Part I, F.S. and related rules.
I certify that the above information is true and correct to the best of my knowledge.
Supervisor's Signature Date

DH-SPA-2A Reference 64B20-2.003(4)