FLORIDA | Board of Speech-Language Pathology and Audiology

AGENDA OUTLINE
May 25, 2016
9:00 a.m.

Call in Number: 1(888)670-3525
Participant Passcode: 4737341539

Peter Johnson, PhD
Chair

Frederick Rahe, Au.D.
Vice-Chair

Claudia Kemp, Acting Executive Director
Meeting will be called to order at 9:00 a.m., or soon thereafter.

Call to Order: Peter Johnson, PhD, Chair
Roll Call: Claudia Kemp, Executive Director

Review and Approval of Minutes
1. Minutes from the January 27, 2016 General Business Meeting

Prosecution Services Report – Oaj Gilani, Esq.
2. May 2016 Prosecution Services Report

Provisional Licensure Application Appearances – Review of Background History
1. Madelyn Bravo Rodriguez
2. Alina Hernandez Perez
3. Isabel De Carvalho Mendes
4. Niurka Medina
5. Dianelys Betancourt
6. Rebecca Rouseff
7. Yisel Reyes Yero
8. Rodney Brannan

Speech-Language Assistant Licensure Application Review
1. Ivon Beatriz Camblor
2. Jamilah Abdullah
3. Diana Rubio

Speech-Language Pathologist Licensure Application Review
1. Jeanette Torella-Diaz
2. Jennifer Rodriguez

General Business / Correspondence
1. Ratification of Licenses Issued 01/06/2016– 05/05/2016

Board Counsel Report:
1. April 2016 Rules Report
3. February 2016 Rules Report
4. SLPA JAPC Letters
5. 64B20-2.003 Provisional License; Requirements
6. 64B20-4.001 Certification of Assistants
7. 64B20-2.001 Licensure by Certification of Credentials

Reports:
Board Chair Report – Dr. Johnson
Acting Executive Director Report – Claudia Kem
Budget Liaison Report- Sergio Guerreiro, AuD
Board Liaison Reports -
   Application –Dr. Rahe (AuD) & Dr. Johnson (SLP)
   Continuing Education –Dr. Guerreiro
   Laws and Rules – Vacant
   Unlicensed Activity – Dr. Rahe (AuD) & Dr. Johnson (SLP)
   Healthy Weight – Ms. Rutland
Old Business
New Business
Adjourn

Next Meeting: July 27, 2016
FLORIDA | Board of Speech Language Pathology & Audiology

DRAFT MINUTES
January 27, 2016

Peter Johnson, PhD
Chair

Dr. Raheerick Rahe, Au.D.
Vice-Chair

Claudia J. Kemp, JD
Executive Director
The meeting was called to order by Dr. Johnson, Chair, at approximately 9:00 a.m. Those present for all or part of the meeting included the following:

**General Board Business started: 9:00 a.m.**

**MEMBERS PRESENT:**
- Peter Johnson, PhD, Chair
- Frederick Rahe, Au.D., Vice Chair
- Kristen Rutland
- K. Paul Boyev, M.D.
- Sergio Guerreiro, Au.D.

**STAFF PRESENT:**
- Claudia Kemp, JD, Executive Director
- Daisy King, Program Administrator
- Alexandra Meredith, Regulatory Specialist II

**BOARD COUNSEL:**
- Rachel Clark, Assistant Attorney General

**COURT REPORTER:**
- Tallahassee Court Reporter
  850-222-2400

Please note the minutes reflect the actual order agenda items were discussed and may differ from the agenda outline.

**REVIEW AND APPROVAL OF MINUTES**

1. October 21, 2015 – Full Board Meeting

Minutes of the October 21, 2015, General Business Meeting were reviewed. Motion to accept the minutes was made by Ms. Rutland and seconded by Dr. Guerreiro. Motion passed.

2. Rule Discussion

After a brief discussion. The Motion was made by Dr. Rahe and seconded by Kristen Rutland to repeal the following rules. Motion passed.
- 64B20-1.012 Agent for Service of Process
- 64B20-1.013 Final Orders
- 64B20-5.007 Delinquent Status License or Certificate
- 64B20-8.006 Regular Place of Business Requirements

**LICENSURE APPLICATION APPEARANCES:**

4. Yudismelkis Anchez Abrines – Speech-Language Pathologist

**Discussion:** Ms. Abrines was present and not represented by counsel. After discussion, Kristen Rutland made a motion to approve provisional license, seconded by Dr. Guerreiro. Motion passed.

5. Chagny Pons – Provisional Speech-Language Pathologist

**Discussion:** Ms. Pons was present and not represented by counsel. After discussion, Kristen Rutland made a motion to approve, seconded by Dr. Rahe. Motion passed.
6. Teresa Almedia – Provisional Speech-Language Pathologist
   **Discussion:** Ms. Almedia was not present and not represented by counsel. After discussion, Kristen Rutland made a motion to approve, seconded by Dr. Rahe. Motion passed.

7. Beatrice Sourdis Gonzalez – Provisional Speech-Language Pathologist
   **Discussion:** Ms. Gonzalez was present and not represented by counsel. After discussion, Dr. Rahe made a motion to deny, seconded by Dr. Guerreiro. Motion passed.

8. Gladys Camejo Pino – Speech-Language Pathologist
   **Discussion:** After discussion, Dr. Rahe made a motion to approve, seconded by Dr. Guerreiro. Motion passed.

9. Elaine M. Camps – Speech-Language Pathologist
   **Discussion:** After discussion, Dr. Rahe made a motion to approve, seconded by Dr. Guerreiro. Motion passed.

**RATIFICATION OF LICENSES:**
Dr. Rahe made a motion to approve, seconded by Dr. Guerreiro. Motion passed

**RATIFICATION OF APPROVED CE COURSES:**
Dr. Rahe made a motion to approve, seconded by Dr. Guerreiro. Motion passed

**REPORTS:**
Board Chair Report – Dr. Peter Johnson (No Report)

Executive Director Report – Claudia Kemp
Ms. Kemp informed the Board 3 free hours of CE being offered through the Department’s Healthiest Weight initiative.

Budget Liaison Report – Sergio Guerreiro, AuD (no report)
Board Liaison Reports (no report)
Application – Dr. Rahe (AuD) & Dr. Johnson (SLP) (no report)
Continuing Education – Dr. Guerreiro (no report)
Laws and Rules – Vacant
Unlicensed Activity – Dr. Rahe (AuD) & Dr. Johnson (SLP) (no report)
Healthy Weight – Ms. Rutland (no report)

**OLD BUSINESS:** None

**NEW BUSINESS:** None

**ADJOURN:**

**NEXT MEETING:** May 25, 2016
DOH PROSECUTOR’S REPORT
BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
Meeting Date May 25, 2016

TO: Claudia Kemp, Executive Director
FROM: Oaj Gilani, Assistant General Counsel
DATE: April 25, 2016
RE: Current Open / Pending SLP cases

Total Cases open/active in PSU: 16
Cases in EAU: 1
Cases under legal review: 7
Cases where PC Recommendation has been made: 6
Total cases where PC has been found: 0*
Cases in holding status: 1
Cases awaiting supplemental investigation: 1
Cases waiting expert review: 2
Cases pending before DOAH: 2
Agendaed for current or future Board Meeting: 0
Cases older than 1 year: 9**

*PCP scheduled for May 19, 2016
**2 pending before DOAH, PC recommendations made in 3, 2 under legal review, 1 in holding status, and 1 awaiting expert review
SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be furnished.—

10)(a) All patient records obtained by the department and any other documents maintained by the department which identify the patient by name are confidential and exempt from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The records shall not be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate board.
BOARD SUMMARY

Applicant Information:

Madelyn Bravo Rodriguez
File # 7531
Provisional Speech-Language Pathologist

Issue:

Ms. Rodriguez was asked to appear at the May 25, 2016 meeting to discuss the following issue:

Ms. Rodriguez's provisional speech-language pathologist application was reviewed by the education liaison. Based on the information provided, it is unclear if the education requirement was met pursuant to 64B20-2.002(1), Florida Administrative Code). Specifically, the evaluation from Trustforte Corporation Inc. does not reflect the required graduate courses in speech, language pathology.

Material

Chair Appearance Email
Copy of Application
Chapter 468.1155, Florida Statutes – Provisional license requirement
Rule 64B20-2.002 Florida Administrative Code - Educational Requirements

468.1155 Provisional license; requirements.—

(1) (a) A provisional license shall be required of all applicants for a license in speech-language pathology who cannot document a minimum of 9 months of supervised professional employment experience and a passing score on the national examination. A provisional license shall be required of all applicants for a license in audiology who cannot document a minimum of 11 months of supervised clinical experience and a passing score on the national examination.

(b) Individuals who are required to hold a provisional license under paragraph (a) shall apply to the department and be certified by the board for licensure prior to initiating the professional employment experience required pursuant to s. 468.1165.

(2) The department shall issue a provisional license to practice speech-language pathology to each applicant who the board certifies has:

(a) Completed the application form and remitted the required fees, including a nonrefundable application fee.

(b) Received a master's degree or has completed the academic requirement of a doctoral degree program with a major emphasis in speech-language pathology from an institution of higher learning that is, or at the time the applicant was enrolled and graduated was, accredited by an accrediting agency recognized by the Council for Higher Education Accreditation or its successor or the United States Department of Education, or from an institution that is a member
in good standing with the Association of Universities and Colleges of Canada. An applicant who graduated from or is currently enrolled in a program at a university or college outside the United States or Canada must present documentation of the determination of equivalency of the program to standards established by an accrediting body recognized by the Council for Higher Education Accreditation or its successor or the United States Department of Education in order to qualify.

1. The applicant must have completed the program requirements by academic course work, practicum experience, or laboratory or research activity, as verified by the program, including:

   a. Knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.

   b. Knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including their etiologies, characteristics, anatomical or physiological, acoustic, psychological, developmental, and linguistic and cultural correlates, voice and resonance, including respiration and phonation, receptive and expressive language in speaking, listening, reading, writing, and manual modalities, hearing, including the impact on speech and language, swallowing, cognitive aspects of communication, social aspects of communication, and communication modalities.

   c. Knowledge of the principles and methods of prevention, assessment, and intervention for people having communication and swallowing disorders, including consideration of anatomical or physiological, psychological, developmental, and linguistic and cultural correlates of the disorders, articulation, fluency, voice and resonance, receptive and expressive communication, hearing, swallowing, cognitive aspects of communication, social aspects of communication, and communication modalities.

2. The program must include appropriate supervised clinical experiences.

The board may waive the requirements for education, practicum, and professional employment experience for an applicant who received a professional education in another country if the board is satisfied that the applicant meets the equivalent education and practicum requirements and passes the examination in speech-language pathology.

3. The department shall issue a provisional license to practice audiology to each applicant who the board certifies has:

   a. Completed the application form and remitted the required fees, including a nonrefundable application fee.

   b. Effective January 1, 2008, earned a doctoral degree in audiology, but has not passed the license examination required for a license in audiology or has completed the academic requirements of a doctoral degree program with a major emphasis in audiology from an institution of higher learning that is, or at the time the applicant was enrolled and graduated was, accredited by an accrediting agency recognized by the Council for Higher Education Accreditation or its successor or the United States Department of Education, or from an institution that is a member in good standing with the Association of Universities and Colleges of Canada. An applicant who graduated from or is currently enrolled in a program at a university or college outside the United States or Canada must present documentation of the determination of equivalency of the program to standards established by an accrediting body recognized by the Council for Higher Education Accreditation or its successor or the United States Department of Education in order to qualify.

1. The program must assure that the student obtained knowledge of foundation areas of basic body systems and processes related to hearing and balance.

2. The program must assure that the student obtained skills for the diagnosis, management, and treatment of auditory and vestibular or balance conditions and diseases.

3. The program must assure that the student can effectively communicate with patients and other health care professionals.

4. The program must assure that the student obtained knowledge of professional ethical systems as they relate to the practice of audiology.
5. The program must assure that the student obtained clinical experiences that encompass the entire scope of practice and focus on the most current evidence-based practice.

The board may waive the education, practicum, and professional employment experience requirements for an applicant who received a professional education in another country if the board is satisfied that the applicant meets equivalent education and practicum requirements and passes the examination in audiology.

(4) The board, by rule, shall establish requirements for the renewal of a provisional license. However, a provisional license may not exceed a period of 24 months.

History—ss. 6, 31, ch. 90-134; s. 21, ch. 90-341; ss. 1, 10, ch. 90-345; s. 4, ch. 91-429; s. 102, ch. 92-149; s. 25, ch. 94-310; s. 113, ch. 97-264; s. 127, ch. 99-397; s. 114, ch. 2001-277; s. 1, ch. 2006-83; s. 16, ch. 2014-18.

64B20-2.002 Educational Requirements.

(1) Candidates for licensure or provisional licensure as a speech-language pathologist shall submit to the Board an official transcript or transcripts to evidence the receipt of a masters degree or has completed the academic requirements of a doctoral program with a major emphasis in speech-language pathology, including supervised clinical practicum experience.

(a) Applicants enrolled in an approved program prior to January 5, 2005, shall have completed a minimum of 60 semester hours (at least 36 hours must be earned in graduate level courses). Applicants enrolled in an approved program after January 5, 2005, shall have completed a minimum of 75 semester hours (at least 36 hours earned at the graduate level). An approved program must address the areas of knowledge and skill set forth in Section 468.1155(2)(b), F.S. Approved supervised clinical practicum experiences require completion of at least 300 clock hours of supervised experience, with at least 200 of the 300 hours in the area of speech-language pathology.

(b) The master’s or doctoral degree must be conferred by an institution of higher learning which, at the time the applicant was enrolled and graduated, was accredited by an accrediting agency recognized by the Council for Higher Education Accreditation or from an institution which is publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada. If the transcript submitted pursuant to this section does not, at the time it is submitted, reflect that the applicant has a master’s degree, the Board will not accept the transcript as evidence of such degree unless it is accompanied by Form SPA-2D, Certification of Conferral of Master’s Degree, which is incorporated herein by reference, effective 3-16-94. An applicant for licensure based on a doctoral program must submit Form SPA-002E, Certification of Completing Academic Requirements of Doctoral Program, which is incorporated herein by reference, effective 8-4-03, with a transcript. The forms incorporated by reference in this paragraph can be obtained from the Board of Speech-Language Pathology and Audiology, 4052 Bald Cypress Way, Bin C-06, Tallahassee, Florida 32399-3256.

(c) An applicant who graduated from a program or is currently enrolled in a program at a university or college outside of the United States or Canada shall present documentation of the determination of equivalency to standards established by the Council for Higher Education Accreditation in order to qualify.

(2) Candidates for licensure or provisional licensure as an Audiologist shall submit to the Board an official transcript or transcripts to evidence the receipt of a doctoral degree with a major emphasis in audiology, from an institution of higher learning which, at the time the applicant was enrolled and graduated, was accredited by an accrediting agency recognized by the Council for Higher Education Accreditation or its successor, the United States Department of Education, or from an institution that is a member in good standing with the Association of Universities and Colleges of Canada.

(a) Applicants who earn a doctoral degree from an approved program conferred before January 1, 2008, shall have completed 60 semester hours, of which 24 semester hours must be
(b) Applicants who earn a doctoral degree from an approved program conferred after January 1, 2008, shall have completed 75 semester hours.

(c) An approved program must address the areas of knowledge and skill set forth in Section 468.1155(2)(b), F.S. Approved supervised clinical practicum experiences require completion of at least 300 clock hours of supervised experience, with at least 200 of the 300 hours in the area of audiology.

(d) An applicant who graduated from or is currently enrolled in a program at a university or college outside of the United States or Canada shall present documentation of the determination of equivalency to standards established by the Council for Higher Education Accreditation in order to qualify.

Cannot accept application. Difficult to know which credits are graduate and which are undergraduate. Some graduate credits apparently were given in the first year of study. That would seem to be a typical. In addition, this applicant does not have the required number of hours.

--- "Burney wrote:

> Hi, Dr. Johnson,
>
> Please review Ms. Rodriguez's education for the provisional speech-language pathologist. I don't see the thirty-six (36) graduates courses.
>
> Let me know if you need any additional information.
>
> Rose M. Burney
> Rose M. Burney, C.P.M.
> Regulatory Specialist II
> Board of Speech-Language Pathology & Audiology Board of Acupuncture
> and Council of Midwifery
> 4052 Bald Cypress Way BIN# C06
> Tallahassee, FL 32399-3256
> (850) 488-0595
> rose.burney@flhealth.gov<mailto:rose.burney@flhealth.gov>
>
> Customer Satisfaction
> Survey<http://survey.doh.state.fl.us/survey/entry.jsp?id=1224772782379>
> }
>
> How am I doing? Contact my supervisor at
> daisy.king@flhealth.gov<mailto:daisy.king@flhealth.gov>
> Attention Health Care Practitioners: There have been changes to the license renewal process. To learn more about CE/CME@Renewal visit
> www.flhealthsource.com<http://www.flhealthsource.com/> For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at
> MQARep0rtCE@flhealth.gov<mailto:MQARep0rtCE@flhealth.gov>.
>
> Go Green, think before you print.
> Mission: To protect, promote & improve the health of all people in Florida
> through integrated state, county, & community efforts.
> Vision : Healthiest State In The Nation.
> Values: I CARE
> Innovation: We search for creative solutions and manage resources wisely.
> Collaboration: We use teamwork to achieve common goals & solve problems.
> Accountability: We perform with integrity & respect.
>Responsiveness: We achieve our mission by serving our customers & engaging our partners.
>Excellence: We promote quality outcomes through learning & continuous performance improvement.
Purpose: To protect the public through health care licensure, enforcement and information.
Focus: To be the nation's leader in quality health care regulation.

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to Department of Health Executive Staff Office the public and media upon request. Your email communication may therefore be subject to public disclosure.
May 5, 2016

Madelyn Bravo Rodriguez
536 Mercury St
West Palm Beach, FL 33406

Dear Mrs. Bravo Rodriguez:

This is to advise that your application is being presented to the Florida Board of Speech-Language Pathology and Audiology at its May 25, 2016 meeting, commencing at 9:00 am, to discuss your provisional speech-language pathologist application. Although you are not required to attend the meeting it is in your best interest to do so. It is not possible to give you the exact time your application will heard.

The meeting is a Telephone Conference Call Meeting:

Telephone Conference Call in Number: 1 888 670-3525
Participant Pass Code: 4737341539

The Board is requiring all persons participating in this meeting call in by 9:00 a.m.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings, or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

We appreciate your continued cooperation and assistance. If you have any additional questions, you may contact the board office at (850) 488-0595 or by email at info@floridasspeechaudiology.gov or at the address below.

Sincerely,

Rose Burney, CSPM
Regulatory Specialist II
### 4. EDUCATIONAL DATA

<table>
<thead>
<tr>
<th>Undergraduate Degree</th>
<th>Major/Specialty</th>
<th>Accredited School</th>
<th>Date of Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MASTER</td>
<td>Speech Language Pathology</td>
<td>University of Havana, Cuba</td>
<td>07/15/1997</td>
</tr>
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<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
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</table>

A. I have completed the Prevention of Medical Errors course required by Florida Statute, as defined by Rule 64B20-2.001(3), F.A.C. If yes, provide the course and provider information below. If no, send a copy of the certificate once completed.

Provider Name: **Consultants for the Future**
Provider Number: 50-435
Course Name/Title: Prevention of Medical Errors
Date Completed: 07/15/2015

B. I have completed the HIV/AIDS course required by Florida Statute, as defined by Rule 64B20-2.007, F.A.C. If yes, provide the course and provider information below. If no, send a copy of the certificate once completed. See also Section 468.1201, F.S.

Provider Name: **Consultants for the Future**
Provider Number: 50-435
Course Name/Title: HIV/AIDS
Date Completed: 02/19/2016

### 5. APPLICANT HISTORY – PROFESSIONAL

If you answer "yes" to any question in this section, you must provide the following documentation WITH the application at the time of submission:

1. A self-explanation including details as to the state(s), license number(s), date(s), and relevant circumstances.
2. A copy of the complaint and disposition for each case.
3. A copy of any documentation from the state regarding the final actions/outcome of the issue.

A. Have you ever been denied a license/certificate to practice Speech-Language Pathology and/or Audiology or the renewal thereof in any state, U.S. Territory or foreign country? ☐ Yes ☐ No

B. Have you ever had a license/certificate to practice a profession revoked, suspended, or otherwise acted against (including probation, fine, reprimand or surrender in lieu of disciplinary action) in a disciplinary proceeding in any state, U.S. Territory or foreign country? ☐ Yes ☐ No

C. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice or lack of professional competence? ☐ Yes ☐ No

D. Is there a complaint currently pending against you in any jurisdiction, or an investigation of your professional conduct or competency in any profession? ☐ Yes ☐ No
6. APPLICANT HISTORY – CRIMINAL

If you answer "yes" to the question below, you must provide the following WITH the application at the time of submission:
1. A self-explanation regarding the charges on a separate sheet.
2. Copies of all pertinent court and arrest documents, including arrest report, official charge documentation and current disposition. This should include sentencing due to the arrest and proof of successful completion of your sentencing. These documents can be obtained from the clerk of court in the county the offense occurred.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.</td>
<td></td>
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<tr>
<td>B. If &quot;yes&quot; 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?</td>
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<tr>
<td>C. If &quot;yes&quot; to 3, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If &quot;yes&quot;, please provide supporting documentation).</td>
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<tr>
<td>D. 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 833, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If you responded &quot;no&quot;, skip to #2.)</td>
<td></td>
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<tr>
<td>E. If &quot;yes&quot; 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?</td>
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<tr>
<td>F. If &quot;yes&quot; 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?</td>
<td></td>
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</tr>
<tr>
<td>G. If &quot;yes&quot; to 1, have you ever been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent 5 years?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. If &quot;yes&quot; 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?</td>
<td></td>
<td></td>
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</tbody>
</table>
## 9. APPLICANT STATEMENT:

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 licensure. Section 456.013(1)(a), 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 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 that I have read Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules. I understand that it is my responsibility to keep informed of any changes to Chapter 468, Part I, F.S., Chapter 456, 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 TO PRACTICE THE PROFESSION.

Applicant's Signature: [Signature]  
Date: 02/18/2016
Board of Speech-Language Pathology and Audiology
VERIFICATION OF EMPLOYMENT
FOR A PROVISIONAL LICENSEE

Instructions: The applicant is to complete Section 1. The supervisor completes Sections 2 - 3 and returns the form to the Board office at the address listed below. Note- this form is not to be used by applicants for assistant certification.

SECTION 1: (completed by provisional license applicant)
Applicant Name: NADELYN BIZANO KODUGOZ
Check one: ✐ Speech-Language Pathology   ☐ Audiology

SECTION 2: (completed by supervisor)
Supervisor's Name: JESSICA M. CARuso Business Phone: (305) 432-1998
License Number: SA 11392 Speech-Language Pathology  ☐ Audiology
Practice Location Address: 11331. SO 120th St, Suite 103 Miami, FL 33186
Name of office or agency where experience will take place: Speech Language Therapy Inc.

SECTION 3: (signed by supervisor)
I understand that pursuant to Section 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 that I have read Chapter 468, Part 1, F.S., Chapter 456, F.S. and related rules. I understand that it is my responsibility to keep informed of any changes to Chapter 468, Part 1, F.S., Chapter 456, 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: 2/18/16

DHSPA-2A Revised 10/12 Reference 64B20-2.003(4)
Consultants for the Future

www.counselorsforthefuture.com

Date Started: 2/19/2016
Date Completed: 2/19/2016

I certify that the requirements of the Minnesota, Ohio, Nevada, and other states have been met by completing the course.

Date Completed: 2/19/2016

Certification No.: 31665 FL
License No.:

MARTIN BRAVO RODRIGUEZ
www.counselorsforthefuture.com
Consultants for the Future
www.futureconsultants.com

IN
Consultants
for
the
Future

Date

Started

15

July 2015

has met the
requirements

Date

Completed

2 Contact Hours have been awarded

435

Date Started

7/7/2015

Provider No.

3 Contact Hours have been awarded

for the Healthcare Professional

Prevention of Medical Errors

has met the requirements for

MADELYN MAHFOOD-RHEUTZ

certifies that

www.futureconsultants.com

Consultants for the Future
You must provide a Verification of Employment Form. This form must be completed and signed by your Florida-licensed supervisor and submitted to the Board office.

Mandatory Courses required for Initial Licensure:
You must provide a certificate of completions for an approved two hour Prevention of Medical Errors course and a one hour HIV/AIDS course to the Board office.
At: Rose Burney

From: Madelyn Bravo Broniower
Initial Application for Licensure
Florida Board of Speech Language Therapy
Florida Department of Health

Basic Data
Profession: PROVISIONAL SPEECH-LANGUAGE PATHOLOGIST
Application Type: PROVISIONAL SPEECH-LANGUAGE PATHOLOGIST LICENSURE APPLICATION
Name: MRS. MADELYN BRAVO RODRIGUEZ
Date of Birth: 10/03/1972
Email Address: MADEBRAVO72@AOL.COM

Mailing Address
536 MERCURY ST
2559 FLORIDA ST
WEST PALM BEACH, FL 33406

Physical Location or Address of Employment
536 MERCURY ST
2559 FLORIDA ST
WEST PALM BEACH, FL 33406

Phone Numbers
Primary: 561-584-3449
Secondary:

Equal Opportunity Data
Gender: FEMALE
Race: HISPANIC

Education History
Did you receive your education outside the United States? Your answer: YES

School Name: OTHER
Other Name: ENRIQUE JOSE VARONA PEDAGOGICAL INSTITUTE
Degree Type: MASTERS
Major: Bachelor of Education Special
Date of Graduation: 07/15/1997

Other Name History
Name: N/A

Other State Licenses

Supervising Practitioner
No Supervising Practitioner Data entered.

Mandatory Courses required for Initial Licensure
Prevention of Medical Errors education requirement: Section 456.013(7), Florida Statutes, requires the completion of a two hour course relating to the prevention of medical errors prior to licensure.

Yes - I have completed the Prevention of Medical Errors education required by Florida Statute, as defined by Rule 64B20-2.001(3), F.A.C. A copy of the completion certificate must be submitted to the board office by mail prior to issuance of a license.

Provider Name: CONSULTANTS FOR THE FUTURE
Provider Number: 1098A
Course Name/Title: 1098A PREVENTION OF MEDICAL ERRORS
Date Completed: 07/07/2015

HIV/AIDS is a one-time, one hour requirement to be completed prior to initial licensure. Refer to Section 468.1201, F.S., and Rule 64B20-2.007 for more information.
Yes - I have completed the HIV/AIDS education required by Florida Statute, as defined by Section 468.1201, F.S., and Rule 64B20-2.007. A copy of the completion certificate must be submitted to the board office by mail prior to issuance of a license.

Provider Name: CONSULTANTS FOR THE FUTURE
Provider Number: 
Course Name/Title: HIV/AIDS #3347
Date Completed: 04/30/2009

Criminal History

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense?  
Your answer: NO

Discipline History

Have you ever been denied a license/certificate to practice Speech-Language Pathology and/or Audiology or the renewal thereof in any state, U.S. Territory, or foreign country?  
Your answer: NO

Have you ever had a license/certificate to practice a profession revoked, suspended, or otherwise acted against (including probation, fine, or reprimand) in a disciplinary proceeding in any state, U.S. Territory, or foreign country?  
Your answer: NO

Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice, or lack of professional competence?  
Your answer: NO

Is there a complaint currently pending against you in any jurisdiction, or an investigation of your professional conduct or competency in any profession?  
Your answer: NO
Questions related to Section 456.0635(2), Florida Statutes

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?  
Your answer: NO

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?  
Your answer: N/A

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).  
Your answer: N/A

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?  
Your answer: N/A

Have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed?  
Your answer: N/A

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)?  
Your answer: NO

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?  
Your answer: N/A

Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?  
Your answer: NO

If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?  
Your answer: N/A

Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?  
Your answer: NO

Have you been in good standing with a state Medicaid program for the most recent five years?  
Your answer: N/A

Did the termination occur at least 20 years before the date of this application?  
Your answer: N/A

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?  
Your answer: NO

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?  
Your answer: N/A
Applicant Statement

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associates (past and 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 licensure. Section 456.013(1)(a) 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 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 to practice the profession.
CERTIFICA QUE: MADELYN BRAVO RODRIGUEZ (CONTINUACION).


Y para que así conste y surta efectos legales fuera del territorio nacional, a solicitud del Bufete de Servicios Especializados, autorizado con el sello oficial de la Universidad de Ciencias Pedagogicas "Enrique Jose Varona", se expide el presente a los once días del mes de diciembre del dos mil catorce.

LIC. Maritza Esther Rippes Aller.
Secretario General
Universidad de Ciencias Pedagogicas
"Enrique Jose Varona"

Anotado al Folio: 0856
Numero: 62452
CONFIDENTIAL AND EXEMPT MATERIALS

One or more pages have been removed from this document for security reasons.

Scroll down to see the available pages or advance to the next document if all pages have been removed.

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be furnished.—

10)(a) All patient records obtained by the department and any other documents maintained by the department which identify the patient by name are confidential and exempt from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The records shall not be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate board.
Applicant Information:
Alina Consuelo Hernandez Perez Ahp
File # 7528
Provisional Speech-Language Pathologist

Issue:
Ms. Hernandez Perez was asked to appear at the May 25, 2016 meeting to discuss the following issue:

Ms. Hernandez Perez's provisional speech-language pathologist application was reviewed by the education liaison. Based on the information provided, it is unclear if the education requirement was met pursuant to 64B20-2.002(1), Florida Administrative Code). Specifically, the evaluation from Josef Silny & Associates does not reflect the required graduate courses in speech, language pathology.

Material
Chair Appearance Email
Copy of Application
Chapter 468.1155, Florida Statutes – Provisional license requirement
Rule 64B20-2.002 Florida Administrative Code - Educational Requirements

468.1155 Provisional license; requirements.—

(1)(a)A provisional license shall be required of all applicants for a license in speech-language pathology who cannot document a minimum of 9 months of supervised professional employment experience and a passing score on the national examination. A provisional license shall be required of all applicants for a license in audiology who cannot document a minimum of 11 months of supervised clinical experience and a passing score on the national examination.

(b)Individuals who are required to hold a provisional license under paragraph (a) shall apply to the department and be certified by the board for licensure prior to initiating the professional employment experience required pursuant to s. 468.1165.

(2)The department shall issue a provisional license to practice speech-language pathology to each applicant who the board certifies has:

(a)Completed the application form and remitted the required fees, including a nonrefundable application fee.

(b)Received a master's degree or has completed the academic requirement of a doctoral degree program with a major emphasis in speech-language pathology from an institution of higher learning that is, or at the time the applicant was enrolled and graduated was, accredited by an accrediting agency recognized by the Council for Higher Education Accreditation or its successor or the United States Department of Education, or from an institution that is a member
in good standing with the Association of Universities and Colleges of Canada. An applicant who
graduated from or is currently enrolled in a program at a university or college outside the United
States or Canada must present documentation of the determination of equivalency of the
program to standards established by an accrediting body recognized by the Council for Higher
Education Accreditation or its successor or the United States Department of Education in order to
qualify.

1. The applicant must have completed the program requirements by academic course work,
practicum experience, or laboratory or research activity, as verified by the program, including:

a. Knowledge of basic human communication and swallowing processes, including their
biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.

b. Knowledge of the nature of speech, language, hearing, and communication disorders and
differences and swallowing disorders, including their etiologies, characteristics, anatomical or
physiological, acoustic, psychological, developmental, and linguistic and cultural correlates, voice
and resonance, including respiration and phonation, receptive and expressive language in
speaking, listening, reading, writing, and manual modalities, hearing, including the impact on
speech and language, swallowing, cognitive aspects of communication, social aspects of
communication, and communication modalities.

c. Knowledge of the principles and methods of prevention, assessment, and intervention for
people having communication and swallowing disorders, including consideration of anatomical or
physiological, psychological, developmental, and linguistic and cultural correlates of the
disorders, articulation, fluency, voice and resonance, receptive and expressive communication,
hearing, swallowing, cognitive aspects of communication, social aspects of communication, and
communication modalities.

2. The program must include appropriate supervised clinical experiences.

The board may waive the requirements for education, practicum, and professional employment
experience for an applicant who received a professional education in another country if the board
is satisfied that the applicant meets the equivalent education and practicum requirements and
passes the examination in speech-language pathology.

(3) The department shall issue a provisional license to practice audiology to each applicant who
the board certifies has:

(a) Completed the application form and remitted the required fees, including a nonrefundable
application fee.

(b) Effective January 1, 2008, earned a doctoral degree in audiology, but has not passed the
license examination required for a license in audiology or has completed the academic
requirements of a doctoral degree program with a major emphasis in audiology from an institution
of higher learning that is, or at the time the applicant was enrolled and graduated was, accredited
by an accrediting agency recognized by the Council for Higher Education Accreditation or its
successor or the United States Department of Education, or from an institution that is a member
in good standing with the Association of Universities and Colleges of Canada. An applicant who
graduated from or is currently enrolled in a program at a university or college outside the United
States or Canada must present documentation of the determination of equivalency of the
program to standards established by an accrediting body recognized by the Council for Higher
Education Accreditation or its successor or the United States Department of Education in order to
qualify.

1. The program must assure that the student obtained knowledge of foundation areas of basic
body systems and processes related to hearing and balance.

2. The program must assure that the student obtained skills for the diagnosis, management,
and treatment of auditory and vestibular or balance conditions and diseases.

3. The program must assure that the student can effectively communicate with patients and
other health care professionals.

4. The program must assure that the student obtained knowledge of professional ethical
systems as they relate to the practice of audiology.
5. The program must assure that the student obtained clinical experiences that encompass the entire scope of practice and focus on the most current evidence-based practice.

The board may waive the education, practicum, and professional employment experience requirements for an applicant who received a professional education in another country if the board is satisfied that the applicant meets equivalent education and practicum requirements and passes the examination in audiology.

(4) The board, by rule, shall establish requirements for the renewal of a provisional license. However, a provisional license may not exceed a period of 24 months.

History.—ss. 6, 31, ch. 90-134; s. 21, ch. 90-341; ss. 1, 10, ch. 90-345; s. 4, ch. 91-429; s. 102, ch. 92-149; s. 25, ch. 94-310; s. 113, ch. 97-264; s. 127, ch. 99-397; s. 114, ch. 2001-277; s. 1, ch. 2006-83; s. 16, ch. 2014-18.

64B20-2.002 Educational Requirements.

(1) Candidates for licensure or provisional licensure as a speech-language pathologist shall submit to the Board an official transcript or transcripts to evidence the receipt of a masters degree or has completed the academic requirements of a doctoral program with a major emphasis in speech-language pathology, including supervised clinical practicum experience.

(a) Applicants enrolled in an approved program prior to January 5, 2005, shall have completed a minimum of 60 semester hours (at least 36 hours must be earned in graduate level courses). Applicants enrolled in an approved program after January 5, 2005, shall have completed a minimum of 75 semester hours (at least 36 hours earned at the graduate level). An approved program must address the areas of knowledge and skill set forth in Section 468.1155(2)(b), F.S. Approved supervised clinical practicum experiences require completion of at least 300 clock hours of supervised experience, with at least 200 of the 300 hours in the area of speech-language pathology.

(b) The master's or doctoral degree must be conferred by an institution of higher learning which, at the time the applicant was enrolled and graduated, was accredited by an accrediting agency recognized by the Council for Higher Education Accreditation or from an institution which is publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada. If the transcript submitted pursuant to this section does not, at the time it is submitted, reflect that the applicant has a master's degree, the Board will not accept the transcript as evidence of such degree unless it is accompanied by Form SPA-2D, Certification of Conferral of Master's Degree, which is incorporated herein by reference, effective 3-16-94. An applicant for licensure based on a doctoral program must submit Form SPA-0002E, Certification of Completing Academic Requirements of Doctoral Program, which is incorporated herein by reference, effective 8-4-03, with a transcript. The forms incorporated by reference in this paragraph can be obtained from the Board of Speech-Language Pathology and Audiology, 4052 Bald Cypress Way, Bin C-06, Tallahassee, Florida 32399-3256.

(c) An applicant who graduated from a program or is currently enrolled in a program at a university or college outside of the United States or Canada shall present documentation of the determination of equivalency to standards established by the Council for Higher Education Accreditation in order to qualify.

(2) Candidates for licensure or provisional licensure as an Audiologist shall submit to the Board an official transcript or transcripts to evidence the receipt of a doctoral degree with a major emphasis in audiology, from an institution of higher learning which, at the time the applicant was enrolled and graduated, was accredited by an accrediting agency recognized by the Council for Higher Education Accreditation or its successor, the United States Department of Education, or from an institution that is a member in good standing with the Association of Universities and Colleges of Canada.

(a) Applicants who earn a doctoral degree from an approved program conferred before January 1, 2008, shall have completed 80 semester hours, of which 24 semester hours must be
in audiology.

(b) Applicants who earn a doctoral degree from an approved program conferred after January 1, 2008, shall have completed 75 semester hours.

(c) An approved program must address the areas of knowledge and skill set forth in Section 468.1155(2)(b), F.S. Approved supervised clinical practicum experiences require completion of at least 300 clock hours of supervised experience, with at least 200 of the 300 hours in the area of audiology.

(d) An applicant who graduated from or is currently enrolled in a program at a university or college outside of the United States or Canada shall present documentation of the determination of equivalency to standards established by the Council for Higher Education Accreditation in order to qualify.

May 5, 2016

Alina Consuelo Hernandez Perez Ahp
225 Ne 23rd Street
Apt 1107
Miami, FL 33137

Dear Ms. Hernandez Perez:

This is to advise that your application is being presented to the Florida Board of Speech-Language Pathology and Audiology at its May 25, 2016 meeting, commencing at 9:00 am, to discuss your provisional speech-language pathologist application. Although you are not required to attend the meeting it is in your best interest to do so. It is not possible to give you the exact time your application will heard.

The meeting is a Telephone Conference Call Meeting:

   Telephone Conference Call in Number: 1 888 670-3525
   Participant Pass Code: 4737341539

The Board is requiring all persons participating in this meeting call in by 9:00 a.m.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings, or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

We appreciate your continued cooperation and assistance. If you have any additional questions, you may contact the board office at (850) 488-0595 or by email at info@floridasspeechaudiology.gov or at the address below.

Sincerely,

Rose Burney, CSPM
Regulatory Specialist II

Florida Department of Health
Division of Medical Quality Assurance • Bureau of HCPR
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256
PHONE: (850)245-4444 • FAX: (850) 850-921-8184

www.FloridaHealth.gov
TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: FloridaDOH
FLICKR: HealthyFla
PINTEREST: HealthyFla
- can not accept app
--- "Burney wrote:

> Hi, Dr. Johnson:

> Please review Alina Perez's education for the provisional speech-language pathologist license.

> Let me know if you need any additional information.

> Rose M. Burney
> Rose M. Burney, C.P.M.
> Regulatory Specialist II
> Board of Speech-Language Pathology & Audiology Board of Acupuncture
> and Council of Midwifery
> 4052 Bald Cypress Way BIN# C06
> Tallahassee, FL 32399-3256
> (850) 488-0595
> rose.burney@flhealth.gov

> Customer Satisfaction
> Survey<http://survey.doh.state.fl.us/survey/entry.jsp?id=1224772782379>

> How am I doing? Contact my supervisor at
daisy.king@flhealth.gov

> Attention Health Care Practitioners: There have been changes to the license renewal process. To learn more about CE/CME@Renewal visit www.flhealthsource.com<http://www.flhealthsource.com/>. For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at MQAReportCE@flhealth.gov.

> Go Green, think before you print.
> Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.
> Vision: Healthiest State In The Nation.
> Values: I CARE
> Innovation: We search for creative solutions and manage resources wisely.
> Collaboration: We use teamwork to achieve common goals & solve problems.
> Accountability: We perform with integrity & respect.
> Responsiveness: We achieve our mission by serving our customers & engaging our partners.
> Excellence: We promote quality outcomes through learning & continuous performance improvement.
Purpose: To protect the public through health care licensure, enforcement and information.
Focus: To be the nation's leader in quality health care regulation.

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to Department of Health Executive Staff Office the public and media upon request. Your email communication may therefore be subject to public disclosure.
Yes - I have completed the Prevention of Medical Errors education required by Florida Statute, as defined by Rule 64B20-2.001(3), F.A.C. A copy of the completion certificate must be submitted to the board office by mail prior to issuance of a license.

Provider Name: CONSULTANTS FOR THE FUTURE
Provider Number: 50-435
Course Name/Title: PREVENTION OF MEDICAL ERRORS
Date Completed: 02/01/2016

HIV/AIDS is a one-time, one hour requirement to be completed prior to initial licensure. Refer to Section 468.1201, F.S., and Rule 64B20-2.007 for more information.

Yes - I have completed the HIV/AIDS education required by Florida Statute, as defined by Section 468.1201, F.S., and Rule 64B20-2.007. A copy of the completion certificate must be submitted to the board office by mail prior to issuance of a license.

Provider Name: CONSULTANTS FOR THE FUTURE
Provider Number: 50-435
Course Name/Title: HIV/AIDS 1
Date Completed: 02/01/2016

**Criminal History**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense?

Your answer: **NO**

**Discipline History**

Have you ever been denied a license/certificate to practice Speech-Language Pathology and/or Audiology or the renewal thereof in any state, U.S. Territory, or foreign country?

Your answer: **NO**

Have you ever had a license/certificate to practice a profession revoked, suspended, or otherwise acted against (including probation, fine, or reprimand) in a disciplinary proceeding in any state, U.S. Territory, or foreign country?

Your answer: **NO**

Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice, or lack of professional competence?

Your answer: **NO**

Is there a complaint currently pending against you in any jurisdiction, or an investigation of your professional conduct or competency in any profession?

Your answer: **NO**
Questions related to Section 456.0635(2), Florida Statutes

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?

Your answer: NO

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?

Your answer: N/A

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).

Your answer: N/A

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?

Your answer: N/A

Have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed?

Your answer: N/A

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)?

Your answer: NO

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?

Your answer: N/A

Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?

Your answer: NO

If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

Your answer: N/A

Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?

Your answer: NO

Have you been in good standing with a state Medicaid program for the most recent five years?

Your answer: N/A

Did the termination occur at least 20 years before the date of this application?

Your answer: N/A

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?

Your answer: NO

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?

Your answer: N/A
Applicant Statement

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associates (past and 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 licensure. Section 456.013(1)(a) 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 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 to practice the profession.
456.057 - Ownership and control of patient records; report or copies of records to be furnished.—

10)(a) All patient records obtained by the department and any other documents maintained by the department which identify the patient by name are confidential and exempt from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The records shall not be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate board.
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BOARD SUMMARY

Applicant Information:

Dianelys Betancourt
File # 7422
Provisional Speech-Language Pathologist

Issue:

Ms. Betancourt was asked to appear at the May 25, 2016 meeting to discuss the following issue:

Ms. Betancourt’s provisional speech-language pathologist application was reviewed by the education liaison. Based on the information provided, it is unclear if the education requirement was met pursuant to 64B20-2.002(1), Florida Administrative Code. Specifically, the evaluation from Foundation for International Services, Inc. does not reflect the required graduate courses in speech, language pathology.

Material
Chair Appearance Email
Copy of Application
Chapter 468.1155, Florida Statutes – Provisional license requirement
Rule 64B20-2.002 Florida Administrative Code - Educational Requirements

468.1155 Provisional license; requirements.—

(1)(a) A provisional license shall be required of all applicants for a license in speech-language pathology who cannot document a minimum of 9 months of supervised professional employment experience and a passing score on the national examination. A provisional license shall be required of all applicants for a license in audiology who cannot document a minimum of 11 months of supervised clinical experience and a passing score on the national examination.

(b) Individuals who are required to hold a provisional license under paragraph (a) shall apply to the department and be certified by the board for licensure prior to initiating the professional employment experience required pursuant to s. 468.1165.

(2) The department shall issue a provisional license to practice speech-language pathology to each applicant who the board certifies has:

(a) Completed the application form and remitted the required fees, including a nonrefundable application fee.

(b) Received a master’s degree or has completed the academic requirement of a doctoral degree program with a major emphasis in speech-language pathology from an institution of higher learning that is, or at the time the applicant was enrolled and graduated was, accredited by an accrediting agency recognized by the Council for Higher Education Accreditation or its successor or the United States Department of Education, or from an institution that is a member
in good standing with the Association of Universities and Colleges of Canada. An applicant who graduated from or is currently enrolled in a program at a university or college outside the United States or Canada must present documentation of the determination of equivalency of the program to standards established by an accrediting body recognized by the Council for Higher Education Accreditation or its successor or the United States Department of Education in order to qualify.

1. The applicant must have completed the program requirements by academic course work, practicum experience, or laboratory or research activity, as verified by the program, including:

   a. Knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.

   b. Knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including their etiologies, characteristics, anatomical or physiological, acoustic, psychological, developmental, and linguistic and cultural correlates, voice and resonance, including respiration and phonation, receptive and expressive language in speaking, listening, reading, writing, and manual modalities, hearing, including the impact on speech and language, swallowing, cognitive aspects of communication, social aspects of communication, and communication modalities.

   c. Knowledge of the principles and methods of prevention, assessment, and intervention for people having communication and swallowing disorders, including consideration of anatomical or physiological, psychological, developmental, and linguistic and cultural correlates of the disorders, articulation, fluency, voice and resonance, receptive and expressive communication, hearing, swallowing, cognitive aspects of communication, social aspects of communication, and communication modalities.

2. The program must include appropriate supervised clinical experiences.

The board may waive the requirements for education, practicum, and professional employment experience for an applicant who received a professional education in another country if the board is satisfied that the applicant meets the equivalent education and practicum requirements and passes the examination in speech-language pathology.

3. The department shall issue a provisional license to practice audiology to each applicant who the board certifies has:

   a. Completed the application form and remitted the required fees, including a nonrefundable application fee.

   b. Effective January 1, 2008, earned a doctoral degree in audiology, but has not passed the license examination required for a license in audiology or has completed the academic requirements of a doctoral degree program with a major emphasis in audiology from an institution of higher learning that is, or at the time the applicant was enrolled and graduated was, accredited by an accrediting agency recognized by the Council for Higher Education Accreditation or its successor or the United States Department of Education, or from an institution that is a member in good standing with the Association of Universities and Colleges of Canada. An applicant who graduated from or is currently enrolled in a program at a university or college outside the United States or Canada must present documentation of the determination of equivalency of the program to standards established by an accrediting body recognized by the Council for Higher Education Accreditation or its successor or the United States Department of Education in order to qualify.

1. The program must assure that the student obtained knowledge of foundation areas of basic body systems and processes related to hearing and balance.

2. The program must assure that the student obtained skills for the diagnosis, management, and treatment of auditory and vestibular or balance conditions and diseases.

3. The program must assure that the student can effectively communicate with patients and other health care professionals.

4. The program must assure that the student obtained knowledge of professional ethical systems as they relate to the practice of audiology.
5. The program must assure that the student obtained clinical experiences that encompass the entire scope of practice and focus on the most current evidence-based practice.

The board may waive the education, practicum, and professional employment experience requirements for an applicant who received a professional education in another country if the board is satisfied that the applicant meets equivalent education and practicum requirements and passes the examination in audiology.

(4) The board, by rule, shall establish requirements for the renewal of a provisional license. However, a provisional license may not exceed a period of 24 months.

History—ss. 6, 31, ch. 90-134; s. 21, ch. 90-341; ss. 1, 10, ch. 90-345; s. 4, ch. 91-429; s. 102, ch. 92-149; s. 25, ch. 94-310; s. 113, ch. 97-264; s. 127, ch. 99-397; s. 114, ch. 2001-277; s. 1, ch. 2006-83; s. 16, ch. 2014-18.

64B20-2.002 Educational Requirements.

(1) Candidates for licensure or provisional licensure as a speech-language pathologist shall submit to the Board an official transcript or transcripts to evidence the receipt of a masters degree or has completed the academic requirements of a doctoral program with a major emphasis in speech-language pathology, including supervised clinical practicum experience.

(a) Applicants enrolled in an approved program prior to January 5, 2005, shall have completed a minimum of 60 semester hours (at least 36 hours must be earned in graduate level courses). Applicants enrolled in an approved program after January 5, 2005, shall have completed a minimum of 75 semester hours (at least 36 hours earned at the graduate level). An approved program must address the areas of knowledge and skill set forth in Section 468.1155(2)(b), F.S. Approved supervised clinical practicum experiences require completion of at least 300 clock hours of supervised experience, with at least 200 of the 300 hours in the area of speech-language pathology.

(b) The master's or doctoral degree must be conferred by an institution of higher learning which, at the time the applicant was enrolled and graduated, was accredited by an accrediting agency recognized by the Council for Higher Education Accreditation or from an institution which is publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada. If the transcript submitted pursuant to this section does not, at the time it is submitted, reflect that the applicant has a master's degree, the Board will not accept the transcript as evidence of such degree unless it is accompanied by Form SPA-2D, Certification of Conferral of Master's Degree, which is incorporated herein by reference, effective 3-16-94. An applicant for licensure based on a doctoral program must submit Form SPA-0002E, Certification of Completing Academic Requirements of Doctoral Program, which is incorporated herein by reference, effective 8-4-03, with a transcript. The forms incorporated by reference in this paragraph can be obtained from the Board of Speech-Language Pathology and Audiology, 4052 Bald Cypress Way, Bin C-06, Tallahassee, Florida 32399-3256.

(c) An applicant who graduated from a program or is currently enrolled in a program at a university or college outside of the United States or Canada shall present documentation of the determination of equivalency to standards established by the Council for Higher Education Accreditation in order to qualify.

(2) Candidates for licensure or provisional licensure as an Audiologist shall submit to the Board an official transcript or transcripts to evidence the receipt of a doctoral degree with a major emphasis in audiology, from an institution of higher learning which, at the time the applicant was enrolled and graduated, was accredited by an accrediting agency recognized by the Council for Higher Education Accreditation or its successor, the United States Department of Education, or from an institution that is a member in good standing with the Association of Universities and Colleges of Canada.

(a) Applicants who earn a doctoral degree from an approved program conferred before January 1, 2008, shall have completed 60 semester hours, of which 24 semester hours must be
in audiology.

(b) Applicants who earn a doctoral degree from an approved program conferred after January 1, 2008, shall have completed 75 semester hours.

(c) An approved program must address the areas of knowledge and skill set forth in Section 468.1155(2)(b), F.S. Approved supervised clinical practicum experiences require completion of at least 300 clock hours of supervised experience, with at least 200 of the 300 hours in the area of audiology.

(d) An applicant who graduated from or is currently enrolled in a program at a university or college outside of the United States or Canada shall present documentation of the determination of equivalency to standards established by the Council for Higher Education Accreditation in order to qualify.

Can not accept app as it stands. No ms degree questionable school accredit--- "Burney wrote:
＞ Please review Ms. Betancourt's application. The evaluation indicate she has 58 graduate courses, but no master's degree awarded.
＞
＞ Let me know if you need any additional information.
＞
＞
＞ Rose M. Burney
＞ Rose M. Burney, C.P.M.
＞ Regulatory Specialist II
＞ Board of Speech-Language Pathology & Audiology Board of Acupuncture
＞ and Council of Midwifery
＞ 4052 Bald Cypress Way BIN# C06
＞ Tallahassee, FL 32399-3256
＞ (850) 488-0595
＞ rose.burney@flhealth.gov
＞
＞ Customer Satisfaction
＞ Survey<http://survey.doh.state.fl.us/survey/entry.jsp?id=1224772782379
＞
＞ How am I doing? Contact my supervisor at
＞ daisy.king@flhealth.gov
＞
＞ Attention Health Care Practitioners: There have been changes to the license renewal process. To learn more about CE/CME Renewal visit www.flhealthsource.com. For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at MQARreportCE@flhealth.gov.
＞
＞ Go Green, think before you print.
＞ Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.
＞ Vision: Healthiest State In The Nation.
＞ Values: I CARE
＞ Innovation: We search for creative solutions and manage resources wisely.
＞ Collaboration: We use teamwork to achieve common goals & solve problems.
＞ Accountability: We perform with integrity & respect.
＞ Responsiveness: We achieve our mission by serving our customers & engaging our partners.
＞ Excellence: We promote quality outcomes through learning & continuous performance improvement.
＞ Purpose: To protect the public through health care licensure, enforcement and information.
＞ Focus: To be the nation's leader in quality health care regulation.
Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to Department of Health Executive Staff Office the public and media upon request. Your email communication may therefore be subject to public disclosure.
May 5, 2016

Dianelys Betancourt
4655 Palm Ave
Apt 105
Hialeah, FL 33012

Dear Ms. Betancourt:

This is to advise that your application is being presented to the Florida Board of Speech-Language Pathology and Audiology at its May 25, 2016 meeting, commencing at 9:00 am, to discuss your provisional speech-language pathologist application. Although you are not required to attend the meeting it is in your best interest to do so. It is not possible to give you the exact time your application will heard.

The meeting is a Telephone Conference Call Meeting:

   Telephone Conference Call in Number: 1 888 670-3525
   Participant Pass Code: 4737341539

The Board is requiring all persons participating in this meeting call in by 9:00 a.m.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings, or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

We appreciate your continued cooperation and assistance. If you have any additional questions, you may contact the board office at (850) 488-0595 or by email at info@floridasspeechaudiology.gov or at the address below.

Sincerely,

Rose Burney, CSPM
Regulatory Specialist II
APPLICATION FOR PROVISIONAL LICENSE

Check the box for the profession in which you are applying for licensure:

☒ Speech-Language Pathologist (3005)  ☐ Audiolist (3006)

1. APPLICANT DATA

NAME: Betancourt Dianelys

MAILING ADDRESS: 4655 Palm Ave 105 Hialeah FL 33012

PRACTICE LOCATION ADDRESS: 900 West 49 ST 332 Hialeah FL 33012

Home Telephone Number 786-315-7074 Business Telephone Number 305-556-0121 Date of Birth (mm/dd/yyyy) 05/06/1978

Email Address: nicasaojelie29@yahoo.com

Email Notification: If you want to receive notices regarding your application deficiencies by email only, please check the "yes" box. If you chose this form of notification, you will receive deficiency notices regarding your application through email only. You will be responsible for checking your e-mail regularly and updating your e-mail address with the Board.

I want to be notified by e-mail only: ☐ Yes ☐ No

Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name? ☐ Yes ☐ No If YES, list all names below:

2. APPLICANT LICENSURE DATA

Do you hold or have you ever held a license and/or certificate to practice any profession in any state, U.S. territory, or foreign country? ☐ Yes ☐ No

If YES, list all licenses and/or certificates and the issuing state, territory, or foreign country below. Each issuing state, territory, or foreign country must submit a license/certification verification form.

<table>
<thead>
<tr>
<th>TYPE OF LICENSE/CERTIFICATE</th>
<th>LICENSE NUMBER</th>
<th>ISSUING STATE, TERRITORY, FOREIGN COUNTRY</th>
<th>CURRENT LICENSE STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLPA</td>
<td>S116960</td>
<td>FL</td>
<td>Active</td>
</tr>
</tbody>
</table>

3. EQUAL OPPORTUNITY DATA

We are required to ask that you furnish the following information as Guidelines on Employee Selection Procedure (1976) 49 FR3295 Au purposes only and does not in any way affect your candidacy for lic

RACE: Caucasian [ ] Black [ ] Hispanic [X] Asian
SEX: Male [ ] Female [X]
### 4. EDUCATIONAL DATA

<table>
<thead>
<tr>
<th>Undergraduate Degree</th>
<th>Major/Specialty</th>
<th>Accredited School City/State/Country</th>
<th>Date of Graduation</th>
</tr>
</thead>
</table>

A. I have completed the Prevention of Medical Errors course required by Florida Statute, as defined by Rule 64B20-2.001(3), F.A.C. If yes, provide the course and provider information below. If no, send a copy of the certificate once completed.

- **Provider Name:** Consultants for the Future
- **Provider Number:** 50-435
- **Course Name/Title:** Prevention of Medical Errors
- **Date Completed:** 1/15/2015

B. I have completed the HIV/AIDS course required by Florida Statute, as defined by Rule 64B20-2.007, F.A.C. If yes, provide the course and provider information below. If no, send a copy of the certificate once completed. See also Section 468.1201, F.S.

- **Provider Name:** Consultants for the Future
- **Provider Number:** 50-435
- **Course Name/Title:** HIV/AIDS
- **Date Completed:** 9/1/2015

### 5. APPLICANT HISTORY - PROFESSIONAL

If you answer "yes" to any question in this section, you must provide the following documentation WITH the application at the time of submission:

1. A self-explanation including details as to the state(s), license number(s), date(s), and relevant circumstances.
2. A copy of the complaint and disposition for each case.
3. A copy of any documentation from the state regarding the final actions/outcome of the issue.

A. Have you ever been denied a license/certificate to practice Speech-Language Pathology and/or Audiology or the renewal thereof in any state, U.S. Territory or foreign country?  □ Yes □ No

B. Have you ever had a license/certificate to practice a profession revoked, suspended, or otherwise acted against (including probation, fine, reprimand or surrender in lieu of disciplinary action) in a disciplinary proceeding in any state, U.S. Territory or foreign country?  □ Yes □ No

C. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice or lack of professional competence?  □ Yes □ No

D. Is there a complaint currently pending against you in any jurisdiction, or an investigation of your professional conduct or competency in any profession?  □ Yes □ No
6. APPLICANT HISTORY – CRIMINAL

If you answer "yes" to the question below, you must provide the following WITH the application at the time of submission:

1. A self-explanation regarding the charges on a separate sheet.
2. Copies of all pertinent court and arrest documents, including arrest report, official charge documentation and current disposition. This should include sentencing due to the arrest and proof of successful completion of your sentencing. These documents can be obtained from the clerk of court in the county the offense occurred.

A. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.

☐ Yes ☐ No

7. APPLICANT HISTORY – 456.0635(2), F.S.

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.)
   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)?
   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 409.813, Florida Statutes? (If "No", do not answer 3a.)
   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?
   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, 2006, 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
9. APPLICANT STATEMENT:

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 licensure. Section 456.013(1)(a), 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 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 that I have read Chapter 468; Part I, F.S., Chapter 456, F.S. and related rules. I understand that it is my responsibility to keep informed of any changes to Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules.

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

Applicant's Signature: ___________________________ Date: 09/10/2015
Board of Speech-Language Pathology and Audiology

VERIFICATION OF EMPLOYMENT
FOR A PROVISIONAL LICENSEE

Instructions: The applicant is to complete Section 1. The supervisor completes Sections 2 - 3 and returns the form to the Board office at the address listed below. Note- this form is not to be used by applicants for assistant certification.

SECTION 1: (completed by provisional license applicant)
Applicant Name: Dianelys Betancourt
Check one: ☑ Speech-Language Pathology  ☐ Audiology

SECTION 2: (completed by supervisor)
Supervisor's Name: Vivian H. Topp
Business Phone: 305/556-0121
License Number: SA1482
Practice Location Address: 900 W. 4th St., Ste. 332, Hialeah, FL
Name of office or agency where experience will take place: Ambilingual Assoc., Inc.

SECTION 3: (signed by supervisor)
I understand that pursuant to Section 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 that I have read Chapter 468, Part I, F.S., Chapter 458, F.S. and related rules. I understand that it is my responsibility to keep informed of any changes to Chapter 468, Part I, F.S., Chapter 458, F.S. and related rules.

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

Signature: Vivian H. Topp
Date: 09/10/15

DH-SPA-2A Revised 10/12 Reference 64B20-2.003(4)

Board of Speech-Language Pathology and Audiology
4052 Bald Cypress Way, Bin C06, Tallahassee, FL 32399-3256
Telephone: (850) 245-4161
4. EDUCATIONAL DATA

<table>
<thead>
<tr>
<th>Undergraduate Degree</th>
<th>Major/Specialty</th>
<th>Accredited School City/State/Country</th>
<th>Date of Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. licenciado en</td>
<td>1. Special Education</td>
<td>ISP Juan Fariello Hlzas-Cuba</td>
<td>1/2000/2001</td>
</tr>
</tbody>
</table>

A. I have completed the Prevention of Medical Errors course required by Florida Statute, as defined by Rule 64B20-2.001(3), F.A.C. If yes, provide the course and provider information below. If no, send a copy of the certificate once completed.

Provider Name: **Consultants for the Future**
Provider Number: 50-435
Course Name/Title: Prevention of Medical Errors
Date Completed: 01/15/2015

B. I have completed the HIV/AIDS course required by Florida Statute, as defined by Rule 64B20-2.007, F.A.C. If yes, provide the course and provider information below. If no, send a copy of the certificate once completed. See also Section 468.1201, F.S.

Provider Name: **Consultants for the Future**
Provider Number: 50-435
Course Name/Title: HIV/AIDS 1
Date Completed: 09/30/2015

5. APPLICANT HISTORY – PROFESSIONAL

If you answer "yes" to any question in this section, you must provide the following documentation WITH the application at the time of submission:

1. A self-explanation including details as to the state(s), license number(s), date(s), and relevant circumstances.
2. A copy of the complaint and disposition for each case.
3. A copy of any documentation from the state regarding the final actions/outcome of the issue.

A. Have you ever been denied a license/certificate to practice Speech-Language Pathology and/or Audiology or the renewal thereof in any state, U.S. Territory or foreign country?  □ Yes □ No

B. Have you ever had a license/certificate to practice a profession revoked, suspended, or otherwise acted against (including probation, fine, reprimand or surrender in lieu of disciplinary action) in a disciplinary proceeding in any state, U.S. Territory or foreign country?  □ Yes □ No

C. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice or lack of professional competence?  □ Yes □ No

D. Is there a complaint currently pending against you in any jurisdiction, or an investigation of your professional conduct or competency in any profession?  □ Yes □ No
The Rector of the Higher Pedagogical Institute of Matanzas,

acting with the authority granted him and upon the proposal of the Dean of the Faculty, issues this title of Licentiate in Education with a Specialty in Special Education
to Dianelys Betancourt Hernández.

inasmuch as she has met the established requirements for studies in the specialty area and has undertaken the pertinent exercises to conclude them, on July 17, 2001.


[signature]
Dean

[signature]
Rector

Countersigned:
[signature]
General Secretary

Registered on Folio: 01/008, Number: 6771, in the pertinent book kept by the Office of the Secretary of this Center of Higher Education.
Registered on Folio: 01/0070, Number: 2021, in the pertinent book kept by the Faculty of Early Childhood Education.
REPÚBLICA DE CUBA
MINISTERIO DE EDUCACIÓN SUPERIOR

El Rector del Instituto Superior Pedagógico de Matanzas

en uso de las facultades que le están conferidas y a propuesta del Decano de la Facultad, expide el presente Título de Licenciado en Educación Especialidad Educación Especial.

a favor de "Dianelys Betancourt Hernández.

en atención a que el mismo ha cumplido los requisitos establecidos para los estudios de la especialidad y ha realizado los ejercicios correspondientes para la culminación de los mismos, el día 17 de julio del 2001.

En testimonio de lo cual, se suscribe en la Ciudad de Matanzas, a los 12 días de julio del 2001.
El Rector del ISP de Matanzas Otorga el:

Diplomado

A favor de: DIANELYS BETANCOURT HERNANDEZ

"INTERVENCION TEMPRANA EN LAS PATOLOGÍAS DEL LENGUAJE EN LOS NIÑOS DE EDAD ESCOLAR"

En testimonio de lo cual se le otorga 46 créditos y se suscribe en la ciudad de Matanzas a los 25 días del mes de Abril del 2004.

Luis Portilla
Director Municipal de Educación

Milagros Vila
Secretaria General de la Facultad
CERTIFICADO DE POSTGRADO

AL COMPAÑERO(A): DIANELYS BETANCOURT HERNANDEZ.

POR HABER APROBADO CON UNA EVALUACIÓN DE EXCELENTE, EL CURSO DE:

“TRATAMIENTO LOGOPÉDICO EN LOS PACIENTES CON RETRASO MENTAL”

CON UN TOTAL DE 32 HORAS, QUE OTORGA 3 CREDITOS. EL Mismo
FUE CURSADO DESDE EL DÍA 22 DE ENERO HASTA EL 26 DE FEBRERO
DEL 2003, APROBADO POR EL MINISTERIO DE EDUCACIÓN, DADO EN LA
PROVINCIA DE MATANZAS.

LUISA A. TOLEDO MARTINEZ
COORDINADOR DE LA ACTIVIDAD

LUIS PORTILLA
DIRECTOR
CERTIFICADO

DANIELS BETANCOURT HERNÁNDEZ

EFECTUADO A NIVEL MUNICIPAL CON UNA DURACIÓN DE 36
HORAS Y UNA EVALUACIÓN DE EXCELENTES CON UN EQUIVALENTE
DE 4 CREDITOS ACADEMICO.


GUADALUPE RODRÍGUEZ

PROFESOR
Consultants for the Future

www.eonsultantsforthefuture.com

Cer4f4es that DLINELYS BETANCOURT has met the requirements completing Wv/AiDS i Mini Course I Contact Hour has been awarded.

License No. 81696 FL

Date Started 9/9/2015

Date Completed 9/19/2015

 2015 Consultants for the Future
Credential Evaluation for Betancourt, Dianelys

Emmons, WA 98020-3583
Suite 101
505 5th Avenue South
International Services, Inc.
Foundation For
has met the requirements of the course.

2 Contact Hours have been awarded.

For the Healthcare Professional
Prevention of Medical Errors

has met the requirements completing

Diana's Retention

Consultants for the Future

www.ConsultantsfortheFuture.com

License No.
SL1696 FL

Date Started
6/15/2015

Date Completed
6/15/2015

2015
Tallahassee, FL 32399-3256
P.O. Box 6330
Board of Speech-Language Pathology and Audiology
and Speech-Language Pathology Board of Speech-Language Pathology

F.33.01.000.0600
704.7620 0000 6773 6300
10:47:40 2000 6773 6300

83.012
555 Palm Ave Apt-105
Anluis Belanouf

CERTIFIED MAIL
REPÚBLICA DE CUBA
MINISTERIO DE EDUCACIÓN SUPERIOR

El Rector del Instituto Superior Pedagógico de Matanzas

en uso de las facultades que le están conferidas y a
propuesta del Decano de la Facultad, expide el
presente Título de Licenciado en Educación
Especialidad Educación Especial...

a favor de "Dianelys Betancourt Fernández"

en atención a que el mismo ha cumplido los requisitos
establecidos para los estudios de la especialidad y
ha realizado los ejercicios correspondientes para
la culminación de los mismos, el día 17 de julio -

En testimonio de lo cual, se suscribe en la
Ciudad de Matanzas, a los 18 días de julio del 2001.

[Signatures]

[Registration number: 2121]
[Registration date: 07/17/2001]
El Rector del ISP de Matanzas Otorga el:

Diplomado

A favor de: DIANELYS BETANCOURT HERNANDEZ

"INTERVENCION TEMPRANA EN LAS PATOLOGÍAS DEL LENGUAJE EN LOS NIÑOS DE EDAD ESCOLAR"


Luis Portilla
Director Municipal de Educación

Milagros Vila
Secretaria General de la Facultad
Ministerio de Educación

Instituto Superior Pedagógico "Juan Marinello"

CERTIFICADO

POR HABER CURSADO CON RESULTADOS SATISFACTORIOS DE BIEN EL POSTGRADO DE LOGOPEDIA RINOTALIA EFECTUADO EN MATANZAS A NIVEL INICIAL POSTGRADO DE LOGOPEDIA RINOTALIA EFECTUADO EN MATANZAS A NIVEL INICIAL DE MAYO DE 2002, CON UNA DURACIÓN DE 32 HORAS QUE SE LE OTORGA 3 CREDITOS.

Rosa María Castellano

Director de Educación

DIANELYS HIDRANDEZ

CERTIFICADO

"Juan Marinello"
Instituto Superior Pedagógico
Ministerio de Educación
CERTIFICADO DE POSTGRADO

AL COMPAÑERO(A): DIANELYS BETANCOURT HERNANDEZ.

POR HABER APROBADO CON UNA EVALUACIÓN DE EXCELENTE, EL CURSO DE:

"TRATAMIENTO LOGOPÉDICO EN LOS PACIENTES CON RETRASO MENTAL"

CON UN TOTAL DE 32 HORAS, QUE OTORGA 3 CRÉDITOS. EL MISMO FUE CURSADO DESDE EL DÍA 22 DE ENERO HASTA EL 26 DE FEBRERO DEL 2003, APROBADO POR EL MINISTERIO DE EDUCACIÓN, DADO EN LA PROVINCIA DE MATANZAS.

LUIZA A. TOLEDO MARTINEZ
COORDINADOR DE LA ACTIVIDAD

LUIS PORTILLA
DIRECTOR
INSTITUTO SUPERIOR PEDAGÓGICO
"JUAN MARINELLO"

CERTIFICADO

A favor: DIANELYS BETANCOURT HERNÁNDEZ

Por haber cursado y aprobado los estudios:

Mención: "DISARTRIA" con una duración de 28 horas que equivale a 2 créditos y para que pueda constar a todos los efectos se expide el presente en MATANZAS a los 5 días del mes de NOVIEMBRE del 2002.

Dulce María Martín
Profesor

Luis Fortilla
Director de Educación
INSTITUTO SUPERIOR PEDAGÓGICO
"JUAN MARINELLO"

CERTIFICADO

DIANELYS BETANCOURT HERNÁNDEZ
POR HABER APROBADO EL POSTGRADO
MODULO DISLALIA

EFECTUADO A NIVEL MUNICIPAL CON UNA DURACIÓN DE 36
HORAS Y UNA EVALUACIÓN DE EXCELENTE CON UN EQUIVALENTE
DE 4 CRÉDITOS ACADÉMICOS.


GRISELDA RODRÍGUEZ
PROFESOR

Luis Portilla
DIRECTOR DE EDUCACIÓN
Consultants for the Future
www.eonsultantsforthefuture.com

 certifies that
DLINELYS BETANCOURT has met the requirements for completing the Mini Course in HIV/AIDS 1. The course meets the requirements of the Minnesota, Ohio, Nevada, and other states by reciprocity.

License No. 3578995FL
Date Started 9/9/2015
Date Completed 9/19/2015

Contact Hour has been awarded.

I certify that
DALEX BETANCOURT has met the requirements for completing the course.

License No. 3578995FL
Date Started 9/9/2015
Date Completed 9/19/2015
Contact Hour has been awarded.
Applicant Information:
Rebecca Lee Rouseff
File # 7436
Provisional Speech-Language Pathologist

Issue:
The application was reviewed by the education liaison and could not be approved based on the information provided. The application is being presented to the Board for consideration of the educational requirements.

Material
Application
Transcript
Evaluation of educational credentials
Correspondence
April 22, 2016

Ms. Rebecca Lee Rouseff
298 Hernando Rd
Winter Haven, FL 33884

Dear Ms. Rouseff:

This is to advise that your application is being presented to the Florida Board of Speech-Language Pathology and Audiology at its May 25, 2016 meeting, commencing at 9:00 am, to discuss your provisional speech-language pathologist application. Although you are not required to attend the meeting it is in your best interest to do so. It is not possible to give you the exact time of your appearance.

The meeting is scheduled to take place at:

   Telephone Conference Call in Number: 1 888 670-3525
   Participant Pass Code: 473 734 1539

The Board is requiring all persons participating in this meeting call in by 9:00 a.m.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings, or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

We appreciate your continued cooperation and assistance. If you have any additional questions, you may contact the board office at the address listed below, or by (850) 245-4444 ext. 3495 or e-mail at jacqueline.clahar@flhealth.gov.

Sincerely,

Jacqueline Clahar-Anderson
Regulatory Specialist II

Florida Department of Health
Division of Medical Quality Assurance • Bureau of HCPR
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256
PHONE: (850)245-4444 • FAX: (850) 850-921-5184

www.FloridaHealth.gov
TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: FloridaHealth
FLICKR: HealthyFla
PINTEREST: HealthyFla
Yes - I have completed the HIV/AIDS education required by Florida Statute, as defined by Section 468.1201, F.S., and Rule 64B20-2.007. A copy of the completion certificate must be submitted to the board office by mail prior to issuance of a license.

Provider Name: NOVA SOUTHEASTERN UNIVERSITY
Provider Number: 50-5994
Course Name/Title: UNDERSTANDING HIV/AIDS
Date Completed: 02/22/2015

Criminal History
Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense?

Your answer: YES

Discipline History
Have you ever been denied a license/certificate to practice Speech-Language Pathology and/or Audiology or the renewal thereof in any state, U.S. Territory, or foreign country?

Your answer: NO

Have you ever had a license/certificate to practice a profession revoked, suspended, or otherwise acted against (including probation, fine, or reprimand) in a disciplinary proceeding in any state, U.S. Territory, or foreign country?

Your answer: NO

Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice, or lack of professional competence?

Your answer: NO

Is there a complaint currently pending against you in any jurisdiction, or an investigation of your professional conduct or competency in any profession?

Your answer: NO
Questions related to Section 456.0635(2), Florida Statutes

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?

Your answer: NO

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?

Your answer: N/A

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).

Your answer: N/A

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?

Your answer: N/A

Have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed?

Your answer: N/A

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)?

Your answer: NO

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?

Your answer: N/A

Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?

Your answer: NO

If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

Your answer: N/A

Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?

Your answer: NO

Have you been in good standing with a state Medicaid program for the most recent five years?

Your answer: N/A

Did the termination occur at least 20 years before the date of this application?

Your answer: N/A

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?

Your answer: NO

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?

Your answer: N/A
**Applicant Statement**

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associates (past and 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 licensure. Section 456.013(1)(a) 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 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 to practice the profession.
Board of Speech-Language Pathology and Audiology

VERIFICATION OF EMPLOYMENT
FOR A PROVISIONAL LICENSEE

Instructions: The applicant is to complete Section 1. The supervisor completes Sections 2 - 3 and returns the form to the Board office at the address listed below. Note- this form is not to be used by applicants for assistant certification.

SECTION 1: (completed by provisional license applicant)

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>Rebroca Rouseff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check one:</td>
<td>✔ Speech-Language Pathology □ Audiology</td>
</tr>
</tbody>
</table>

SECTION 2: (completed by supervisor)

<table>
<thead>
<tr>
<th>Supervisor's Name:</th>
<th>Cyshl Thomas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Phone:</td>
<td>605-1794-8364</td>
</tr>
<tr>
<td>License Number:</td>
<td>GLA1111 ✔ Speech-Language Pathology □ Audiology</td>
</tr>
<tr>
<td>Practice Location Address:</td>
<td>48 High Point Rd, Tavener, FL 32070</td>
</tr>
</tbody>
</table>

Name of office or agency where experience will take place: Plantation Key

SECTION 3: (signed by supervisor)

I understand that pursuant to Section 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 that I have read Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules. I understand that it is my responsibility to keep informed of any changes to Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules.

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

Supervisor's Signature: [Signature]
Date: 10/18/15

DH-SPA-2A Revised 10/12 Reference 84B20-2.003(4)
Ms. Clahar-Anderson,

In response to your request for additional information, in 2010, I was arrested for Driving Under the Influence. I did not contest the charges and accepted a plea to probation with standard terms. I completed probation successfully on time. Please see the enclosed disposition of the 2010 case. In 2013, I was arrested for Driving Under the Influence. At the advice of my attorney, I attended drug treatment and am providing you with the documentation supporting completion of the program. I have not needed additional treatment. The charges are still pending for the 2013 criminal case. My attorney has advised me not to disclose any other information regarding my pending criminal charges. Please advise if you need further information.

Sincerely,

Rebecca Rouseff
This Certificate of Completion is presented to
Rebecca Rouseff
In recognition of successful completion of the
Drug/Alcohol Program at Fifth Street
December 17, 2013
This Certificate of Completion is presented to
January 12th, 2016

Ms. Clahar-Anderson,

In response to your request for additional information for the events concerning the 2013 criminal case against me, I was arrested for Driving Under the Influence. I contested the charges and as of January 4, 2016 accepted a negotiated plea to Reckless Driving with Property Damage. I was sentenced to 12 months of probation with terms defined in the enclosed documentation. I have completed all of the said terms and will be on probation for 6 months at which time my probation will terminate successfully. Please see the enclosed Amended Information showing the charge against me and the Court Minutes from January 4, 2016 that explain the final disposition of the 2013 criminal case. Feel free to contact me if you need any further information or documentation.

Sincerely,

Rebecca Rouseff

File# 7436
IN THE COUNTY COURT OF THE SIXTEENTH JUDICIAL CIRCUIT IN AND FOR MONROE COUNTY, STATE OF FLORIDA
LOWER KEYS CRIMINAL DIVISION

State of Florida

vs.

Rebecca Lee Rouseff AKA Rebecca Lee Sampson
W/F, DOB: 05/24/1977

Case Number 2013-MM-00244-A-K

AMENDED INFORMATION FOR:

1) Reckless Driving with Property Damage or Personal Injury 316.192(3)(c)1 (1 M)

In the Name and by Authority of the State of Florida:

Catherine Vogel, State Attorney for the Sixteenth Judicial Circuit, prosecuting for the State of Florida in the said Judicial Circuit, under oath, information makes that Defendant, Rebecca Lee Rouseff on or about December 11, 2012, in the County of Monroe and State of Florida, did drive a vehicle in willful or wanton disregard for the safety of persons or property, and did cause or contribute to the cause of damage to the property or persons of Michael Lyons and/or Jeffrey Allen, contrary to Florida Statute 316.192.

The State hereby "NO ACTIONS"
all remaining charges in this case.

Nicholas R. Trovato
Assistant State Attorney
Florida Bar No.: 0076705
530 Whitehead Street, Suite 301
Key West, FL 33040
(305)292-3400
ntrovato@keyssao.org

STATE OF FLORIDA,
COUNTY OF MONROE

Personally appeared before me, Nicholas R. Trovato, Assistant State Attorney for the Sixteenth Judicial Circuit of Florida who is personally known to me and whose signature appears above, and who being duly sworn, says that the allegations set forth in this Information are based upon facts, which if true, would constitute the offense(s) charged, and that this prosecution is instituted in good faith.

Sworn to and subscribed to before me this 4th day of January 2016.

ALICIA NICOLE ESQUIALDO
NOTARY PUBLIC, State of Florida

[Notary Seal]
April 22, 2016

Yisel Reyes Yero
26000 Sw 144th Ave Rd
Apt 205
Homestead, FL 33032

Dear Ms. Reyes Yero:

This is to advise that your application is being presented to the Florida Board of Speech-Language Pathology and Audiology at its May 25, 2016 meeting, commencing at 9:00 am, to discuss your provisional speech-language pathologist application. Although you are not required to attend the meeting it is in your best interest to do so. It is not possible to give you the exact time of your appearance.

The meeting is scheduled to take place at:

Telephone Conference Call in Number: 1 888 670-3525
Participant Pass Code: 473 734 1539

The Board is requiring all persons participating in this meeting call in by 9:00 a.m.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings, or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

We appreciate your continued cooperation and assistance. If you have any additional questions, you may contact the board office at the address listed below, or by (850) 245-4444 ext. 3495 or e-mail at jacqueline.clahar@fldh.gov.

Sincerely,

Jacqueline Clahar-Anderson
Regulatory Specialist II
Can not accept app. Do not see enough grad courses in speech. Also do not see clinic hours

--- "Clahar wrote:

> Dr. Johnson,

> Attached is a provisional application for review and licensure recommendation. Please note, this applicant is currently enrolled at Nova Southeastern College, however she stated that she completed a Master's Degree in Cuba and would like to use those credentials towards her provisional license.

> Thank you for all that you do for the Speech Pathology and Audiology profession.

> Jacqueline Clahar-Anderson

> Regulatory Specialist II

> Florida Board of Acupuncture

> Council of Licensed Midwifery &

> Speech Pathology & Audiology

> 4052 Bald Cypress Way, Bin C 06

> Tallahassee, FL 32399

> Phone: 850-245-4444 ext. 3495

> Fax: 850-921-6184

> Web: www.floridasacupuncture.gov

> Jacqueline.Clahar@flhealth.gov

> Customer Satisfaction Survey.

> Please contact my supervisor to comment on my customer service at Daisy.King@flhealth.gov.

> http://survey.doh.state.fl.us/survey/entry.jsp?id=1224772782379

> Attention Health Care Practitioners: There have been changes to the license renewal process. To learn more about CE/CME@Renewal visit www.flhealthsource.com<http://www.flhealthsource.com/>. For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at MQARreportCE@health.gov.

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

> Vision: Healthiest State in the Nation

> Innovation: We search for creative solutions and manage resources wisely.

> Collaboration: We use teamwork to achieve common goals & solve problems.

> Accountability: We perform with integrity & respect.

> Responsiveness: We achieve our mission by serving our customers & engaging our partners.

> Excellence: We promote quality outcomes through learning & continuous performance improvement.

> Purpose: To protect the public through health care licensure, enforcement and information.

> Focus: To be the nation's leader in quality health care regulation.

> Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.
APPLICATION FOR PROVISIONAL LICENSE

Check the box for the profession in which you are applying for licensure:

☐ Speech-Language Pathologist (3005)  ☐ Audiologist (3066)

1. APPLICANT DATA

<table>
<thead>
<tr>
<th>NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reyes Yero Yisel</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>26000 SW 144TH Ave Rd Homestead FL 33032</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRACTICE LOCATION ADDRESS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1845 NE 8 TH Street Homestead FL 33033</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>305-804-8862</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>786-410-5839</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/07/1973</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:yisel-reyesyero@yahoo.com">yisel-reyesyero@yahoo.com</a></td>
</tr>
</tbody>
</table>

Email Notification: If you want to receive notices regarding your application deficiencies by email only, please check the "yes" box. If you chose this form of notification, you will receive deficiency notices regarding your application through email only. You will be responsible for checking your email regularly and updating your email address with the board.

I want to be notified by email only: ☐ Yes ☐ No

Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name? ☐ Yes ☐ No

2. APPLICANT LICENSURE DATA

Do you hold or have you ever held a license and/or certificate to practice any profession in any state, U.S. territory, or foreign country? ☐ Yes ☐ No

If YES, list all licenses and/or certificates and the issuing state, territory, or foreign country below. Each issuing state, territory, or foreign country must submit a license/certification verification form.

<table>
<thead>
<tr>
<th>TYPE OF LICENSE/CERTIFICATE</th>
<th>LICENSE NUMBER</th>
<th>ISSUING STATE, TERRITORY, FOREIGN COUNTRY</th>
<th>CURRENT LICENSE STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Language Pathology Assistant</td>
<td>61 23579</td>
<td>U.S.</td>
<td>Active</td>
</tr>
</tbody>
</table>

3. EQUAL OPPORTUNITY DATA

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniformed Guidelines on Employee Selection Procedure (1978) 43 FR32899 August 25, 1978. This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

| RACE: | Caucasian [ ]  Black [ ]  Hispanic [ ]  Asian [ ]  Native American [ ]  Other [ ] |
|-------|----------------------------------|---------------------------------|-------------------|
| SEX: | Male [ ]  Female [ ] |

DH-SPA-2 Revised 10/12 Reference 64B20-2.003, F.A.C.
### 4. EDUCATIONAL DATA

<table>
<thead>
<tr>
<th>Undergraduate Degree</th>
<th>Major/Specialty</th>
<th>Accredited School</th>
<th>Date of Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Master</td>
<td>Science, Education</td>
<td>Nova Southeastern University</td>
<td>current</td>
</tr>
<tr>
<td></td>
<td>Specialization: Exception</td>
<td>Davie, FL, US</td>
<td>1. study</td>
</tr>
<tr>
<td>2 Master</td>
<td>Education Science</td>
<td>Higher Pedagogic Institute</td>
<td>2.08</td>
</tr>
<tr>
<td></td>
<td>Special Education</td>
<td>Havana, Cuba</td>
<td>2.08</td>
</tr>
<tr>
<td>3 Licentiate</td>
<td>Licentiate in Education</td>
<td>Higher Pedagogic Institute</td>
<td>3.08</td>
</tr>
<tr>
<td></td>
<td>Speciality: Special Education</td>
<td>Havana, Cuba</td>
<td>3.08</td>
</tr>
</tbody>
</table>

A. I have completed the Prevention of Medical Errors course required by Florida Statute, as defined by Rule 64B20-2.001(3), F.A.C. If yes, provide the course and provider information below. If no, send a copy of the certificate once completed.

Provider Name: Consultants for the Future  
Provider Number: 57-435  
Course Name/Title: Prevention of Medical Errors  
Date Completed: 10/27/2015

B. I have completed the HIV/AIDS course required by Florida Statute, as defined by Rule 64B20-2.007, F.A.C. If yes, provide the course and provider information below. If no, send a copy of the certificate once completed. See also Section 488.1201, F.S.

Provider Name: Consultants for the Future  
Provider Number: 57-435  
Course Name/Title: HIV/AIDS  
Date Completed: 10/27/2015

### 5. APPLICANT HISTORY — PROFESSIONAL

If you answer "yes" to any question in this section, you must provide the following documentation WITH the application at the time of submission:

1. A self-explanation including details as to the state(s), license number(s), date(s), and relevant circumstances.
2. A copy of the complaint and disposition for each case.
3. A copy of any documentation from the state regarding the final action/outcome of the issue.

A. Have you ever been denied a license/certificate to practice Speech-Language Pathology and/or Audiology or the renewal thereof in any state, U.S. Territory or foreign country?

B. Have you ever had a license/certificate to practice a profession revoked, suspended, or otherwise acted against (including probation, fine, reprimand or surrender in lieu of disciplinary action) in a disciplinary proceeding in any state, U.S. Territory or foreign country?

C. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice or lack of professional competence?

D. Is there a complaint currently pending against you in any jurisdiction, or an investigation of your professional conduct or competency in any profession?
6. APPLICANT HISTORY - CRIMINAL
If you answer "yes" to the question below, you must provide the following WITH the application at the time of submission:
1. A self-explanation regarding the charges on a separate sheet.
2. Copies of all pertinent court and arrest documents, including arrest report, official charge documentation and current disposition. This should include sentencing due to the arrest and proof of successful completion of your sentence. These documents can be obtained from the clerk of court in the county the offense occurred.

<table>
<thead>
<tr>
<th>A. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you been convicted of, or entered a plea of guilty or nolo contendere, 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 &quot;no&quot;, skip to #2.)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>a. If &quot;yes&quot; to 1, for the felony 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?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>b. If &quot;yes&quot; to 1, for the felony 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.)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>c. If &quot;yes&quot; to 1, for the felony 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?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>d. If &quot;yes&quot; 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 &quot;yes&quot;, please provide supporting documentation.)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>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)?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>a. If &quot;yes&quot; to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for any conviction or plea ended?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.013, Florida Statutes? (If &quot;No&quot;, do not answer #3a.)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>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?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>a. Have you been in good standing with a state Medicaid program for the most recent five years?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>b. Did the termination occur at least 20 years before the date of this application?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>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?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>6. If &quot;yes&quot; 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 &quot;yes&quot;, please provide official documentation verifying your enrollment status.)</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>
9. APPLICANT STATEMENT:

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 licensure. Section 456.013(1)(e), 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 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 that I have read Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules. I understand that it is my responsibility to keep informed of any changes to Chapter 468, Part I, F.S., Chapter 456, 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 TO PRACTICE THE PROFESSION.

Applicant's Signature: ______________________ Date: 1/5/2016
Board of Speech-Language Pathology and Audiology

VERIFICATION OF EMPLOYMENT
FOR A PROVISIONAL LICENSEE

Instructions: The applicant is to complete Section 1. The supervisor completes Sections 2 - 3 and returns the form to the Board office at the address listed below. Note: this form is not to be used by applicants for assistant certification.

<table>
<thead>
<tr>
<th>SECTION 1: (completed by provisional license applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name: Yisel Reyes Yero</td>
</tr>
<tr>
<td>Check one:   ☑ Speech-Language Pathology    ☐ Audiology</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 2: (completed by supervisor)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor's Name: Martinez</td>
</tr>
<tr>
<td>License Number: 5A11996</td>
</tr>
<tr>
<td>Practice Location Address: 1845 NE 8th Street, Tallahassee, FL 32303</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 3: (signed by supervisor)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand that pursuant to Section 468.1155(1), F.S., a provisional license is required prior to the above named applicant initiating the professional employment experience.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>I hereby acknowledge that I have read Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules. I understand that it is my responsibility to keep informed of any changes to Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules.</td>
</tr>
<tr>
<td>I certify that the above information is true and correct to the best of my knowledge.</td>
</tr>
</tbody>
</table>

Supervisor's Signature __________________________ Date ____________

DH-SPA-2A Revised 10/12 Reference 64B20-2.003(4)

Board of Speech-Language Pathology and Audiology
4052 Bald Cypress Way, Bin C06, Tallahassee, FL 32306-3256
Telephone: (850) 245-4161
TRANSLATION SERVICE

Corporate Member of the American Translators Association

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

CERTIFICATION

I hereby certify that the attached is, to the best of our knowledge and belief, a true and accurate translation into English of the attached document(s) in Spanish.

Stephen Paez
Director of Translation

Sworn and subscribed before me this 5th day of the month of January of the year 2016.

Personally known \_ OR Produced Identification.
Type of Identification: None is required.

Josef Silny & Associates, Inc.
International Education Consultants
7101 SW 102 Avenue
Miami, FL 33173
Tel: (305) 273-1616 Fax: (305) 273-1338
E-Mail: info@jsilny.org
www.jsilny.org
I LIKewise CERTIFY: that this graduate completed the program on June 23, 2008.

I ALSO CERTIFY: that the grades earned were governed by the following terminology:
   Excellent 5, Good 4, Average 3 and Failed 2.

AND FOR LEGAL USE ABROAD, I issue this transcript in the city of Santiago de Cuba, on November 25, 2015, “57th Year of the Revolution.”

[Signature]
Josefina Fonseca Ramis, M.Sc.
General Secretary
[Seal of the General Secretariat of the University of Oriente]

[On the left margin, vertically:] Without correction. Compared by: [Signature]. Entered on folio 011, volume 01, Number 672.
ASIMISMO CERTIFICO: Que este graduado terminó sus estudios con fecha 23 de junio de 2008.

DE IGUAL MODO CERTIFICO: Que las calificaciones de los estudios cursados se rige por la siguiente nomenclatura: Excelente 5, Bien 4, Regular 3 y Mal 2.

Y PARA QUE SURTA EFECTOS LEGALES FUERA DEL TERRITORIO NACIONAL, expido la presente en la Ciudad de Santiago de Cuba a los 25 de noviembre de 2015, “Año 57 de la Revolución”.

MSc. Josefina Fonseca Ramírez
Secretaria General

UNIVERSIDAD ORIENTE
TRANSLATION SERVICE

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

CERTIFICATION

I hereby certify that the attached is, to the best of our knowledge and belief, a true and accurate translation into English of the attached document(s) in Spanish.

__________________________
Stephen Paez
Director of Translation

Sworn and subscribed before me this 28th day of the month of Dec. of the year 2015.

__________________________
A. M. De La Rosa
Notary Public State of Florida at Large

Personally known x OR Produced Identification.
Type of Identification: None is required.

Josef Silny & Associates, Inc.
International Education Consultants
7101 SW 102 Avenue
Miami, FL 33173
Tel: (305) 273-1616   Fax: (305) 273-1338
E-Mail: info@jsilny.org
www.jsilny.org
THE RECTOR OF THE "FRANK PAIS GARCIA"
HIGHER PEDAGOGIC INSTITUTE

by virtue of the powers vested in him, issues this Diploma of

MASTER IN EDUCATION SCIENCE,
SPECIALTY: SPECIAL EDUCATION

to

YISEL REYES YERO

for having fulfilled the requirements corresponding to the established study program.

In witness whereof, and for all legal pertinent purposes, this Diploma is authorized
and signed in Santiago de Cuba, on this 17th day of September of 2008.

[Signature]  
Rector

[Signature]  
Secretary

[This Diploma] was approved by the Director of Postgraduate Studies of the Ministry of Higher Education of
Cuba and entered in the Registry of Master's degrees of that ministry.

[Signature]  
Director of Postgraduate
Studies

Entered on folio 711, number 672 of the Registry of the Secretariat which grants the Diploma.

Entered on folio 3586, number 34576 of the Registry of the Ministry of Higher Education.
República de Cuba

El Rector del Instituto Superior Pedagógico
Frank País García

En uso de las facultades que le están conferidas expide el presente título de

Maíster en Ciencias de la Educación
Mención Educación Especial

a favor de: Yisel Reyes Yero

en atención a que el mismo ha satisfecho los requisitos correspondientes al
programa de estudios establecido.

En testimonio de lo cual y para que surta todos los efectos legales procedentes,
autoriza y suscribe este título en Santiago de Cuba a 17 días de
...septiembre... de 2008.

Rector

Secretario

Refrendado por el Director de Postgrado del Ministerio de Educación Superior de Cuba e inscrito
en el libro de registro de títulos de Maestría de ese organismo.

Director de Educación de Postgrado

Registrado al folio 011 número 672 del libro de la Secretaría de la Institución que otorga
Registrado al folio 3576 número 34576 del libro del Ministerio de Educación Superior
TRANSLATION SERVICE

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

CERTIFICATION

I hereby certify that the attached is, to the best of our knowledge and belief, a true and accurate translation into English of the attached document(s) in Spanish.

__________________________
Stephen Paez
Director of Translation

Sworn and subscribed before me this ___ day of the month of ___ of the year 2015.

[Signature]

Notary Public State of Florida at Large

Personally known x OR Produced Identification.
Type of Identification: None is required.

Josef Silny & Associates, Inc.
International Education Consultants
7101 SW 102 Avenue
Miami, FL 33173
Tel: (305) 273-1616     Fax: (305) 273-1338
E-Mail: info@jsilny.org
www.jsilny.org
THE RECTOR OF THE "FRANK PAIS"

HIGHER PEDAGOGIC INSTITUTE

by virtue of the powers vested in him, and upon recommendation of the Dean of the Faculty, issues this Diploma of LICENTIATE IN EDUCATION,

SPECIALTY: SPECIAL EDUCATION

to

YISEL REYES YERO

for having fulfilled all the established requirements for this specialty and taken all the corresponding actions in order to complete the program, on the tenth day of July of the year one thousand nine hundred and ninety-six.

In witness whereof, this Diploma is signed in the city of Santiago de Cuba, on this tenth day of July of the year one thousand nine hundred and ninety-six.

[Signature] Dean

[Signature] Rector

Countersigned by:

[Signature] General Secretary

Entered on folio 319, number 21610 of the Registry kept at the Secretariat of this higher education center.

Entered on folio 49, number 2032 of the Registry kept at the Faculty of Elementary Education.
Final Project or Thesis Workshop (Unspecified) 3.00 B
Elective: the Educational Attention 2.00 A

(\textsuperscript{*}) Course codes were not included in the official transcript.

* These courses do not have the same academic content as courses with similar names offered at U.S. institutions of higher education.

This evaluation is of an advisory nature. Each institution will decide which of the above mentioned courses will transfer.

This is a statement solely of educational equivalence; only the qualified authorities can determine whether an individual educated abroad can be licensed in the United States.

In summary, it is the judgement of Josef Silny & Associates, Inc., International Education Consultants, that Ms. Reyes Yero has the equivalent of the U.S. degrees of Bachelor of Science in Special Education and Master of Science in Special Education earned at a regionally accredited institution of higher education in the United States.

Sincerely yours,

Yazeline Cruz
Senior International Education Consultant
YC: 030

Noel Rodriguez
Senior International Education Consultant
THE RECTOR OF THE "FRANK PAIS GARCIA"

HIGHER PEDAGOGIC INSTITUTE

by virtue of the powers vested in him, issues this Diploma of

MASTER IN EDUCATION SCIENCE,

SPECIALTY: SPECIAL EDUCATION

YISEL REYES YERO

for having fulfilled the requirements corresponding to the established study program.

In witness whereof, and for all legal pertinent purposes, this Diploma is authorized and signed in Santiago de Cuba, on this 17th day of September of 2008.

[Signature]  [Signature]
Rector        Secretary

[This Diploma] was approved by the Director of Postgraduate Studies of the Ministry of Higher Education of Cuba and entered in the Registry of Master’s degrees of that ministry.

[Signature]
Director of Postgraduate Studies

Entered on folio 711, number 672 of the Registry of the Secretariat which grants the Diploma.

Entered on folio 3586, number 34576 of the Registry of the Ministry of Higher Education.
El Rector del Instituto Superior Pedagógico
Frank País García

En uso de las facultades que le están conferidas expide el presente título de

Máster en Ciencias de la Educación
Mención Educación Especial

a favor de: Yisel Reyes Yero

en atención a que el mismo ha satisfecho los requisitos correspondientes al programa de estudios establecido.

En testimonio de lo cual y para que surta todos los efectos legales procedentes, autoriza y suscribe este título en Santiago de Cuba a 17 días de septiembre de 2008.

Rector

Secretario

Refrendado por el Director de Postgrado del Ministerio de Educación Superior de Cuba e inscrito en el libro de registro de títulos de Maestría de ese organismo.

Director de Educación de Postgrado

Registrado al folio 011 número 672 del libro de la Secretaría de la Institución que otorga
Registrado al folio 3586 número 34552 del libro del Ministerio de Educación Superior
I, JOSEFINA FONSECA RAMIS, M.Sc., GENERAL SECRETARY OF THE UNIVERSITY OF ORIENTE, REPUBLIC OF CUBA,

CERTIFY: that academic file number No. 73120707333 pertaining to YISEL REYES YERO, [a student] of the Faculty of Child Education of this university, contains the grades that she earned in the courses of the Master’s program IN EDUCATION SCIENCE, SPECIALTY: SPECIAL EDUCATION, which are listed below:

<table>
<thead>
<tr>
<th>Courses</th>
<th>Credits</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Module I: Principles of Educational Research</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Topics in Politics, Ideology, Science, Technology and Culture I</td>
<td>3</td>
<td>Excellent</td>
</tr>
<tr>
<td>Current Issues in Education</td>
<td>3</td>
<td>Excellent</td>
</tr>
<tr>
<td>Principles of Educational Research and Systematization of Teaching</td>
<td>3</td>
<td>Excellent</td>
</tr>
<tr>
<td>Communication and Information Technologies in Educational Institutions</td>
<td>3</td>
<td>Excellent</td>
</tr>
<tr>
<td>Comprehensive Module Assignment</td>
<td>3</td>
<td>Excellent</td>
</tr>
<tr>
<td><strong>Module II: Principles of Special Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Topics in Politics, Ideology, Science, Technology and Culture II</td>
<td>2</td>
<td>Excellent</td>
</tr>
<tr>
<td>Methodology of Education Quality and Research</td>
<td>4</td>
<td>Excellent</td>
</tr>
<tr>
<td>Pedagogic and Psychological Principles of Special Education</td>
<td>3</td>
<td>Excellent</td>
</tr>
<tr>
<td>Prevention, Diagnosis and Evaluation</td>
<td>3</td>
<td>Excellent</td>
</tr>
<tr>
<td>Family, Community and School Psychotherapy in Special Education</td>
<td>3</td>
<td>Excellent</td>
</tr>
<tr>
<td>Seminar on Systematization of Scientific Activity and Teaching</td>
<td>2</td>
<td>Excellent</td>
</tr>
<tr>
<td>Comprehensive Module Assignment</td>
<td>2</td>
<td>Excellent</td>
</tr>
<tr>
<td><strong>Module III: Specialty: Special Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Topics in Politics, Ideology, Science, Technology and Culture III</td>
<td>2</td>
<td>Excellent</td>
</tr>
<tr>
<td>Language Disorders</td>
<td>3</td>
<td>Excellent</td>
</tr>
<tr>
<td>Disorders in Intellectual Development and Learning</td>
<td>3</td>
<td>Excellent</td>
</tr>
<tr>
<td>Sensory Disorders</td>
<td>2</td>
<td>Excellent</td>
</tr>
<tr>
<td>Physical-Motor Disabilities</td>
<td>2</td>
<td>Excellent</td>
</tr>
<tr>
<td>Emotional-Behavioral Disorders</td>
<td>2</td>
<td>Excellent</td>
</tr>
</tbody>
</table>
Pervasive Developmental Disorders                        2   Excellent
Special Education Teaching Methods                      2   Excellent
Final Project or Thesis Workshop                        3   Good

Elective Courses
The Educational Attention                                2   Excellent

[On the left margin, vertically:] Without correction. Compared by: [Signature]. Entered on folio 011, volume 01, Number 672.
I LIKEWISE CERTIFY: that this graduate completed the program on June 23, 2008.

I ALSO CERTIFY: that the grades earned were governed by the following terminology: Excellent 5, Good 4, Average 3 and Failed 2.

AND FOR LEGAL USE ABROAD, I issue this transcript in the city of Santiago de Cuba, on November 25, 2015, “57th Year of the Revolution.”

[Signature]
Joséfina Fonseca Ramis, M.Sc.
General Secretary
[Seal of the General Secretariat of the University of Oriente]

[On the left margin, vertically:] Without correction. Compared by: [Signature]. Entered on folio 011, volume 01, Number 672.
Applicant Information:
Rodney Brannan
File # 706
Provisional Audiologist

Issue:
Mr. Brannan was asked to appear at the May 25, 2016 meeting to discuss the following issue:

Mr. Brannan answered yes to Criminal History question:
Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense?

Material
Chair Appearance Email
Copy of Application
Criminal History Documents
can not accept app please have him on agenda for next meeting

--- "Burney wrote:

> Please review Dr. Brannan's application for the provisional audiologist license. Dr. Brannan answered yes to History Criminal question:

Have you ever been convicted of, or entered a pleas of guilty nolo contender ere, or no contest to, a crime in any jurisdiction other than a minor traffic offense?

Let me know if you need any additional information.

> >
> > Rose M. Burney
> > Rose M. Burney, C.P.M.
> > Regulatory Specialist II
> > Board of Speech-Language Pathology & Audiology Board of Osteopathic Medicine and Council of Licensed Midwifery
> > 4052 Bald Cypress Way BIN# C06
> > Tallahassee, FL 32399-3256
> > (850) 488-0595
> > rose.burney@flhealth.gov
> >
> > Customer Satisfaction
> > Survey<http://survey.doh.state.fl.us/survey/entry.jsp?id=12247727823
> > 79
> >
> > How am I doing? Contact my supervisor at
> > daisy.king@flhealth.gov
> >
> > Attention Health Care Practitioners: There have been changes to the license renewal process. To learn more about CE/CME@Renewal visit www.flhealthsource.com. For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at MQARreportCE@flhealth.gov.
> >
> > Go Green, think before you print.
> > Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.
> > Vision: Healthiest State In The Nation.
> > Values: I CARE
> > Innovation: We search for creative solutions and manage resources wisely.
> > Collaboration: We use teamwork to achieve common goals & solve problems.
> > Accountability: We perform with integrity & respect.
> > Responsiveness: We achieve our mission by serving our customers & engaging our partners.
> > Excellence: We promote quality outcomes through learning & continuous performance improvement.
> > Purpose: To protect the public through health care licensure, enforcement and information.
May 10, 2016

Rodney Kenneth Brannan
9570 Hickory Ln N
Semmes, AL 36575

Dear Mr. Brannan:

This is to advise that your application is being presented to the Florida Board of Speech-Language Pathology and Audiology at its May 25, 2016 meeting, commencing at 9:00 am. Although you are not required to attend the meeting it is in your best interest to do so. It is not possible to give you the exact time of your appearance.

The meeting is a Telephone Conference Call Meeting:

Telephone Conference Call in Number: 1 888 670-3525
Participant Pass Code: 4737341539

The Board is requiring all persons participating in this meeting call in by 9:00 a.m.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings, or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

We appreciate your continued cooperation and assistance. If you have any additional questions, you may contact the board office at (850) 488-0595 or by email at info@floridasspeechaudiology.gov or at the address below.

Sincerely,

Rose Burney, CSPM
Regulatory Specialist II
Yes - I have completed the HIV/AIDS education required by Florida Statute, as defined by Section 468.1201, F.S., and Rule 64B20-2.007. A copy of the completion certificate must be submitted to the board office by mail prior to issuance of a license.

Provider Name: WILD IRIS MEDICAL EDUCATION INC.
Provider Number: 50-2174
Course Name/Title: HIV/AIDS FOR FLORIDA HEALTHCARE PROFESSIONALS
Date Completed: 02/22/2016

**Criminal History**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense?

Your answer: YES

**Discipline History**

Have you ever been denied a license/certificate to practice Speech-Language Pathology and/or Audiology or the renewal thereof in any state, U.S. Territory, or foreign country?

Your answer: NO

Have you ever had a license/certificate to practice a profession revoked, suspended, or otherwise acted against (including probation, fine, or reprimand) in a disciplinary proceeding in any state, U.S. Territory, or foreign country?

Your answer: NO

Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice, or lack of professional competence?

Your answer: NO

Is there a complaint currently pending against you in any jurisdiction, or an investigation of your professional conduct or competency in any profession?

Your answer: NO
Questions related to Section 456.0635(2), Florida Statutes

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?

Your answer: NO

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?

Your answer: N/A

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).

Your answer: N/A

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)?

Your answer: NO

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?

Your answer: N/A

Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?

Your answer: NO

If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

Your answer: N/A

Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?

Your answer: NO

Have you been in good standing with a state Medicaid program for the most recent five years?

Your answer: N/A

Did the termination occur at least 20 years before the date of this application?

Your answer: N/A

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?

Your answer: NO

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?

Your answer: N/A
Applicant Statement

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associates (past and 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 licensure. Section 456.013(1)(a) 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 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 TO PRACTICE THE PROFESSION.
Hi Rose,

This is Rodney Brannan again, I am sending my certificates for the HIV/AIDS and Prevention of Medical Errors classes and also all of my Case Action Summaries for my misdemeanor charges when I was 18, 19, and 21 years old. There are documents included from my background checks for the military too. Everything you need should be included. Also, my form from my graduate program along with my official transcripts should be on the way to your office in Tallahassee.

Rodney

On Thu, Mar 31, 2016 at 3:48 PM, Burney, Rose <Rose.Burney@flhealth.gov> wrote:

Yes, you may e-mail those documents.

Rose M. Burney

Rose M. Burney, C.P.M.

Regulatory Specialist II

Board of Speech-Language Pathology & Audiology

Board of Osteopathic Medicine and Council of Licensed Midwifery

4052 Bald Cypress Way BIN# C06

Tallahassee, FL 32399-3256

(850) 488-0595

rose.burney@flhealth.gov

Customer Satisfaction Survey
In September of 2009, I was arrested for a misdemeanor DUI in D'Iberville, MS. On that night, a few friends and I decided to go to a night club to see a concert. While attending the concert, I consumed alcoholic beverages and was unaware of how intoxicated I was becoming. When the concert was over it was time to go home for the night and I felt that I was the most sober individual to drive back home instead of arranging for appropriate transportation. I was arrested, fined, required to attend a MADD class, required to attend an impact course, and required to attend a victim’s impact course. I completed all of the penalties that I received and have not strayed from following the law since that offense. Since that night, I decided that my future was more important than drinking and risking further consequences.

I graduated with my bachelor’s degree in Speech and Hearing Sciences in May of 2010, joined the Alabama Army National Guard in October of 2010, and am now starting my 4th year of the doctor of audiology program at the University of South Alabama where I hold a strong 3.85 GPA. I am beginning my externship in Naples, FL on May 23rd, 2016 and require the provisional license to work and receive my hours needed for graduation next year. I am hoping that I can be forgiven for my mistakes I made in the past at a very young age and be allowed to receive my provisional license.
On July 26, 2007, I was arrested for a misdemeanor charge of minor in possession of alcohol. On that night, my girlfriend and I decided to go to dinner at a restaurant in downtown Mobile, AL. Little did I know, my girlfriend had an open bottle of wine in the backseat floorboard of her car. Upon arrival to the restaurant, we were approached by a police officer who saw the bottle of wine that was in the floorboard of the vehicle. He knew that neither of us had been drinking but immediately detained and arrested us for having possession of alcoholic beverages being under the age of 21. I was 19 years old at the time and I knew that you could be arrested for having alcohol underage but I was not aware of there being alcohol in the vehicle. I just happened to be in the wrong place at the wrong time. As a result of this incidence, I was fined, given 2 days community service, and required to attend a victim impact panel. I was given the option to plead youthful offender where if I completed all of the requirements for my offense and had good behavior for 6 months, then the minor in possession charge would be nol processed and thrown out. I completed my requirements in a very timely manner. Since that night, I have earned a bachelor’s degree in Speech and Hearing Sciences from the University of South Alabama, proudly served my country in the Alabama National Guard for 5 years, and currently starting my 4th year in the doctor of audiology program at the University of South Alabama with a 3.85 GPA. I regret my decisions that night because I was not aware that it would possibly affect my career almost 10 years later. I am hoping that I can be forgiven for this incidence and given the opportunity to apply for and receive my provisional audiology license so that I can pursue a career as a doctor of audiology.
On July 21, 2006, I was arrested for a misdemeanor charge of minor in possession of alcohol. On that night, a few friends and I decided to go to a concert in downtown Mobile, AL. They wanted to have a few drinks before they went down there and did not want to have to drive so I decided that since I was not drinking that I would be the one to drive them downtown to the concert. Upon arrival to the concert, we were approached by a police officer who saw the alcohol that was brought in the backseat of the vehicle. He immediately detained and arrested all of us for having possession of alcoholic beverages being under the age of 21. I was 18 years old at the time and did not know I could be arrested for just being around alcohol. As a result of this incidence, I was fined, given 5 days community service, and required to attend an alcohol awareness class. I was given the option to plead youthful offender where if I completed all of the requirements for my offense and had good behavior for 6 months, then the minor in possession charge would be not processed and thrown out. I completed my requirements before summer was over. Since that night, I have earned a bachelor's degree in Speech and Hearing Sciences from the University of South Alabama, proudly served my country in the Alabama National Guard for 5 years, and currently starting my 4th year in the doctor of audiology program at the University of South Alabama with a 3.85 GPA. I regret my decisions that night because I was not aware that it would possibly affect my career almost 10 years later. I am hoping that I can be forgiven for this incidence and given the opportunity to apply for and receive me provisional audiology license so that I can pursue a career as a doctor of audiology.
OFFICIAL CERTIFICATE OF COMPLETION

Rodney Kenneth Brannan
FL Provisional Audiologist License

Passed the Post-Test and Earned this Certificate for
HIV/AIDS for Florida Healthcare Professionals

1 Contact Hour

WRITTEN BY
Nancy Evans, BS
Judith Swan, MSN, BSN, ADN, RN

DATE
February 22, 2016

Wild Iris Medical Education, Inc. is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Wild Iris Medical Education is approved as a provider of nursing continuing education by the Florida Department of Health, Division of Quality Assurance, Board of Nursing, Florida Board of Nursing Accreditation #NCE3403.

CE Broker Approval Number 50-2174. Florida nursing licensees must retain this certificate for at least 4 years. Do not forward to Florida Board of Nursing.
Certificate of Completion

OnlineCEUs.com Inc.
1442 E. Lincoln #363
Orange, CA 92865

Certifies that

Rodney Brannan

Successfully completed
Prevention of Medical Errors in Speech-Language Pathology and Audiology

Course Number: 1912
This Monday, 21 March 2016
completed all my requirements for those offenses. Can I email them to you? It was good enough for the United States Government for my military service so I am hoping it is the same way for the state of Florida. Also, the HIV/AIDS and the other class that is mandatory for the license. I have certificates showing I have taken both. Can I scan them and email them to you as well? The rest of the requirements will be sent by mail by my school and place of employment. Thank you

Rodney
The department shall issue a certificate as an audiology assistant to each applicant who the board certifies has:

(a) Completed the application form and remitted the required fees, including a nonrefundable application fee.

(b) Earned a high school diploma or its equivalent.

(3) An audiologist or speech-language pathologist who employs a speech-language assistant or audiology assistant must provide the assistant with a plan approved by the board for on-the-job training and must maintain responsibility for all services performed by the assistant. The board, by rule, shall establish minimum education and on-the-job training and supervision requirements for certification as a speech-language pathology assistant or audiology assistant.

(4) The provisions of this section shall not apply to any student, intern, or trainee performing speech-language pathology or audiology services while completing the supervised clinical experience as required in s. 468.1155.

History.—ss. 12, 31, ch. 90-134; s. 21, ch. 90-341; ss. 1, 10, ch. 90-345; s. 4, ch. 91-429; s. 26, ch. 94-310; s. 117, ch. 97-264; s. 128, ch. 99-397; s. 115, ch. 2001-277; s. 4, ch. 2006-83.

64B20-4.002 Educational Requirements for Assistants.

(1) Candidates for certification as a speech-language pathology assistant shall submit to the Board an official transcript or transcripts evidencing that they have earned a bachelor's degree which includes at least 24 semester hours of coursework at an institution as described in subsection 64B20-2.002(1), F.A.C., to include:

(a) Nine (9) semester hours in courses that provide fundamental information applicable to normal human growth and development, psychology, and normal development and use of speech, hearing and language.

(b) Fifteen (15) semester hours in courses that provide information about and observation of speech, hearing, language disorders, general phonetics, basic articulation, screening and therapy, basic audimetry, or auditory training;

(2) Candidates for certification as an audiology assistant shall submit to the Board documentation evidencing that they have completed a high school education or its equivalent.

(3) The provisions of this rule shall not apply to any student, intern or trainee performing speech-language pathology or audiology services while completing a clinical practicum as required by subsection 64B20-2.002, F.A.C.

Specific Authority 468.1135(4), 468.1215(3) FS. Law Implemented 468.1215(1), (2) FS. History—New 3-14-91, Formerly 21LL-4.002, Amended 10-12-93, Formerly 61F14-4.002, 59BB-4.002, Amended 2-14-01, 2-2-04, 2-14-07.
> Accountability: We perform with integrity & respect.
> Responsiveness: We achieve our mission by serving our customers & engaging our partners.
> Excellence: We promote quality outcomes through learning & continuous performance improvement.
> Purpose: To protect the public through health care licensure, enforcement and information.
> Focus: To be the nation's leader in quality health care regulation.
>
> Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to Department of Health Executive Staff Office the public and media upon request. Your email communication may therefore be subject to public disclosure.
May 5, 2016

Ivon Beatriz Camblor
9911 West Okeechobee Rd.
Apt 405
Hialeah Gardens, FL 33016

Dear Ms. Camblor:

This is to advise that your application is being presented to the Florida Board of Speech-Language Pathology and Audiology at its May 25, 2016 meeting, commencing at 9:00 am, to discuss your speech-language pathology assistant application. Although you are not required to attend the meeting it is in your best interest to do so. It is not possible to give you the exact time your application will be heard.

The meeting is a Telephone Conference Call Meeting:

Telephone Conference Call in Number: 1 888 670-3525
Participant Pass Code: 4737341539

The Board is requiring all persons participating in this meeting call in by 9:00 a.m.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings, or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

We appreciate your continued cooperation and assistance. If you have any additional questions, you may contact the board office at (850) 488-0595 or by email at info@floridasspeechaudiology.gov or at the address below.

Sincerely,

Rose Burney, CSPM
Regulatory Specialist II
### 4. EDUCATIONAL DATA

<table>
<thead>
<tr>
<th>Undergraduate Degree</th>
<th>Major/Specialty</th>
<th>Accredited School City/State/Country</th>
<th>Date of Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Master of Arts in Education</td>
<td>1. State Pedagogical Institute, V.I. Lenin (Moscow, Russia)</td>
<td>1. State Pedagogical Institute, V.I. Lenin (Moscow, Russia)</td>
<td>06/26/85</td>
</tr>
<tr>
<td>2. High School Diploma from Vocational School V.I. Lenin</td>
<td>2. Vocational School V.I. Lenin (Havana, Cuba)</td>
<td>2. Vocational School V.I. Lenin (Havana, Cuba)</td>
<td>09/05/79</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

A. I have completed the **Prevention of Medical Errors** course required by Florida Statute, as defined by Rule 64B20-2.001(3), F.A.C. If yes, provide the course and provider information below. If no, send a copy of the certificate once completed.

Provider Name: **Consultants for the Future**
Provider Number: **50-435**
Course Name/Title: **Prevention of Medical Errors for the Health Care Professional.**
Date Completed: **11/3/2015**

B. I have completed the **HIV/AIDS** course required by Florida Statute, as defined by Rule 64B20-2.007, F.A.C. If yes, provide the course and provider information below. If no, send a copy of the certificate once completed. See also Section 468.1201, F.S.

Provider Name: **Consultants for the Future**
Provider Number: **50-435**
Course Name/Title: **HIV/AIDS 4: A Mini Course.**
Date Completed: **11/3/2015**

### 5. APPLICANT HISTORY - PROFESSIONAL

If you answer “yes” to any question in this section, you must provide the following documentation WITH the application at the time of submission:

1. A self-explanation including details as to the state(s), license number(s), date(s), and relevant circumstances.
2. A copy of the complaint and disposition for each case.
3. A copy of any documentation from the state regarding the final actions/outcome of the issue.

A. Have you ever been denied a license/certificate to practice Speech-Language Pathology and/or Audiology or the renewal thereof in any state, U.S. Territory or foreign country? □ Yes □ No

B. Have you ever had a license/certificate to practice a profession revoked, suspended, or otherwise acted against (including probation, fine, reprimand or surrender in lieu of disciplinary action) in a disciplinary proceeding in any state, U.S. Territory or foreign country? □ Yes □ No

C. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice or lack of professional competence? □ Yes □ No

D. Is there a complaint currently pending against you in any jurisdiction, or an investigation of your professional conduct or competency in any profession? □ Yes □ No
6. APPLICANT HISTORY – CRIMINAL

If you answer "yes" to the question below, you must provide the following WITH the application at the time of submission:

1. A self-explanation regarding the charges on a separate sheet.
2. Copies of all pertinent court and arrest documents, including arrest report, official charge documentation and current disposition. This should include sentencing due to the arrest and proof of successful completion of your sentence. These documents can be obtained from the clerk of court in the county the offense occurred.

A. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.

B. 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?

C. 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).

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).

2. 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).

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.)

4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?

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?

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.)
9. APPLICANT STATEMENT

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 licensure. Section 456.013(1)(a), 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 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 that I have read Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules. I understand that it is my responsibility to keep informed of any changes to Chapter 468, Part I, F.S., Chapter 456, 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 TO PRACTICE THE PROFESSION.

Applicant's Signature: ___________________________ Date: 9/15/15
# Board of Speech-Language Pathology and Audiology
## Assistant Activity and Supervisory Plan

This form is to be used for new assistants, supervisory updates, and deletions of a supervisory relationship.

Both the assistant and supervisor are required to review the laws and rules for the profession. The laws and rules can be found on the Board's website at: www.doh.state.fl.us/mqa/speech

Check one:  
- [ ] New Assistant (applying for licensure)  
- [ ] Change in Supervisor (new supervisor)  
- [ ] Deletion of Supervisory Relationship

### Assistant's Information:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Ivan Beatriz Camiller</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>6951 West 29 Ave apt 201, Hialeah, FL 33018</td>
</tr>
<tr>
<td>Phone:</td>
<td>(786) 241-3404</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:camiller.21@gmail.com">camiller.21@gmail.com</a></td>
</tr>
</tbody>
</table>

Supervision will be:  
- [ ] Full-time  
- [x] Part-time

License Number: ______________________

### Supervisor's Information:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Carlos Naval Perez Hernandez</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name:</td>
<td>Communication Disorders, Inc.</td>
</tr>
<tr>
<td>Business Address:</td>
<td>1984 NW 54th Ave, Miami Gardens, FL 33055</td>
</tr>
<tr>
<td>Business Phone:</td>
<td>786-506-4454</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:carlosnal1.19@gmail.com">carlosnal1.19@gmail.com</a></td>
</tr>
</tbody>
</table>

License Number: SA 128 LF

Anticipated Start Date: 10/01/2015

### Supervisor's Signature:

Carlos Naval Perez Hernandez  
I have reviewed with my assistant, Chapter 468, Part I, Chapter 456, Florida Statutes, and Title 64B20, Florida Administrative Code (F.A.C.). I understand my responsibilities as a registered supervisor of an assistant and understand that any violation of the laws or rules may result in disciplinary action against my license. I also understand that the assistant shall engage only in those services that are listed in Rule 64B20-4.003, F.A.C.

Supervisor's Signature: ______________________ Date: 07/23/2015

### Assistant's Signature:

____________________  
I have reviewed, with my supervisor, Chapter 468, Part I, Chapter 456, Florida Statutes, and Title 64B20, Florida Administrative Code (F.A.C.). I understand my responsibilities as a registered assistant and understand that any violation of the laws or rules may result in disciplinary action against my license. I also understand that I shall engage only in those services that are listed in Rule 64B20-4.003, F.A.C.

Assistant's Signature: ______________________ Date: 7/22/15

The supervisor must return this form to:  
Board of Speech-Language Pathology and Audiology  
4052 Bald Cypress Way, Bin C06  
Tallahassee, FL 32399-3256

DH-MQA.1269, 4/13, Rule 64B20-4.003, F.A.C.
BOARD SUMMARY

Applicant Information:

Jamilah Tahirah Abdullah
File # 3296
Speech-Language Pathology Assistant

Issue:

Ms. Abdullah was asked to appear at the May 25, 2016 meeting to discuss the following issue:

Ms. Abdullah answered yes to History Health question:

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?

Material
Chair Appearance Email
Copy of Application
Jamilah Tahirah Abdullah
3461 Sw 20th Street
Fort Lauderdale, FL 33312

Dear Ms. Abdullah:

This is to advise that your application is being presented to the Florida Board of Speech-Language Pathology and Audiology at its May 25, 2016 meeting, commencing at 9:00 am, to discuss your speech-language pathology assistant application. Although you are not required to attend the meeting it is in your best interest to do so. It is not possible to give you the exact time your application will be heard.

The meeting is a Telephone Conference Call Meeting:

Telephone Conference Call in Number: 1 888 670-3525
Participant Pass Code: 4737341539

The Board is requiring all persons participating in this meeting call in by 9:00 a.m.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings, or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

We appreciate your continued cooperation and assistance. If you have any additional questions, you may contact the board office at (850) 488-0595 or by email at info@floridasspeechaudiology.gov or at the address below.

Sincerely,

Rose Burney, CSPM
Regulatory Specialist II
Excellence: We promote quality outcomes through learning & continuous performance improvement.
Purpose: To protect the public through health care licensure, enforcement and information.
Focus: To be the nation's leader in quality health care regulation.

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to Department of Health Executive Staff Office the public and media upon request. Your email communication may therefore be subject to public disclosure.
Discipline History

Have you ever been denied a license/certificate to practice Speech-Language Pathology and/or Audiology or the renewal thereof in any state, U.S. Territory, or foreign country?  
Your answer: NO

Have you ever had a license/certificate to practice a profession revoked, suspended, or otherwise acted against (including probation, fine, or reprimand) in a disciplinary proceeding in any state, U.S. Territory, or foreign country?  
Your answer: NO

Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice, or lack of professional competence?  
Your answer: NO

Are you now or have you ever 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?  
Your answer: NO

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?  
Your answer: N/A

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).  
Your answer: N/A

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?  
Your answer: N/A

Have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed?  
Your answer: N/A

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)?  
Your answer: NO

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?  
Your answer: N/A

Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?  
Your answer: NO

If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?  
Your answer: N/A

Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?  
Your answer: NO

Have you been in good standing with a state Medicaid program for the most recent five years?  
Your answer: N/A

Did the termination occur at least 20 years before the date of this application?  
Your answer: N/A

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?  
Your answer: NO

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?  
Your answer: N/A
Applicant Statement

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associates (past and 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 licensure. Section 456.013(1)(a) 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 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 TO PRACTICE THE PROFESSION.
Transcript Key

Accreditation
The University of Central Florida is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award degrees at the associate, baccalaureate, master, specialist and doctoral levels. The University of Central Florida's College of Medicine M.D. Program has received preliminary accreditation by Liaison Committee on Medical Education which is composed of representatives of the Association of American Medical Colleges and the American Medical Association.

History
The University of Central Florida was established in 1963 and was first named Florida Technological University. Classes began in 1968. The name was changed by action of the Florida Legislature on December 6, 1978. The University of Central Florida is one of eleven universities in the State University System of Florida. The College of Medicine M.D. Program was approved by the Florida Board of Governors and Florida Legislature in 2006. The M.D. Program admitted the charter class Fall of 2009.

Credit and Grades
Quarter credit hours were used at UCF from Fall 1968 through Summer 1981. Semester credit hours have been used since Fall 1981. All credit hours on this record have been converted to semester credit hours.

A semester hour of credit represents one class hour of work (or two or more laboratory hours of work) per week for a semester. Classes may be offered for a six-week period during the Summer Term. During this shortened term, two class hours of work (or four or more laboratory hours of work) per week are required to represent a semester hour of credit.

All undergraduate credit transferred to UCF is shown on the permanent record. The listing of courses on the transcript does not assure acceptance toward any specific graduation requirement.

The plus/minus grading system became effective Fall 2001.

Grading System Used in GPA Computation (Grade and Grade Points)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Grade Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.00</td>
</tr>
<tr>
<td>A-</td>
<td>3.75</td>
</tr>
<tr>
<td>A+</td>
<td>4.00</td>
</tr>
<tr>
<td>B</td>
<td>3.00</td>
</tr>
<tr>
<td>B-</td>
<td>2.75</td>
</tr>
<tr>
<td>B+</td>
<td>3.25</td>
</tr>
<tr>
<td>C</td>
<td>2.00</td>
</tr>
<tr>
<td>C+</td>
<td>2.25</td>
</tr>
<tr>
<td>WF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Grading Not Used in GPA Computation

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Incomplete</td>
</tr>
<tr>
<td>N</td>
<td>No Grade Report</td>
</tr>
<tr>
<td>NC</td>
<td>No Credit</td>
</tr>
<tr>
<td>S</td>
<td>Unsatisfactory (with credit)</td>
</tr>
<tr>
<td>U</td>
<td>Unsatisfactory (no credit)</td>
</tr>
<tr>
<td>W</td>
<td>Withdrawn</td>
</tr>
<tr>
<td>WH</td>
<td>Withdrawn (health form withdrawal)</td>
</tr>
<tr>
<td>WM</td>
<td>Medical Withdrawal</td>
</tr>
<tr>
<td>WP</td>
<td>Withdrawn Passing</td>
</tr>
<tr>
<td>X</td>
<td>Audit</td>
</tr>
<tr>
<td>Z</td>
<td>Designation for Academic Dishonesty (precedes letter grade)</td>
</tr>
</tbody>
</table>

Course Types

- **Course Type (located next to Grade)**
  - blank: Regular Credit
  - T: Repeated Course (not included in GPA)
  - R: Repeated Course (for Grade Forgiveness, included in GPA)

Service Learning

- Specific courses with Service Learning component include (SL) in the title.

College of Medicine Grading System (M.D. Program Only)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Excellent Performance</td>
</tr>
<tr>
<td>B</td>
<td>Good Performance</td>
</tr>
<tr>
<td>C</td>
<td>Conditional Performance</td>
</tr>
<tr>
<td>F</td>
<td>Unacceptable Performance</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete Work</td>
</tr>
<tr>
<td>W</td>
<td>Withdrawn</td>
</tr>
<tr>
<td>R</td>
<td>Grade Forgiveness (grade follows reflecting student repeated course)</td>
</tr>
<tr>
<td>T</td>
<td>Temporary Grade (Performance pending review by the Student Evaluation and Promotion Committee)</td>
</tr>
<tr>
<td>P/F</td>
<td>Faculty may specify some programs (selectives/electives) can be graded using [P] Pass [F] Fail</td>
</tr>
</tbody>
</table>

NOTE: UCF College of Medicine M.D. Program does not calculate GPA or Class Rankings.

Course Levels

- The UCF course numbers appearing on this transcript are part of the Florida Common Course Numbering System.
- The first digit indicates the level of instruction:
  - 1: Freshman
  - 2: Sophomore
  - 3: Junior
  - 4: Senior
  - 5 and higher: Post-Baccalaureate, Graduate and Medicine

Academic Standing

- A student is placed on **academic probation** when his/her UCF cumulative GPA drops below 2.0. A student on academic probation is **disqualified** upon failure to achieve a minimum term 2.0 GPA while on academic probation. A student who is disqualified may not enroll at UCF for two semesters following disqualification. Disqualified students who require 15 or more semester hours of "B" grade course work to raise the UCF cumulative GPA to 2.0 are not eligible for readmission to UCF. A student readmitted following disqualification who fails to achieve a minimum term 2.0 GPA is **excluded** from the University. Excluded students are not eligible for readmission to UCF.

Academic Amnesty

- Effective Fall 2004, the Academic Amnesty Program provides undergraduate students who are not eligible for readmission for academic reasons the opportunity to readmit to UCF after five or more years of separation. Upon successful completion of the Amnesty Program, UCF nullifies up to two consecutive terms of UCF coursework from the UCF cumulative GPA. All coursework remains part of the student's permanent record and is recorded with nullified terms and courses identified by the "T" Course Type.
Florida Board of Speech-Language & Audio

PARCHMENT OFFICIAL DOCUMENT contains multiple security features to prevent unauthorized duplication.

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- Parchment Official Document Seal will appear when held at a 45° angle.
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How to Authenticate This Official Transcript
From the University of Central Florida

This official transcript has been sent to the recipient, and is intended solely for use by the recipient. The University of Central Florida’s Registrar’s Office has partnered with Parchment, Inc to provide print and mail services on behalf of the University. This document may have a slightly modified layout from previously received official transcripts; however this new format will be used moving forward.

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The transcript key and guide to transcript evaluation is the last page of this document.

If you require further information regarding the authenticity of this transcript, you may email or call the University of Central Florida Registrar’s Office at registrar@ucf.edu or 407-823-3100.
Intentionally left blank.
Consultants for the Future certifies that

Jamilah Abdullah has met the requirements completing

HIV/AIDS 1
A Mini Course

1 Contact Hour has been awarded.

Date Started
1/19/2016

Date Completed
1/19/2016

License No.

Consultants for the Future has been approved by the Florida Boards of Nursing, Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling, Massage Therapy, Occupational Therapy, Speech and Language Therapy and Audiology (first-time licensure only for this course) Nursing Home Administrators, and Council of Certified Nursing Assistants, Provider No. 50-435. It is accepted through complementary board approval by the Florida Boards of Athletic Training, Clinical Laboratory Personnel, Podiatric Medicine, Respiratory Therapy, Dietetics and Nutrition, Midwifery, Electrolysis, and School Psychologists. It is accepted by reciprocity by the Florida Physical Therapy Association (FPTA). It is approved by the Ohio Board of Speech and Language Therapy and Audiology Provider No. 50-435; the District of Columbia Board of Nursing, Provider No. 50-435; The Alabama Board of Occupational Therapy, Provider No. 50-435; The Georgia Board of Nursing, Provider No. 50-435; the California Board of Nursing, Provider No. 04422; Iowa Boards of Nursing, Provider No. 61, the Iowa Behavioral Science Examiners for Mental Health Counselors and Marital & Family Therapists, Sponsor No. 1-05, the Iowa Social Work Examiners, Sponsor No. 334. The course meets the requirements of the Minnesota, Ohio, Nevada, and other states by reciprocity.
Certificate of Completion

This is to certify that Jamilah Abdullah 9595755 has completed the 2 contact hour course #91331 Medical Error Prevention and Root Cause Analysis on January 20, 2016.

Freda S. O'Brien Erin K. Meinyer
Director of Academic Affairs Executive Director

NetCE is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Alabama, Provider #ABNP0353, (valid through December 12, 2017); California, BRN Provider #CEP9784; California, LVN Provider #V10662; California, PT Provider #V10842; Florida, Provider #50-2405; Iowa, Provider #295; Kentucky, Provider #7-0854 through 12/31/2017. AACN Synergy CERP Category C.

This course fulfills the Florida requirement for 2 hours of education on the Prevention of Medical Errors.

This certificate must be retained for a period of four years after course completion. Do not send this certificate to the Board of Nursing. Keep it for your personal records.
Jamilah Abdullah
File #: 3296
Certificate of Completion for:
1: HIV/AIDS Course
2: Prevention of Medical Errors Course
BOARD SUMMARY

Applicant Information:
Diana Elaine Rubio
File # 3260
Speech-Language Assistant

Issue:
The application was reviewed by the education liaison and could not be approved based on the information provided. The application is being presented to the Board for consideration of the educational requirements.

Material
Application
Evaluation of educational credentials
Correspondence
Dr. Diana Elaine Rubio
112 11217 N Kendall Dr Apt. C102
Miami, FL 33176

Dear Ms. Rubio:

This is to advise that your application is being presented to the Florida Board of Speech-Language Pathology and Audiology at its May 25, 2016 meeting, commencing at 9:00 am, to discuss your speech-language pathology assistant application. Although you are not required to attend the meeting it is in your best interest to do so. It is not possible to give you the exact time of your appearance.

The meeting is scheduled to take place at:

Telephone Conference Call in Number: 1 888 670-3525
Participant Pass Code: 473 734 1539

The Board is requiring all persons participating in this meeting call in by 9:00 a.m.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings, or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

We appreciate your continued cooperation and assistance. If you have any additional questions, you may contact the board office at the address listed below, or by (850) 245-4444 ext. 3495 or e-mail at jacqueline.clahar@flhealth.gov.

Sincerely,

Jacqueline Clahar-Anderson
Regulatory Specialist II

Florida Department of Health
Division of Medical Quality Assurance • Bureau of HCPR
4062 Gold Cypress Way, Bin C05 • Tallahassee, FL 32399-3256
PHONE: (850)245-4444 • FAX: (850) 850-921-8184
can not accept app  no info on courses taken

---- "Clahar wrote:

> Good afternoon,
> > Attached is a provisional application for review and licensure recommendation.
> >
> > Jacqueline Clahar-Anderson
> > Regulatory Specialist II
> > Florida Board of Acupuncture
> > Council of Licensed Midwifery &
> > Speech Pathology & Audiology
> > 4052 Bald Cypress Way, Bin C 06
> > Tallahassee, Fl 32399
> > Phone: 850-245-4444 ext. 3495
> > Fax: 850-921-6184
> > Web: www.floridasacupuncture.gov
> > Jacqueline.Clahar@flhealth.gov
> > Customer Satisfaction Survey.
> > Please contact my supervisor to comment on my customer service at Daisy.King@flhealth.gov.
> > http://survey.doh.state.fl.us/survey/entry.jsp?id=1224772782379
> > Attention Health Care Practitioners: There have been changes to the license renewal process. To learn more about CE/CME@Renewal visit www.flhealthsource.com<http://www.flhealthsource.com/>. For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at MQARreportCE@health.gov.
> >
> > Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, &
community efforts.
> > Vision: Healthiest State in the Nation
> > Innovation: We search for creative solutions and manage resources wisely.
> > Collaboration: We use teamwork to achieve common goals & solve problems.
> > Accountability: We perform with integrity & respect.
> > Responsiveness: We achieve our mission by serving our customers & engaging our partners.
> > Excellence: We promote quality outcomes through learning & continuous performance improvement.
> > Purpose: To protect the public through health care licensure, enforcement and information.
> > Focus: To be the nation's leader in quality health care regulation.
> > Please note: Florida has a very broad public records law. Most written communications to or from state officials
regarding state business are public records available to the public and media upon request. Your e-mail communications
may therefore be subject to public disclosure.
> >
Yes - I have completed the Prevention of Medical Errors education required by Florida Statute, as defined by Rule 64B20-2.001(3), F.A.C. A copy of the completion certificate must be submitted to the board office by mail prior to issuance of a license.

<table>
<thead>
<tr>
<th>Provider Name:</th>
<th>CONSULTANTS FOR THE FUTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Number:</td>
<td>50-435</td>
</tr>
<tr>
<td>Course Name/Title:</td>
<td>PREVENTION OF MEDICAL ERRORS</td>
</tr>
<tr>
<td>Date Completed:</td>
<td>10/29/2015</td>
</tr>
</tbody>
</table>

HIV/AIDS is a one-time, one hour requirement to be completed prior to initial licensure. Refer to Section 468.1201, F.S., and Rule 64B20-2.007 for more information.

Yes - I have completed the HIV/AIDS education required by Florida Statute, as defined by Section 468.1201, F.S., and Rule 64B20-2.007. A copy of the completion certificate must be submitted to the board office by mail prior to issuance of a license.

<table>
<thead>
<tr>
<th>Provider Name:</th>
<th>CONSULTANTS FOR THE FUTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Number:</td>
<td>50-435</td>
</tr>
<tr>
<td>Course Name/Title:</td>
<td>HIV AIDS 1</td>
</tr>
<tr>
<td>Date Completed:</td>
<td>10/30/2015</td>
</tr>
</tbody>
</table>

**Criminal History**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense?

Your answer: **NO**

** Discipline History**

Have you ever been denied a license/certificate to practice Speech-Language Pathology and/or Audiology or the renewal thereof in any state, U.S. Territory, or foreign country?

Your answer: **NO**

Have you ever had a license/certificate to practice a profession revoked, suspended, or otherwise acted against (including probation, fine, or reprimand) in a disciplinary proceeding in any state, U.S. Territory, or foreign country?

Your answer: **NO**

Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice, or lack of professional competence?

Your answer: **NO**

Is there a complaint currently pending against you in any jurisdiction, or an investigation of your professional conduct or competency in any profession?

Your answer: **NO**
Questions related to Section 466.0635(2), Florida Statutes

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?

Your answer: NO

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?

Your answer: N/A

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(8)(a), Florida Statutes).

Your answer: N/A

For the felonies of the third degree under Section 893.13(8)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?

Your answer: N/A

Have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed?

Your answer: N/A

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)?

Your answer: NO

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?

Your answer: N/A

Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?

Your answer: NO

If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

Your answer: N/A

Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?

Your answer: NO

Have you been in good standing with a state Medicaid program for the most recent five years?

Your answer: N/A

Did the termination occur at least 20 years before the date of this application?

Your answer: N/A

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?

Your answer: NO

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?

Your answer: N/A
I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associates (past and 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 licensure. Section 456.013(1)(a) 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 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 TO PRACTICE THE PROFESSION.
Ms. Rubio pursued graduate study at Metropolitan Autonomous University (La Universidad Autonoma Metropolitana). Founded in 1973, the Metropolitan Autonomous University is a recognized (accredited) public institution of higher education in Mexico.

Ms. Rubio was awarded the Master of Neurological Rehabilitation (Master en Rehabilitación Neurologica) by Metropolitan Autonomous University on July 6, 2006. This is the equivalent of the U.S. degree of Master of Science in Neurological Rehabilitation earned at a regionally accredited institution of higher education in the United States.

Ms. Rubio pursued doctoral study at Intercontinental University (Universidad Intercontinental). Founded in 1976, Intercontinental University is a recognized (accredited) private institution of higher education in Mexico.

Ms. Rubio was awarded the degree of Doctor in Neurodevelopment (Doctora en Neurodesarrollo) by Intercontinental University of Mexico on June 24, 2010. This is the equivalent of the U.S. degree of Doctor of Philosophy in Neurodevelopment earned at a regionally accredited institution of higher education in the United States.

This evaluation is a statement solely of educational equivalence; only the qualified authorities can determine whether an individual educated abroad can be licensed in the United States.
In summary, it is the judgment of Josef Silny & Associates, Inc., International Education Consultants, that Ms. Rubio has the equivalent of the U.S. degrees of Bachelor of Science in Special Education, Master of Science in Neurological Rehabilitation, and Doctor of Philosophy in Neurodevelopment earned at a regionally accredited institution of higher education in the United States.

Sincerely,

Yakeline Cruz
Senior International Education Consultant
YC: 030

Noel Rodriguez
Senior International Education Consultant
TRANSLATION SERVICE

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

CERTIFICATION

I hereby certify that the attached is, to the best of our knowledge and belief, a true and accurate translation into English of the attached document(s) in Spanish.

Stephen Paez
Director of Translation

Sworn and subscribed before me this 24th day of the month of November of the year 2015.

Notary Public State of Florida at Large

Personally known OR Produced Identification.
Type of Identification: None is required.

Josef Silny & Associates, Inc.
International Education Consultants
7101 SW 102 Avenue
Miami, FL 33173
Tel: (305) 273-1616  Fax: (305) 273-1338
E-Mail: info@jsilny.org
   www.jsilny.org
The Rector of the “Enrique Jose Varona”
Higher Pedagogic Institute

by virtue of the powers vested in him and upon recommendation of the Dean of the Faculty, issues
this diploma of Licentiate in Education, Specialty: Special Education
to

Diana Elaine Rubio Suarez

for having fulfilled all the established requirements for this specialty, and having accomplished all
actions in order to complete her studies, on July 15, 1999.
In witness whereof, this document is signed in Havana City on July 20, 1999.

[signature] [signature]
Dean Rector

Countersigned:

[signature]
General Secretary

Entered on page 0747, number 20600 of the book of records kept at the Secretariat of this higher
education center.

Entered on page 8206, number 4105 of the book of records kept at the Faculty of Childhood
Education.
El Secretar del Instituto Superior

Escriba López de Arroyo

Se trata de una ordenanza que el mismo ha cumplido con respecto a la graduación de los estudiantes de la escuela, en el año de los mismos. La cuenta de sus partes y en el momento de su expedición se hace una noticia de la misma en la que se recuerda su expedición.
TRANSLATION SERVICE

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

CERTIFICATION

I hereby certify that the attached is, to the best of our knowledge and belief, a true and accurate translation into English of the attached document(s) in Spanish.

______________________________
Stephen Paez
Director of Translation

Sworn and subscribed before me this ___ day of the month of November of the year 2015.

Notary Public State of Florida at Large

______________________________
Josef Silny & Associates, Inc.
International Education Consultants
7101 SW 102 Avenue
Miami, FL 33173
Tel: (305) 273-1616  Fax: (305) 273-1338
E-Mail: info@jsilny.org
www.jsilny.org
THE METROPOLITAN AUTONOMOUS UNIVERSITY

grants the MASTER'S DEGREE IN NEUROLOGICAL REHABILITATION to DIANA ELAINE RUBIO SUAREZ for having completed the corresponding studies at the Xochimilco Campus in accordance with the plans and programs approved by the academic college.

[signature] [signature] [signature]
GENERAL RECTOR GENERAL SECRETARY CAMPUS RECTOR
Dr. Jose Lema [illegible] Luis Javier Melgoza Valdivia, M.A. Dr. Adrian de Garay Sanchez

Mexico, Federal District, July 6, 2006
LA

UNIVERSIDAD AUTÓNOMA METROPOLITANA

EXPIDE LA MAESTRÍA EN
MASTER EN REHABILITACIÓN NEUROLÓGICA
A
DIANA ELAINE RUBIO SUÁREZ

EN VIRTUD DE HABER REALIZADO
LOS ESTUDIOS CORRESPONDIENTES
EN LA UNIDAD XOCHIMILCO
CONFORME A LOS PLANES
Y PROGRAMAS APROBADOS
POR EL COLEGIO ACADÉMICO.
TRANSLATION SERVICE

Corporate Member of the American Translators Association

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

CERTIFICATION

I hereby certify that the attached is, to the best of our knowledge and belief, a true and accurate translation into English of the attached document(s) in Spanish.

______________________________
Stephen Pacz
Director of Translation

Sworn and subscribed before me this 19th day of the month of November of the year 2015.

Notary Public State of Florida at Large

Personally known x OR Produced Identification.
Type of Identification: None is required.

Josef Silny & Associates, Inc.
International Education Consultants
7101 SW 102 Avenue
Miami, FL 33173
Tel: (305) 273-1616 Fax: (305) 273-1338
E-Mail: info@jsilny.org
www.jsilny.org
INTERCONTINENTAL UNIVERSITY

bestows upon

Diana Elaine Rubio Suarez

the degree of

Doctor in Neurodevelopment

with official recognition of academic validity granted by the Secretariat of Public Education, in accordance with Agreement No. 00932901 of January 19, 1993, for having completed the corresponding studies and having passed the graduation exam, which she took on May 25, 2010.

[motto in Latin]

Issued at the University Campus in Santa Ursula Xitle, Tlalpan, Mexico City, Federal District, on June 24, 2010.

The Rector
[signature]
Sergio Cesar Espinosa Gonzalez, M.A.
UNIVERSIDAD INTERCONTINENTAL

Diana Elaine Rubio Suárez

El Grado de

Doctora en Neurodesarrollo

Con reconocimiento de valoroso oficial de estudios de la Secretaría de Educación Pública, según acrédito No. 00892001 de fecha 10 de enero de 1992 y en atención a que término los estudios correspondientes a mérito obtenidos excepcionalmente, otorgo la calificación de Doctora en Neurodesarrollo

"DICT ET DOCEI"

Plaza en el Campus Universitario en Santo Tomás de Zitla, Morelos, el día 4 de mayo de 2000.

[Signature]
Mexico, D.F., octubre 27, 2015

To Whom It May Concern:

This is to confirm that I have known Ms. Diana Rubio for over 15 years. I am both a friend and co-worker of Diana. As a co-worker Diana has demonstrated qualities that I admire. She is responsible, reliable, trustworthy, and an excellent team player.

Our working relationship started since his student days, doing her thesis with us in the early intervention program for children with disabilities, our team selected to MS Rubio to join us for their excellent features for both work with children with special educational needs and to participate in research programs.

Back in Mexico she has worked in teaching graduates on this issue and as a therapist for children with language disorders her attitude has always been important so I think Dr. Rubio has extensive experience in working with special children and has more than 1500 hours face to face with patients over 15 years of experience in this field.

Sincerely,

Dr. Jose Carlos Cueto Gonzáles
Mexican Institute of Hearing and Language /University of “La Salle”
Professor / Consultant Pediatric Neurology
To whom it may concern:

The purpose of this letter serves to inform you that Diana Elaine Rubio Suárez performed labor practices at our center.

She conducted these practices for over a two year period from September 2006 to October 2008.

Mrs. Rubio held a Master's Degree in Neurological Rehabilitation and at our center she managed patient's in our Cognitive Psychotherapy Unit. Mrs. Rubio offered assessment and therapeutic services between the hours of 9:00 A.M. to 2:00 P.M.

Our institution has agreements with the Autonomous Metropolitan University where Mrs. Rubio conducted her studies hence, as a graduate Mrs. Rubio provided teaching and supervised various clinical investigations.

Dr. Carlos Viñals Labañino
Rehabilitation Doctor
October, 25 2015

To whom it may concern

Through this I note that Diana Elaine Rubio Suarez perform their labor practices when he graduated from his degree in special school "El Ualí Mustafá Sayed" this school is in "Liberty City School" in Havana, Cuba.

This work experience was conducted in 1999-2000 with a schedule of 8:00 A.M. to 4:30 P.M. This year she worked as a teacher and was given excellent evaluations for its great performance in all assignments, demonstrating its capacity for teamwork and knowledge to develop activities with these children.

Lourdes Maria Del Sol
Degree in Special Education
Havana, Cuba
545 559
HIV/AIDS is a one-time, one hour requirement to be completed prior to initial licensure. Refer to Section 468.1201, F.S., and Rule 64B20-2.007 for more information.

Yes - I have completed the HIV/AIDS education required by Florida Statute, as defined by Section 468.1201, F.S., and Rule 64B20-2.007. A copy of the completion certificate must be submitted to the board office by mail prior to issuance of a license.

Provider Name: CONSULTANTS FOR THE FUTURE
Provider Number: 50-435
Course Name/Title: HIV/AIDS 1
Date Completed: 01/27/2016

Criminal History
Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense?  Your answer: YES

Discipline History
Have you ever been denied a license/certificate to practice Speech-Language Pathology and/or Audiology or the renewal thereof in any state, U.S. Territory, or foreign country?  Your answer: NO

Have you ever had a license/certificate to practice a profession revoked, suspended, or otherwise acted against (including probation, fine, or reprimand) in a disciplinary proceeding in any state, U.S. Territory, or foreign country?  Your answer: YES

Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice, or lack of professional competence?  Your answer: NO

Is there a complaint currently pending against you in any jurisdiction, or an investigation of your professional conduct or competency in any profession?  Your answer: NO
Questions related to Section 456.0635(2), Florida Statutes

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?

Your answer: NO

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?

Your answer: N/A

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).

Your answer: N/A

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?

Your answer: N/A

Have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed?

Your answer: N/A

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)?

Your answer: NO

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?

Your answer: N/A

Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?

Your answer: NO

If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

Your answer: NO

Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?

Your answer: NO

Have you been in good standing with a state Medicaid program for the most recent five years?

Your answer: N/A

Did the termination occur at least 20 years before the date of this application?

Your answer: N/A

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?

Your answer: YES

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?

Your answer: YES

Additional Information

Availability for Disaster: Will you be available to provide health care services in special needs shelters or help staff disaster medical assistance teams during times of emergency or major disaster?

Your answer: YES
Statement

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associates (past and 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 licensure. Section 456.013(1)(a) 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 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 TO PRACTICE THE PROFESSION.
Name: MRS. JEANETTE TORRELLA-DIAZ
Profession: 3001
Transaction Code: 1022
File Number: 15040

Please provide a copy of your completion certificates of an approved two (2) hour course in the prevention of medical errors and a 1-hour HIV/AIDS course.

Prevention of Medical Errors - Chapter 456.013(7), F.S. requires completion of a two (2) hour education course relating to prevention of medical errors. The course shall include a study of root-cause analysis, error reduction and prevention, and patient safety. (Note: Please refer to rules 64B20-2.001, F.A.C. and 64B20-6.001, F.A.C., for the requirements of this course).

The medical errors course must be taken from a provider approved by the Board of Speech-Language Pathology and Audiology or the American Speech-Language Hearing Association (ASHA). To obtain a list of approved providers, please visit CEBroker at www.cebroker.com or call (877) 434-6323 for assistance.

HIV/AIDS - Chapter 468.1201, F. S. requires completion of a one (1) hour education course on human immunodeficiency virus and acquired immune deficiency syndrome.

Please mail this information, along with this cover sheet to:

Florida Board of Speech-Language Pathology and Audiology
4052 Bald Cypress Way, Bin C-06
Tallahassee, FL 32399-3256
Consultants for the Future
www.consultantsforthefuture.com
certifies that
JEANETTE TORRELLA
has met the requirements completing
HIV/AIDS 1
A Mini Course
1 Contact Hour has been awarded.

License No.

Date Started
1/27/2016

Date Completed
1/27/2016

Dr. [Signature]
Administrator

Consultants for the Future has been approved by the Florida Boards of Nursing, Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling, Massage Therapy, Occupational Therapy, Speech and Language Therapy and Audiology (first-time licensure only for this course) Nursing Home Administrators, and Council of Certified Nursing Assistants, Provider No. 50-435. It is accepted through complementary board approval by the Florida Boards of Athletic Training, Clinical Laboratory Personnel, Podiatric Medicine, Respiratory Therapy, Dietetics and Nutrition, Midwifery, Electrolysis, and School Psychologists. It is accepted by reciprocity by the Florida Physical Therapy Association (FPTA). It is approved by the Ohio Board of Speech and Language Therapy and Audiology Provider No. 50-435; the District of Columbia Board of Nursing, Provider No. 50-435; The Alabama Board of Occupational Therapy, Provider No. 50-435, The Georgia Board of Nursing, Provider No. 50-435; the California Board of Nursing, Provider No. 04422; Iowa Boards of Nursing, Provider No. 61, the Iowa Behavioral Science Examiners for Mental Health Counselors and Marital & Family Therapists, Sponsor No. 1-05, the Iowa Social Work Examiners, Sponsor No. 334. The course meets the requirements of the Minnesota, Ohio, Nevada, and other states by reciprocity.
Consultants for the Future
www.consultantsforthefuture.com
certifies that

JEANETTE TORRELLA

has met the requirements completing

Prevention of Medical Errors
for Healthcare Professionals

2 Contact Hours have been awarded.

License No.

Date Started
1/27/2016

Date Completed
1/27/2016

Dr. Linda Smolik
Administrator

Consultants for the Future has been approved by the Florida Boards of Nursing, Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling, Massage Therapy, Respiratory Therapy, Acupuncture, Occupational Therapy, Speech and Language Therapy and Audiology, and Nursing Home Administrators Provider No. 50-435. It is approved through complementary board by the Florida Board of Midwifery, Dietetics and Nutrition, and Electrolysis. This course is accepted by the Florida Physical Therapy Association. It is approved by the Iowa Boards of Nursing, Provider No. 61, Behavioral Science Examiners for Mental Health Counselors and Marital & Family Therapists, Sponsor No. 1-05, and Social Work Examiners, Sponsor No. 334. It is approved by the California Board of Nursing, Provider No. 04422; the Georgia Board of Nursing; the District of Columbia Board of Nursing; the Alabama Board of Occupational Therapy, and the Ohio Board of Speech Therapy. The course meets the requirements of the Minnesota, Ohio, Nevada, and Kentucky. Alabama Boards of Nursing, and other states by reciprocity.
Florida Department of Health
Enrollment Verification

Name: MRS. JEANETTE TORRELLA-DIAZ
Profession: 3001
Transaction Code: 1022
File Number: 15040

Enrolled in Educational Training Program – You have indicated that on or before July 1, 2009, you were enrolled in an educational or training program in the profession in which you are seeking licensure. Please provide official documentation verifying your enrollment status to the Board Office.

Please mail this cover sheet along with any supplemental documentation to:
Florida Board of Speech-Language Pathology and Audiology
4052 Bald Cypress Way, Bin C-06
Tallahassee, FL 32399-3256
Date: April 4, 2014

RE: TERMINATION OF SUPERVISION
DC# M25917
DOCKET/UC NO(S) F1021761

Ms. Jeanette Torrela
13115 SW 117 Terrace
Miami, Florida 33186

Dear Ms. Torrela:

You are hereby notified that you completed your term(s) of supervision on April 2, 2014, as referenced above, and are no longer under the supervision of the Department of Corrections.

I would like to extend to you best wishes for a very successful future.

If you were adjudicated guilty and on supervision for a felony offense, please see attached information sheet prepared by the Office of Executive Clemency, entitled RESTORATION OF CIVIL RIGHTS, PARDONS, PARDONS WITHOUT FIREARM AUTHORITY, FIREARM AUTHORITY, REMISSION OF FINES AND FORFEITURES updated October 1, 2012 for information regarding the restoration of civil rights process. This information sheet and the application can be accessed on the following website for future reference: https://fpc.state.fl.us/Clemency.htm or call (850) 488-2952.

Sincerely,

Sigfield Valbrun, Correctional Probation Officer

☐ If you were on supervision for a sexual offense, attached is a copy of the Notice of Responsibilities, which outlines your continued responsibilities in accordance with Florida Statutes.

☐ If you were sentenced as a career offender, attached is a copy of the Career Offender Notice of Responsibilities, which outlines your continued responsibilities in accordance with Florida Statutes.

Trust ★ Respect ★ Accountability ★ Integrity ★ Leadership

Probation and Parole Services-Miami South Office
12295 SW 133rd Court • Miami, Florida 33186 • Phone: (305) 252-4400 • FAX: (305) 252-4485
IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

STATE OF FLORIDA, Plaintiff.

v.

JEANETTE TORRELLA, Defendant.

CASE NO: F10-21761D
JUDGE: Glick
OSP case #: 2010-0224-MIA
MFCU case #: 09-08-0233

Plea Agreement

COMES NOW NICHOLAS B. COX, Statewide Prosecutor, State of Florida, by
and through the undersigned Special Assistant Statewide Prosecutor, and pursuant to
FRCP 3.171, enters into this contract for a plea agreement with the defendant,
JEANETTE TORRELLA, and her attorney, Andrea Cunill, Esquire. The specific terms
of this agreement are dependent upon the acceptance by the Honorable Stacy D. Glick,
who is the presiding judge in this case. If these terms are not acceptable by the Court, the
entire agreement shall be considered void ab initio and all parties will return to their pre-
agreement status. This agreement shall become enforceable against the respective parties
after its ratification and acceptance by the Court pursuant to F.R.C.P. 3.172.

1. The defendant shall plead guilty to counts 13 and 14 of the information as
amended, pursuant to this agreement, to two counts of compounding a felony (F.S.
843.14), misdemeanors of the first degree, in F10-21761D. The charges are being
amended only in exchange for this plea and full cooperation with the agreement. The
defendant’s plea of guilty is irrevocable. In exchange for the defendant’s guilty plea and
full cooperation with this agreement, the State will nolle prose count 15.

2. The defendant agrees to waive all rights to which she would be entitled if
she went to trial, including but not limited to:
a.) The right to persist in a plea of not guilty;
b.) The right to a jury trial;
c.) The right to assistance of counsel during a jury trial;
d.) The right to compel the attendance of witnesses on her behalf;
e.) The right to confront and cross-examine state witnesses;
f.) The right against self-incrimination;
g.) The right to appeal all matters relating to any judgments.

Defendant’s Obligations

3. The defendant agrees to be continually available without subpoena for any
and all meetings, interviews, depositions, hearings, grand juries and trials of any
individuals as required by the State of Florida and/or the Medicaid Fraud Control Unit

Defendant’s Initials __________________

Docket No. 12-1293
LG. Ex. 1
Page 1 of 5
and further agrees to provide truthful and complete information and testimony at such meetings, interviews, depositions, hearings, grand juries and trials. The defendant shall stipulate that the information given in any statement to Investigator Alvarez, Investigator Padron and/or Lieutenant Suarez is true and correct. The defendant specifically agrees not to falsely implicate any person or entity through false information.

4. The defendant’s cooperation and testimony shall be entirely unconditional. The defendant hereby waives her Fifth Amendment right against self-incrimination and any Fifth/Sixth Amendment rights to counsel during the course of any investigations or testimony in which the defendant may participate or provide pursuant to the terms and conditions of this agreement. The defendant understands and knowingly and intelligently, without threats or promises, specifically waives each and every one of the following rights:
   a) The right to remain silent;
   b) The right against self-incrimination;
   c) The right to have a lawyer present during questioning;
   d) The right to a lawyer at no cost;

5. The defendant agrees not to claim any privilege or Fourth Amendment right to be free of unreasonable searches or seizures when questioned about the circumstances of the instant case or any other criminal acts of which the defendant has knowledge or when asked to provide for review or duplication or give up possessor interest in any documents or tangible items which are in any way related to criminal acts.

6. The defendant understands and agrees that she is subject to random “integrity checks” at the discretion of the Medicaid Fraud control Unit and/or another supervising law enforcement agency. An “integrity check” may include but is not limited to the search of the defendant’s residence, vehicle(s), person and/or testing for use of illegal substances. A positive test result for an illegal controlled substance will be a violation of this agreement and the defendant will be sentenced pursuant to paragraph eleven (11) of this Agreement.

7. The defendant shall not have any contact with any un-plead co-defendants, or possible future co-defendants, in this case. While the defendant may have contact with any co-defendants who have plead, she may not speak with them about facts of the case. Any improper contact, without prior authorization, shall be considered a violation of the terms of this agreement.

8. The defendant agrees, at the option of the State of Florida, to submit to a polygraph examination to verify the truthfulness and completeness of any statement or testimony provided by the defendant pursuant to the requirement of this Agreement. The State of Florida shall select the polygraph examiner. The defendant further agrees and stipulates to the competency of the examiner, the results of the examination, the reliability of polygraph examination and waives any right to contest the results, competency or reliability. The defendant agrees and stipulates that an affidavit attesting to the results of the polygraph examination administered to the defendant pursuant to this Agreement shall be admissible proof in a court of this state, of the results of the examination. The

DEFENDANT’S INITIALS (MM)
defendant shall also be responsible for the costs incurred from the polygraph examination and interpretation of results.

9. The defendant agrees to refrain from the commission of any crime during the pendency of this case and/or the defendant’s cooperation. The commission by the defendant of any crime, occurring inside or outside Miami-Dade County shall be a violation of this Agreement and the defendant will be sentenced pursuant to paragraph eleven (11). A conviction in a court of law shall not be a prerequisite for such an offense to constitute a violation of this agreement.

SENTENCING

10. The parties agree that the defendant shall receive a withhold of adjudication as to each count and be placed on reporting probation for a period of 2 years (1 year for each count, to run consecutive to one another). There shall be no early termination of this probation.

She shall abide by all terms of this agreement herein laid out, but additionally shall do the following:

Defendant must pay $13,929.86 in restitution at no less than $500.00 per month, to:
Office of the Attorney General
Medicaid Fraud Control Unit
PL-01, The Capitol
Tallahassee, Florida 32399-1050
MFCU case #: 09-08-0233
Payee #: 32OFFAT001

Once all of the restitution has been paid, then the defendant shall begin paying the other costs attributable.

The defendant shall pay $4036.37 cost of prosecution at the rate of no less than $175.00 per month to:
Office of Statewide Prosecution
PL-01, The Capitol
Tallahassee, Florida 32399-1050
OSP Case Number: 2010-0224-MIA
Payee ID Number: 32PROSE000

The defendant shall pay $112,608.80 cost of investigation at the rate of no less than $325.00 per month to:
Office of the Attorney General
Medicaid Fraud Control Unit
PL-01, The Capitol
Tallahassee, Florida 32399-1050
MFCU case #: 09-08-0233
Payee #: 32OFFAT001

* The cost of investigation shall be joint and several with her co-defendants.

DEFE ADANT'S INITIALS [Signature]
17. All of the agreements between the State of Florida and the defendant are contained within this Agreement. There are no other agreements between the State of Florida and the defendant with regard to this case.

Respectfully Submitted,
NICHOLAS B COX

By: ARIELLE DEMBY-BERGER

Arielle Demby-Berger
Special Assistant Statewide Prosecutor
Florida Bar # 27675
444 Brickell Ave. Suite 650
Miami, FL 33131

[Signature]
JEANETTE TORRELLA
Defendant

“I have consulted with my attorney and I have fully reviewed this Plea Agreement and voluntarily agree to abide by all of its terms and obligations”.

[Signature]
Andrea Cunill, Esq.
Attorney for Defendant
Florida Bar # 27659

“T have fully advised my client of the terms and obligations of this plea agreement. I am satisfied that my client fully understands all of the terms and conditions of this agreement and voluntarily agrees to abide by its terms.”
Florida Department of Health

Discipline History

Name: MRS. JEANETTE TORRELLA-DIAZ
Profession: 3001
Transaction Code: 1022
File Number: 15040

Please explain the circumstances surrounding your 'Yes' answer(s) to any of the Discipline Questions. You may be required to make a personal appearance before the Board of Speech-Language Pathology and Audiology. A 'Yes' answer must be accompanied by the following:

1. Complete details as to the state(s), license number(s), date(s), and relevant circumstances on attached sheets.
2. A copy of the complaint and disposition for each case.
3. A copy of any documentation from the state regarding the final actions/outcome of the issue.

Your application will not be considered complete until these records are received.

Attach this cover sheet to any supplemental documentation and mail to:

Florida Board of Speech-Language Pathology and Audiology
4052 Bald Cypress Way, Bin C-06
Tallahassee, FL 32399-3256
February 20, 2016  
Florida Department of Speech Language Pathology and Audiology  
4052 Bald Cypress Way, Bin C-06  
Tallahassee, FL 32399-3256

Dear Members of the Board,
I, Jeanette Marie Torrella, am writing to you an explanation for the disciplinary action that has been taken against my license SA 9007. I was hired as a speech language pathologist at the Center for Bilingual Speech and Language Disorders in March 2009 and soon after began supervising SLPA’s and seeing patients as well. The SLPA’s were hired by the office manager and placed on my license without my partaking in any of hiring process. I was told by the clinic owner, who was a very well-known and respected SLP, of the requirements for supervising SLPAs, and supervised as I was instructed. Shortly after I was hired (July 2009), the Medicaid Fraud Control Unit entered the office and began an investigation on the Center. I was unaware of what we were doing wrong at the time and I immediately resigned when I discovered that the way we were supervising the assistants was not correct and in fact they were being supervised improperly. I also learned that their services were being billed improperly, which I later found out in the course of this investigation. Both the SLPA and I submitted timesheets showing exactly who performed which services, but the billing office apparently was billing for the services performed by the SLPAs at the SLP rate under my name, which is extremely inappropriate. Payments were made to the clinic, and I was never aware of this. I immediately resigned giving a one month’s notice as per my contract and began employment elsewhere.

As a result of the final order, I was imposed a fine of $2500 and ordered to take ten hours of continuing education classes that included supervision, ethics, and medical errors. I have
completed those classes and am attaching the certificates with this letter and would like to inform you that am in the process of collecting all the money in order to pay fine in its entirety with my letter to you. 
I extremely sorry that I did not proactively review the supervision requirements, and did not get more involved in review billings that were submitted using my Medicaid number, as I trusted my employer. I am now very aware of billing responsibilities under my license and supervising responsibilities as well. I have read our laws and ethics papers and I am now very vigilant of what will happen with my license if given the chance again. I plan to be aware of my professional actions at all times. I love this profession very much and enjoy what I have been doing in its entirety. 
I sincerely hope that the board will take all this into consideration and please grant me a new license to practice speech and language pathology again. I will prove to be a valuable asset to our profession. 
Thank you again for your consideration. 
Jeanette Marie Torrella-Diaz
November 21, 2014

Jeanette Torrella, SLP
10624 Southwest 127th Court
Miami, Florida 33186

RE: Department of Health vs. Jeanette Torrella, SLP
Case No. 2010-02054

Dear Jeanette Torrella:

Enclosed please find a copy of an Administrative Complaint that has been filed against your license by the Department of Health. An Election of Rights form is also provided.

Please review the attached documents and return the Election of Rights form to my attention. You must sign the Election of Rights form, with your signature notarized, and return the completed form to my office within twenty-one (21) days of the date you received it. Failure to return this form within twenty-one days may result in the entry of a default judgment against you without hearing your side of the case.

Sincerely,

Oaj Gilani
Assistant General Counsel
(850) 245-4444 Ext. 8178

OG/cg
Enclosures: Administrative Complaint
Election of Rights

cc: Andera Cunill, Esq.
1000 Brickell Avenue, Suite 1005
Miami, Florida 33131
Yes - I have completed the Prevention of Medical Errors education required by Florida Statute, as defined by Rule 64B20-2.001(3), F.A.C. A copy of the completion certificate must be submitted to the board office by mail prior to issuance of a license.

Provider Name: WWW.ONLINECEUS.COM
Provider Number: 50-14122
Course Name/Title: 0215 PREVENTION OF MEDICAL ERRORS IN SPEECH LANGUAGE PATHOLOGY AND
Date Completed: 04/04/2016

HIV/AIDS is a one-time, one hour requirement to be completed prior to initial licensure. Refer to Section 468.1201, F.S., and Rule 64B20-2.007 for more information.

Yes - I have completed the HIV/AIDS education required by Florida Statute, as defined by Section 468.1201, F.S., and Rule 64B20-2.007. A copy of the completion certificate must be submitted to the board office by mail prior to issuance of a license.

Provider Name: THE FLORIDA KEYS AREA HEALTH EDUCATION CENTER
Provider Number: 203621
Course Name/Title: 11 - HIV AND AIDS UPDATE
Date Completed: 04/01/2016

**Criminal History**

Have you ever been convicted of, or entered a plea of guilty, no contest to, a crime in any jurisdiction other than a minor traffic offense?  

Your answer: **NO**

**Discipline History**

Have you ever been denied a license/certificate to practice Speech-Language Pathology and/or Audiology or the renewal thereof in any state, U.S. Territory, or foreign country?  

Your answer: **NO**

Have you ever had a license/certificate to practice a profession revoked, suspended, or otherwise acted against (including probation, fine, or reprimand) in a disciplinary proceeding in any state, U.S. Territory, or foreign country?  

Your answer: **NO**

Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice, or lack of professional competence?  

Your answer: **NO**

Is there a complaint currently pending against you in any jurisdiction, or an investigation of your professional conduct or competency in any profession?  

Your answer: **NO**
Questions related to Section 456.0635(2), Florida Statutes

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?

Your answer: NO

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?

Your answer: N/A

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).

Your answer: N/A

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?

Your answer: N/A

Have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed?

Your answer: N/A

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)?

Your answer: NO

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?

Your answer: N/A

Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?

Your answer: NO

If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

Your answer: N/A

Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?

Your answer: NO

Have you been in good standing with a state Medicaid program for the most recent five years?

Your answer: N/A

Did the termination occur at least 20 years before the date of this application?

Your answer: N/A

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?

Your answer: NO

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?

Your answer: N/A

Additional Information

Availability for Disaster: Will you be available to provide health care services in special needs shelters or help staff disaster medical assistance teams during times of emergency or major disaster?

Your answer: YES
Certificate of Completion

Presented By
G & G Health Care Services
Treatment Program

RECOGNIZING

Jennifer Rodriguez

FOR HAVING SUCCESSFULLY COMPLETED
OUR TREATMENT PROGRAM
2/28/2016 - 03/26/2016

GOD grant me the SERENITY to accept the things I cannot change, COURAGE to change the things I can and the WISDOM to know the difference
Florida Department of Health
Mandatory Courses Required for Initial Licensure

Name: MS. JENNIFER RACHEL RODRIGUEZ
Profession: 3001
Transaction Code: 1021
File Number: 15218

Please provide a copy of your completion certificates of an approved two (2) hour course in the prevention of medical errors and a 1-hour HIV/AIDS course.

**Prevention of Medical Errors** - Chapter 456.013(7), F.S. requires completion of a two (2) hour education course relating to prevention of medical errors. The course shall include a study of root-cause analysis, error reduction and prevention, and patient safety. (Note: Please refer to rules 64B20-2.001, F.A.C. and 64B20-6.001, F.A.C., for the requirements of this course).

The medical errors course must be taken from a provider approved by the Board of Speech-Language Pathology and Audiology or the American Speech-Language Hearing Association (ASHA). To obtain a list of approved providers, please visit CEBroker at www.cebroker.com or call (877) 434-6323 for assistance.

**HIV/AIDS** - Chapter 468.1201, F. S. requires completion of a one (1) hour education course on human immunodeficiency virus and acquired immune deficiency syndrome.

Please mail this information, along with this cover sheet to:

Florida Board of Speech-Language Pathology and Audiology
4052 Bald Cypress Way, Bin C-06
Tallahassee, FL 32399-3256

Current Date: 4/20/16
Certificate of Completion
OnlineCEUs.com Inc.
142 E. Lincoln #463
Orange, CA 92866

Certifies that
Jennifer Rodriguez
Successfully completed
Prevention of Medical Errors in Speech-Language Pathology and Audiology

Course Number: 1912
This Monday, 4 April 2016
Your Continuing Education Partner
The Florida Keys Area Health Education Center

Certificate of attendance

HIV and AIDS Update

PRESENTED TO

JENNIFER RODRIGUEZ

LICENSE NUMBER: 

LOCATION: Online

AHEC COURSE NUMBER: 11

DATE: April 1, 2016

CONTACT HOURS: 1.00

CE BROKER NUMBER: 203621

The Florida Keys Area Health Education Center has approved this course for 1 hour of nursing credit through the Florida Board of Nursing, CE Broker Provider # 50-5574.

Do not send to the Florida Board of Nursing. Keep in your personal records for 4 years.

The Florida AHEC Network is accredited by the Florida Medical Association to provide continuing medical education for physicians. The Florida AHEC Network designated this educational activity for a maximum of 1 AMA PRA Category 1 Credit(s)™.
Please provide a copy of the state laws and rules outlining the criteria for issuance of license at the time of licensure. The criteria must be substantially equivalent to the licensure requirements that existed in Florida at time of licensure.

Attach this cover sheet to this supplemental documentation and mail to:

Florida Board of Speech-Language Pathology and Audiology
4052 Bald Cypress Way, Bin C-06
Tallahassee, FL 32399-3256

Current Date: 4/20/16
$\textbf{Office of the Professions}

\textbf{Education Law}

\textbf{Article 159, Speech-Language Pathologists & Audiologists}

§8200. Introduction.
This article applies to the professions of speech-language pathology and audiology. The general provisions for all professions contained in article one hundred thirty of this title apply to this article.

§8201. Definition of practice of speech-language pathology.
The practice of the profession of speech-language pathology shall mean the application of principles, methods and procedures of measurement, prediction, non-medical diagnosis, testing, counseling, consultation, rehabilitation and instruction related to the development and disorders of speech, voice, swallowing, and/or language for the purpose of preventing, ameliorating or modifying such disorder conditions in individuals and/or groups of individuals.

§8202. Practice of speech-language pathology.
Only a person licensed or otherwise authorized under this article shall practice speech-language pathology or use the title speech-language pathologist.

§8203. Definition of practice of audiology.
The practice of the profession of audiology shall mean the application of principles, methods and procedures of measurement, testing, evaluation, consultation, counseling, instruction and habilitation or rehabilitation related to hearing, its disorders, related communication impairments and vestibular disorders for the purpose of non-medical diagnosis, prevention, identification, amelioration or modification of such disorders and conditions in individuals and/or groups of individuals.

§8204. Practice of audiology.
Only a person licensed or otherwise authorized under this article shall practice audiology or use the title audiologist.

§8205. State board for speech-language pathology and audiology.
A state board for speech-language pathology and audiology shall be appointed by the board of regents on recommendation of the commissioner for the purpose of assisting the board of regents and the department on matters of professional licensing and professional conduct in accordance with section sixty-five hundred eighty of this title. The board shall consist of not less than seven members, three of whom shall be audiologists and four of whom shall be speech-language pathologists. Each speech-language pathologist and audiologist on the board shall be licensed and have practiced in this state for at least five years, as provided under this article except that the members of the first board need not be licensed prior to their appointment to the board. An executive secretary to the board shall be appointed by the board of regents on recommendation of the commissioner.

§8206. Requirements for a professional license.
To qualify for a license as a speech-language pathologist or audiologist, an applicant shall fulfill the following requirements.

1. Application: file an application with the department;
§8209. Mandatory continuing competency.

1. Each licensed speech-language pathologist and audiologist required under this article to register triennially with the department to practice in the state shall comply with the provisions of the mandatory continuing competency requirements prescribed in subdivision two of this section, except as provided in paragraphs (b) and (c) of this subdivision. Speech-language pathologists and audiologists who do not satisfy the mandatory continuing competency requirements shall not be authorized to practice until they have met such requirements, and they have been issued a registration certificate, except that a speech-language pathologist or audiologist may practice without having met such requirements if he or she is issued a conditional registration pursuant to subdivision three of this section.

2. During each triennial registration period an applicant for registration as either a speech-language pathologist or audiologist shall complete a minimum of thirty hours of learning activities which contribute to continuing competence, as specified in subdivision four of this section, provided further that at least twenty hours shall be in recognized areas of study pertinent to the licensee’s professional scope of practice of speech-language pathology and/or audiology. Any speech-language pathologist or audiologist whose first registration date following the effective date of this section occurs less than three years from such effective date, but on or after January first, two thousand one, shall complete continuing competency hours on a prorated basis at the rate of one-half hour per month for the period beginning January first, two thousand one up to the first registration date. Thereafter, a licensee who has not satisfied the mandatory continuing competency requirements shall not be issued a triennial registration certificate by the department and shall not practice unless and until a conditional registration certificate is issued as provided for in subdivision three of this section. Continuing competency hours taken during one triennium may not be transferred to a subsequent triennium.

3. The department, in its discretion, may issue a conditional registration to a licensee who fails to meet the continuing competency requirements established in subdivision two of this section, but who agrees to make up any deficiencies and complete any additional learning activities which the department may require. The fee for such a conditional registration shall be the same as, and in addition to, the fee for the triennial registration. The duration of such conditional registration shall be determined by the department but shall not exceed one year. Any licensee who is notified of the denial of registration for failure to submit evidence, satisfactory to the department, of required continuing competency learning activities and who practices without such registration, may be subject to disciplinary proceedings pursuant to section sixty-five hundred ten of this title.

4. As used in subdivision two of this section, “acceptable learning activities” shall mean activities which contribute to professional practice in speech-language pathology and/or audiology, and which meet the standards prescribed in the regulations of the commissioner. Such learning activities shall include, but not be limited to, collegiate level credit and non-credit courses, self-study activities, independent study, formal mentoring activities, publications in professional journals, professional development programs and technical sessions; such learning activities may be offered and sponsored by national, state and local professional associations and other organizations or parties acceptable to the department, and any

http://www.op.nysed.gov/prof/slpa/article159.htm
Office of the Professions

Education Law

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§8206. Requirements for a professional license.

To qualify for a license as a speech-language pathologist or audiologist, an applicant shall fulfill the following requirements.

1. Application: file an application with the department;
2. Education: have obtained at least a Masters degree in speech-language pathology and/or audiology or its equivalent, as determined by the department, in accordance with the commissioner's regulations;
3. Experience: have experience satisfactory to the board and in accordance with the commissioner's regulations;
4. Examination: pass an examination satisfactory to the board and in accordance with the commissioner's regulations;
5. Age: be at least twenty-one years of age;
6. Character: be of good moral character as determined by the department; and
7. Fees: pay a fee of one hundred forty dollars to the department for admission to a department conducted examination and for an initial license, a fee of seventy dollars for each reexamination, a fee of one hundred fifteen dollars for an initial license for persons not requiring admission to a department conducted examination, and a fee of one hundred fifty dollars for each biennial registration period.

§8207. Exempt persons.
This article shall not be construed as prohibiting:
1. The practice of any other professions licensed or registered under this title.
2. Any person employed by the federal, state or a local government or by a public or non-public elementary or secondary school or an institution of higher learning from performing the duties of a speech-language pathologist, an audiologist, a teacher of the speech and hearing handicapped, or a teacher of the deaf in the course of such employment.
3. Any person from engaging in clinical or academic practice under the supervision of a licensed speech-language pathologist or audiologist for such period of time as may be necessary to complete an experience requirement for a professional license, as provided in this article and in rules or regulations approved by the board of regents with the advice of the state board for speech-language pathology and audiology.
4. A person from another state from performing speech-language pathology or audiology services in this state provided such services are performed for no more than thirty days in any calendar year and provided that such services are performed in conjunction with and/or under the supervision of speech-language pathologist or audiologist licensed under this article.
5. Any hearing aid dealer from performing hearing measurements by means of an audiometer or other testing equipment when used solely for the purpose of selecting, fitting, selling or dispensing an instrument designed to aid or improve human hearing, including the taking of impressions for the making and fitting of ear molds and the demonstration of use and instructions of persons in the use of such hearing aids and accessories therefor.
6. A student from engaging in clinical practice, under the supervision of a licensed audiologist or a licensed speech-language audiologist as part of a nationally accredited program or a state licensure qualifying program in speech-language pathology or audiology, pursuant to subdivision three of section eighty-two hundred six of this article.

§8208. Special provisions.
1. Every person regularly employed in teaching or working as a speech-language pathologist or audiologist for not less than two years prior to the effective date of this article shall be issued a license by the department, if he is a person of good moral character; twenty-one years or older, has been engaged in such practice in the state for at least two years in accordance with regulations of the commissioner of education, and possesses
   a. the American Speech-Language-Hearing Association certificate of clinical competence in speech-language pathology and/or audiology, or the equivalent thereof as determined by the board in accordance with the commissioner's regulations; or
   b. a masters degree in speech-language pathology, audiology or communication disorders appropriate to the license being sought and a total of five years experience; or
   c. a bachelor's degree in speech-language pathology, audiology or communication disorders appropriate to the license being sought and thirty postgraduate semester hours in subjects satisfactory to the board and a total of five years experience; or
   d. a bachelors degree and sufficient postgraduate study to be the equivalent of a masters degree in speech-language pathology, audiology or communication disorders as determined by the board in accordance with the commissioner's regulations and a total of five years experience.

Applications for a license under this section shall be submitted by January first, nineteen hundred eighty and applicants shall have until that date to fulfill the requirements set forth by this chapter.

2. This article shall not prohibit the practice of speech-language pathology or audiology by a corporation provided that such practice is carried on by a licensed speech-language pathologist or audiologist or persons exempt under this article and a violation of this provision shall be a class A misdemeanor.
3. Any person or firm offering the services of a speech-language pathologist or audiologist shall employ only persons licensed or exempt under this article and a violation of this provision shall be a Class A misdemeanor.

4. The commissioner, pursuant to the recommendation of the board shall promulgate regulations defining appropriate standards of conduct for the dispensing of hearing aids by licensed audiologists. Such regulations shall also define continuing education requirements which such dispensing audiologist shall meet as a condition of maintaining registration pursuant to this article.

b. Audiologists engaged in the practice of dispensing hearing aids shall comply with the applicable provisions of article thirty-seven-a of the general business law.

§8209. Mandatory continuing competency.

1. Each licensed speech-language pathologist and audiologist required under this article to register triennially with the department to practice in the state shall comply with the provisions of the mandatory continuing competency requirements prescribed in subdivision two of this section, except as provided in paragraphs (b) and (c) of this subdivision. Speech-language pathologists and audiologists who do not satisfy the mandatory continuing competency requirements shall not be authorized to practice until they have met such requirements, and they have been issued a registration certificate, except that a speech-language pathologist or audiologist may practice without having met such requirements if he or she is issued a conditional registration pursuant to subdivision three of this section.

b. Speech-language pathologists and audiologists shall be exempt from the mandatory continuing competency requirement for the triennial registration period during which they are first licensed. Adjustment to the mandatory continuing competency requirements may be granted by the department for reasons of health of the licensee where certified by an appropriate health care professional, for extended active duty with the armed forces of the United States, or for other good cause acceptable to the department which may prevent compliance.

c. A licensed speech-language pathologist or audiologist not engaged in practice, as determined by the department, shall be exempt from the mandatory continuing competency requirement upon the filing of a statement with the department declaring such status. Any licensee who returns to the practice of speech-language pathology or audiology during the triennial registration period shall notify the department prior to reentering the profession and shall meet such mandatory continuing competency requirements as shall be prescribed by regulations of the commissioner.

2. During each triennial registration period an applicant for registration as either a speech-language pathologist or audiologist shall complete a minimum of thirty hours of learning activities which contribute to continuing competence, as specified in subdivision four of this section, provided further that at least twenty hours shall be in recognized areas of study pertinent to the licensee's professional scope of practice of speech language pathology and/or audiology. Any speech-language pathologist or audiologist whose first registration date following the effective date of this section occurs less than three years from such effective date, but on or after January first, two thousand one, shall complete continuing competency hours on a prorated basis at the rate of one-half hour per month for the period beginning January first, two thousand one up to the first registration date. Thereafter, a licensee who has not satisfied the mandatory continuing competency requirements shall not be issued a triennial registration certificate by the department and shall not practice unless and until a conditional registration certificate is issued as provided for in subdivision three of this section. Continuing competency hours taken during one triennium may not be transferred to a subsequent triennium.

3. The department, in its discretion, may issue a conditional registration to a licensee who fails to meet the continuing competency requirements established in subdivision two of this section, but who agrees to make up any deficiencies and complete any additional learning activities which the department may require. The fee for such a conditional registration shall be the same as, and in addition to, the fee for the triennial registration. The duration of such conditional registration shall be determined by the department but shall not exceed one year. Any licensee who is notified of the denial of registration for failure to submit evidence, satisfactory to the department, of required continuing competency learning activities and who practices without such registration, may be subject to disciplinary proceedings pursuant to section sixty-five hundred ten of this title.

4. As used in subdivision two of this section, "acceptable learning activities" shall mean activities which contribute to professional practice in speech-language pathology and/or audiology, and which meet the standards prescribed in the regulations of the commissioner. Such learning activities shall include, but not be limited to, collegiate level credit and non-credit courses, self-study activities, independent study, formal mentoring activities, publications in professional journals, professional development programs and technical sessions; such learning activities may be offered and sponsored by national, state and local professional associations and other organizations or parties acceptable to the department, and any
other organized educational and technical learning activities acceptable to the department. The department may, in its discretion and as needed to contribute to the health and welfare of the public, require the completion of continuing competency learning activities in specific subjects to fulfill this mandatory continuing competency requirement. For speech-language pathologists who are employed in school settings as teachers of the speech and hearing handicapped or as teachers of students with speech and language disabilities, acceptable learning activities shall also include professional development programs and technical sessions specific to teaching students with speech and language disabilities including those designed to improve methods for teaching such students, aligned with professional development plans in accordance with regulations of the commissioner and promoting the attainment of standards for such students. Learning activities must be taken from a sponsor approved by the department, pursuant to the regulations of the commissioner.

5. Speech-language pathologists and audiologists shall maintain adequate documentation of completion of acceptable continuing competency learning activities and shall provide such documentation at the request of the department. Failure to provide such documentation upon the request of the department shall be an act of misconduct subject to disciplinary proceedings pursuant to section sixty-five hundred ten of this title.

6. The mandatory continuing competency fee shall be fifty dollars, shall be payable on or before the first day of each triennial registration period, and shall be paid in addition to the triennial registration fee required by section eighty-two hundred six of this article.
This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, RODRIGUEZ JENNIFER RACHEL was issued license/certificate number 020390 for the practice of SPEECH - LANGUAGE PATHOLOGY on 08/06/10.

Our records also indicate the following information:
Date of birth: 04/02/82
School attended: TEACHERS CLG-COLUMBIA U
Date of graduation: 10/21/09
Degree earned: MS

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:
DATE *NTE
07/09 00710

EXMS TAKEN=01
A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: YES Reg period ends: 03/31/19
Address: 37 BEVERLY ROAD YONKERS NY 10710-0000

Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Cathy Hanczaryk, Principal Clerk, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Principal Clerk of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.

Cathy Hanczaryk 04/22/16
Office Assistant Three
### MQA Reports

**New License Report for 3001 : Speech-Language Pathologist**

**1/6/2016 - 5/5/2016**

**Sort Order: Original License Date**

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# MQA Reports

## New License Report for 3001: Speech-Language Pathologist

### 1/6/2016 - 5/5/2016

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New License Report for 3001: Speech-Language Pathologist

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MQA Reports
New License Report for 3001 : Speech-Language Pathologist
1/6/2016 - 5/5/2016

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MQA Reports
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New License Report for 3001: Speech-Language Pathologist

1/6/2016 - 5/5/2016

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MQA Reports
New License Report for 3003: Speech-Language Pathology Assistant
1/6/2016 - 5/5/2016

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Florida Department of Health
MQA Reports
New License Report for 3003 : Speech-Language Pathology Assistant
1/6/2016 - 5/5/2016

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# MQA Reports
New License Report for 3004: Audiology Assistant

1/6/2016 - 5/5/2016

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# MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

1/6/2016 - 5/5/2016

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1/ 6/2016 - 5/ 5/2016

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Total Records: 68
### MQA Reports

**New License Report for 3006: Provisional Audiologist**

1/6/2016 - 5/5/2016

Processed: 5/5/2016 3:01:33PM

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09/23/15 JAPC letter (re N/Corr)  
10/27/15 JAPC response (N/Corr)  
11/03//15 Notice of Correction
March 31, 2016

Ms. Rachel Clark
Assistant Attorney General
Department of Legal Affairs
PL-01, The Capitol
Tallahassee, Florida 32399-1050

Re: Department of Health: Board of Speech-Language Pathology and Audiology
Existing Rules 64B20-3.001 and .015, F.A.C.

Dear Ms. Clark:

On April 6, 2015, I wrote board counsel with concerns regarding the above-referenced existing rules. On October 29, 2015, I received a letter advising that the board would consider repealing these rules at its next meeting. Copies of those letters are enclosed.

Please let me know as soon as possible whether the board intends to repeal these rules. Of course, please do not hesitate to contact me should you have any questions.

Sincerely,

Marjorie C. Holladay
Chief Attorney

Enclosures

cc: Mr. Edward Tellechea, Bureau Chief
October 27, 2015

Marjorie Holladay, Senior Attorney
Joint Administrative Procedures Committee
Room 680, Pepper Building
111 W. Madison St.
Tallahassee, Florida 32399-1400

RE: Department of Health: Board of Speech-Language Pathology and Audiology
Rule No.: 64B20-3.001 and 3.015, F.A.C.

Dear Ms. Holladay,

Thank you for your correspondence of September 21, 2015 regarding the above-referenced rules. Please be advised that these rules will be presented to the Board at the next meeting for consideration of repeal.

I would like to thank you for your assistance in this matter. Please feel free to contact me if you should have any questions or comments.

Sincerely,

Rachel Clark, Assistant Attorney General
Counsel to the Board of Speech-Language Pathology and Audiology

cc: Deann Peltz, Paralegal
Claudia Kemp, Executive Director
Ed Tellechea, Bureau Chief
April 6, 2015

Ms. Diane Guillemette  
Senior Assistant Attorney General  
Department of Legal Affairs  
PL-01, The Capitol  
Tallahassee, Florida 32399-1050

Re: Department of Health: Board of Speech-Language Pathology and Audiology  
Existing Rules 64B20-3.001 and .015, F.A.C.

Dear Ms. Guillemette:

In accordance with the Committee’s responsibilities pursuant to Joint Rule 4.6 of the Florida Legislature, I have reviewed the above-referenced existing rules, and have the following comments.

64B20-3.001: Please explain the board’s authority to adopt this rule.

64B20-3.015: Please explain the board’s authority to adopt this rule. Section 456.065(2)(a) provides that “the department may adopt rules to implement this section.”

Please let me know if you have any questions, and I look forward to your response.

Sincerely,

Marjorie C. Holladay  
Chief Attorney

MCH:SA WORD/MARJORIE/EXISTING RULE CHAPTER 64B20-3.040615
64B20-3.015 Unlicensed Activity Fee.
Upon initial licensure or licensure renewal, a $5.00 fee shall be imposed by the Department in addition to all other fees collected from each licensee to fund efforts to combat unlicensed activity.

Specific Authority 456.065(3) FS. Law Implemented 456.065(3), 468.1145(1) FS. History—New 8-18-93, Formerly 61F14-3.015, 59BB-3.015, Amended 4-4-02.
64B20-3.001 Collection and Payment of Fees.
All fees shall be made payable to the Department of Health.

RULE DISCUSSION

JAPC has inquired about the rulemaking authority for the following two rules. The text of the rules is presented below for discussion and, if needed, action by the board. Technical changes require no action by the board. Repeal of a rule will require board action.

The first rule for discussion is Rule 64B20-3.001. The Board may want to consider repealing this rule. Another option may be providing 468.1135(4)(a) as the authority to adopt rules: “The board has authority to adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this part conferring duties upon it.”

64B20-3.001 Collection and Payment of Fees.
All fees shall be made payable to the Department of Health.


The second rule for discussion is Rule 64B20-3.015. This may only require a technical change to the Rulemaking Authority, as suggested below, to address the JAPC concern. It is presented to the Board in the event there are other changes to be made at this time.

64B20-3.015 Unlicensed Activity Fee.
Upon initial licensure or licensure renewal, a $5.00 fee shall be imposed by the Department in addition to all other fees collected from each licensee to fund efforts to combat unlicensed activity.

64B20-2.003 Provisional License; Requirements.

(1) A provisional license shall be required prior to initiating the professional employment experience required pursuant to Section 468.1165, F.S. and Rule 64B20-2.004, F.A.C.

(2) Any person desiring to receive a provisional license to practice speech-language pathology or audiology shall apply to the Department of Health and pay the fee required by Rule 64B20-3.002, F.A.C. The application shall be made on Form DH-SPA-2, Application for Speech-Language Pathology or Audiology Provisional Licensure, which is incorporated by reference herein, revised October, 2012, and can be obtained from [http://www.flrules.org/Gateway/reference.asp?No=Ref-02875](http://www.flrules.org/Gateway/reference.asp?No=Ref-02875) or the Board of Speech-Language Pathology and Audiology, Department of Health, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3256 or at [http://www.doh.state.fl.us/mqa/speech/index.html](http://www.doh.state.fl.us/mqa/speech/index.html). The Department shall notify the applicant by letter of any deficiencies in the application within 30 days after the application is filed. The applicant shall rectify all deficiencies in the application within one year from the date of such letter or the application will be processed as an incomplete application and the application file will be closed.

(3) The Board shall certify to the Department as eligible to receive a provisional license those applicants who have completed the application form, remitted the nonrefundable application fee as required by Rule 64B20-3.002, F.A.C., the provisional license fee required by Rule 64B20-3.005, F.A.C., and who have demonstrated to the Board that they have met the educational requirements contained in Rule 64B20-2.002, F.A.C.

(4) In addition to the application form, candidates for a provisional license shall also complete Form DH-SPA-2A, Board of Speech-Language Pathology and/or Audiology Verification of Employment for a Provisional Licensee, which is incorporated by reference herein, revised October, 2012, and can be obtained from [http://www.flrules.org/Gateway/reference.asp?No=Ref-02876](http://www.flrules.org/Gateway/reference.asp?No=Ref-02876) or the Board of Speech-Language Pathology and Audiology, Department of Health, 4052 Bald Cypress Way, #C06, Tallahassee, Florida 32399-3256 or at [http://www.doh.state.fl.us/mqa/speech/index.html](http://www.doh.state.fl.us/mqa/speech/index.html). Said form shall provide the following:

(a) Evidence that the professional employment shall include assessment, habilitation and rehabilitation activities with clients.

(b) Evidence that 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. The evaluation may be conducted by more than one (1) licensed speech-language pathologist or audiologist. In such cases, one licensee shall assume the responsibility to organize and verify that the policies concerning supervision and evaluation are met.

(5) A provisional license shall be valid for a period of 21 months from the date of issuance or until a license to practice Speech-Language Pathology or Audiology pursuant to Section 468.1185, F.S., is issued, whichever occurs first.

Board of Speech-Language Pathology and Audiology

Application for Speech-Language Pathology or Audiology Provisional Licensure
With Instructions Attached

Board of Speech-Language Pathology and Audiology
4052 Bald Cypress Way, Bin # C-06
Tallahassee, FL 32399-3256
(850) 488-0595
GENERAL INFORMATION

Please read Chapter 468, Part I, Florida Statutes (F.S.) and Title 64B20, Florida Administrative Code (F.A.C.), prior to completing the application forms. You must read the laws and rules in order to determine your eligibility prior to applying. The laws and rules can be found on our website at: http://www.doh.state.fl.us/mqa/speech/index.html.

Within 30 days of receipt of your application and fees, you will be sent a letter informing you of your application status including any deficiencies. If you do not receive notice within 40 days that your application has been received, contact this office at (850) 245-4161.

MAILING ADDRESS: Please use the below addresses as they apply. Please include your full name and social security number on any correspondence or documentation.

ORIGINAL APPLICATION with SUPPORTING DOCUMENTS AND FEES TO:
Board of Speech-Language Pathology and Audiology
P.O. BOX 6330
Tallahassee, FL 32314-6330

ADDITIONAL DOCUMENTS SENT SEPARATE FROM THE APPLICATION TO:
Board of Speech-Language Pathology and Audiology
4052 Bald Cypress Way, Bin C06
Tallahassee, FL 32399-3256

APPEARANCES: Certain applicants may be required to appear before the Board to discuss his or her application before a determination of licensure can be made. An appearance may be required for a variety of reasons, such as:

- Criminal or disciplinary history
- Education equivalency
- Impairment
- Other reasons as deemed necessary by the Board

Appearances are determined on a case by case basis. Board office staff does not determine the necessity of an appearance. Should your appearance be required, you will be notified of the exact date, time and location of the meeting at which your appearance is necessary.

If you believe you may be required to appear before the Board it is recommended you submit your application several months in advance of the meeting for which you wish to appear. You may view the Board’s meeting dates and locations on its website at: http://www.doh.state.fl.us/mqa/speech/index.html.

ADDRESS NOTE: Your location address will be published on the Internet licensure lookup screen. Our licensure database requires two addresses for each licensee. One is the mailing address and the other is the location address. The “mailing address” is used whenever information is mailed to the applicant/licensee. If you only provide one address, it will be used for both the mailing address and the location address.

ADDRESS CHANGE: If you have a change of address, you must provide written notification to the Board office. Include your full name, old address, and new address, and whether this is your mailing address or your location address.

APPLICATION INSTRUCTIONS

- REQUIRED FEES: The total fee is $180. Include a cashier’s check or money order made payable to the Department of Health. The application fee of $75.00 is non-refundable.

- COMPLETING THE APPLICATION: Questions must be answered fully and truthfully; there are no questions that are not applicable. Obtaining a license by fraudulent misrepresentation is grounds for denial of your application or revocation of your license (Section 468.1295(1)(a), F.S.). You must sign and date the application. It is your responsibility to notify this office in writing if the answers to any of these questions change, even if the application is already approved.

- VERIFICATION OF EMPLOYMENT: Pursuant to Rule 64B20-2.003, F.A.C., you must also submit the Verification of Employment Form (form #SPA-2A). A copy of the form can be obtained from our website. If there is a change in supervision, a new Verification of Employment Form must be completed by the new supervisor and sent to the Board office.
OFFICIAL TRANSCRIPT: An official transcript(s) must be sent directly from the school to the Board office and must indicate that a master’s degree or doctoral degree was conferred. Pursuant to Rule 64B20-2.002, F.A.C., if the transcript does not reflect that a master’s degree or doctoral degree was awarded, a Certification of Conferral of Master’s Degree (SPA-2D) or Certification of Completing Academic Requirements of Doctoral Program (Form SPA-0002E) must accompany your transcript. If you did not graduate from a Council for Higher Education accredited program, verification of the number of hours of supervised clinical practice must also be included on the transcript.

FOREIGN EDUCATION: In order for the Board to consider any education completed outside the U.S. or Canada, documentation must be received which verifies that the institution at which the education was completed was equivalent to an accredited U.S. institution. Documentation must also be received which verifies that the coursework met the content and credit hour requirement for coursework in the U.S. It is the applicant’s responsibility to obtain an evaluation from a recognized educational evaluation service that documents the acceptability of the coursework. Note- A certified translator who is not related to the applicant must translate any document that is in a language other than English.

LICENSE/CERTIFICATION VERIFICATION: You must request that verification of any license to practice any profession that you now hold or have ever held in any state, U.S. territory or foreign country be mailed directly from the other licensing entity to the Board Office. A copy of your license is not considered verification. Some states/countries may require you to send them a License Verification Form. The form is available on our website for your convenience.

APPLICANT HISTORY QUESTIONS – REQUIRED DOCUMENTATION: If you answer “yes” to any of the questions in the sections regarding criminal, health, or professional history, the required supporting documentation is listed directly on the application. In instances where court documentation is required but cannot be obtained, you must direct the Clerk of Courts to send a letter advising the Board that the documentation is no longer available.
APPLICATION FOR PROVISIONAL LICENSE

Check the box for the profession in which you are applying for licensure:

☐ Speech-Language Pathologist (3005)  ☐ Audiologist (3006)

1. APPLICANT DATA

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<td>Number and Street</td>
<td>Apt. #</td>
<td>City</td>
</tr>
<tr>
<td>PRACTICE LOCATION ADDRESS:</td>
<td>Number and Street</td>
<td>Apt #</td>
<td>City</td>
</tr>
<tr>
<td>Home Telephone Number</td>
<td>Business Telephone Number</td>
<td>Date of Birth (mm/dd/yyyy)</td>
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</tr>
</tbody>
</table>

Email Address: ____________________________

Email Notification: If you want to receive notices regarding your application deficiencies by email only, please check the “yes” box. If you chose this form of notification, you will receive deficiency notices regarding your application through email only. You will be responsible for checking your e-mail regularly and updating your e-mail address with the Board.

I want to be notified by e-mail only: □ Yes □ No

Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name? □ Yes □ No  If YES, list all names below:

2. APPLICANT LICENSURE DATA

Do you hold or have you ever held a license and/or certificate to practice any profession in any state, U.S. territory, or foreign country? □ Yes □ No

If YES, list all licenses and/or certificates and the issuing state, territory, or foreign country below. Each issuing state, territory, or foreign country must submit a license/certification verification form.

<table>
<thead>
<tr>
<th>TYPE OF LICENSE/CERTIFICATE</th>
<th>LICENSE NUMBER</th>
<th>ISSUING STATE, TERRITORY, FOREIGN COUNTRY</th>
<th>CURRENT LICENSE STATUS</th>
</tr>
</thead>
</table>

3. EQUAL OPPORTUNITY DATA

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniformed Guidelines on Employee Selection Procedure (1978) 43 FR38295 August 25, 1978. This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

RACE: Caucasian [ ]  Black [ ]  Hispanic [ ]  Asian [ ]  Native American [ ]  Other [ ] ___________________

SEX:  Male [ ]  Female [ ]
4. EDUCATIONAL DATA

<table>
<thead>
<tr>
<th>Undergraduate Degree</th>
<th>Major/Specialty</th>
<th>Accredited School City/State/Country</th>
<th>Date of Graduation</th>
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<tbody>
<tr>
<td>1.</td>
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5. APPLICANT HISTORY – PROFESSIONAL

If you answer “yes” to any question in this section, you must provide the following documentation WITH the application at the time of submission:

1. A self-explanation including details as to the state(s), license number(s), date(s), and relevant circumstances.
2. A copy of the complaint and disposition for each case.
3. A copy of any documentation from the state regarding the final actions/outcome of the issue.

A. Have you ever been denied a license/certificate to practice Speech-Language Pathology and/or Audiology or the renewal thereof in any state, U.S. Territory or foreign country?  
   □ Yes □ No

B. Have you ever had a license/certificate to practice a profession revoked, suspended, or otherwise acted against (including probation, fine, reprimand or surrender in lieu of disciplinary action) in a disciplinary proceeding in any state, U.S. Territory or foreign country?  
   □ Yes □ No

C. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice or lack of professional competence?  
   □ Yes □ No

D. Is there a complaint currently pending against you in any jurisdiction, or an investigation of your professional conduct or competency in any profession?  
   □ Yes □ No

6. APPLICANT HISTORY – CRIMINAL

If you answer “yes” to the question below, you must provide the following WITH the application at the time of submission:

1. A self-explanation regarding the charges on a separate sheet.
2. Copies of all pertinent court and arrest documents, including arrest report, official charge documentation and current disposition. This should include sentencing due to the arrest and proof of successful completion of your sentencing. These documents can be obtained from the clerk of court in the county the offense occurred.

A. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.  
   □ Yes □ No
### 7. APPLICANT HISTORY – 456.0635(2), F.S.

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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
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</tr>
<tr>
<td>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?</td>
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</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
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<tr>
<td>4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Have you been in good standing with a state Medicaid program for the most recent five years?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the termination occur at least 20 years before the date of this application?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 8. SOCIAL SECURITY NUMBER AND HEALTH HISTORY:

**CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE**

Florida Department of Health  
Board of Speech-Language Pathology and Audiology  
Provisional License Application

Name: ____________________________________________  
Last         First         Middle

Social Security Number: ____________________________

### APPLICANT HISTORY – HEALTH

If questions A-F are answered YES, explain in full on a separate sheet of paper. Your statement must include, but is not limited to, the date(s), location(s), specific circumstances, practitioners and/or treatment involved. If you have been under treatment for emotional/mental illness, chemical dependency, etc., you must request that each practitioner, hospital, and program involved in your treatment submit a full, detailed report of such to the Board office, to include: treatment received, medications, and dates of treatment and, if applicable, all DSM III R/DSM IV/DSM IV-TR Axis I and II diagnosis(es) code(s), and admission and discharge summary(s).

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 last five years?</td>
<td></td>
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</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 within the last five years?</td>
<td></td>
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</tr>
<tr>
<td>D. In 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?</td>
<td></td>
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</tr>
<tr>
<td>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, if you were previously in such a program, did you suffer a relapse within the last five years?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. During the last five years, have you been treated for or had a recurrence of a diagnosed related (alcohol/drug) disorder that has impaired your ability to practice within the past five years?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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.*

DH-SPA-2 Revised 05/2016 Reference 64B20-2.003, F.A.C.
## 9. APPLICANT STATEMENT:

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 licensure. Section 456.013(1)(a), 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 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 that I have read Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules. I understand that it is my responsibility to keep informed of any changes to Chapter 468, Part I, F.S., Chapter 456, 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 TO PRACTICE THE PROFESSION.

Applicant's Signature: ___________________________  Date: ___________________________
64B20-4.001 Certification of Assistants.

Any person desiring to be certified as a speech-language pathology assistant or audiology assistant shall apply to the Department of Health. The application shall be made on Form DH-SPA-3, Application for Speech-Language Pathology or Audiology Assistant Certification, which is incorporated by reference herein, revised October, 2012, and can be obtained from http://www.flrules.org/Gateway/reference.asp?No=Ref-02877 or the Board of Speech-Language Pathology and Audiology, Department of Health, 4052 Bald Cypress Way, Bin #C-06, Tallahassee, Florida 32399-3256 or at http://www.doh.state.fl.us/mqa/speech/index.html. Such application and application fee required pursuant to Rule 64B20-3.002, F.A.C., shall expire one year from the date on which the application and fee are initially received in the Board office. After the period of one year, a new application and application fee must be submitted.

Rulemaking Authority 468.1125(9), 468.1135(4) FS. Law Implemented 468.1125(3), (9), 468.1215 FS. History—New 3-14-91, Amended 12-4-91, Formerly 21LL-4.001, Amended 10-12-93, Formerly 61F14-4.001, Amended 5-22-96, Formerly 59BB-4.001, Amended 7-16-09, 4-18-10, 7-13-13, 9-9-13.
Board of Speech-Language Pathology and Audiology

Application for Speech-Language Pathology or Audiology Assistant Certification
With Instructions Attached

Board of Speech-Language Pathology and Audiology
4052 Bald Cypress Way, Bin # C-06
Tallahassee, FL 32399-3256
(850) 488-0595
GENERAL INFORMATION

Please read Chapter 468, Part I, Florida Statutes (F.S.) and Title 64B20, Florida Administrative Code (F.A.C.), prior to completing the application forms. You must read the laws and rules in order to determine your eligibility prior to applying. The laws and rules can be found on our website at: http://www.doh.state.fl.us/mqa/speech/index.html.

Within 30 days of receipt of your application and fees, you will be sent a letter informing you of your application status including any deficiencies. If you do not receive notice within 40 days that your application has been received, contact this office at (850) 245-4161.

MAILING ADDRESS: Please use the below addresses as they apply. Please include your full name and social security number on any correspondence or documentation.

ORIGINAL APPLICATION with SUPPORTING DOCUMENTS AND FEES TO:
Board of Speech-Language Pathology and Audiology
P. O. BOX 6330
Tallahassee, FL 32314-6330

ADDITIONAL DOCUMENTS SENT SEPARATE FROM THE APPLICATION TO:
Board of Speech-Language Pathology and Audiology
4052 Bald Cypress Way, Bin C06
Tallahassee, FL 32399-3256

APPEARANCES: Certain applicants may be required to appear before the Board to discuss his or her application before a determination of licensure can be made. An appearance may be required for a variety of reasons, such as:

- Criminal or disciplinary history
- Education equivalency
- Impairment
- Other reasons as deemed necessary by the Board

Appearances are determined on a case by case basis. Board office staff does not determine the necessity of an appearance. Should your appearance be required, you will be notified of the exact date, time and location of the meeting at which your appearance is necessary.

If you believe you may be required to appear before the Board it is recommended you submit your application several months in advance of the meeting for which you wish to appear. You may view the Board’s meeting dates and locations on its website at: http://www.doh.state.fl.us/mqa/speech/index.html.

ADDRESS NOTE: Your location address will be published on the Internet licensure lookup screen. Our licensure database requires two addresses for each licensee. One is the mailing address and the other is the location address. The “mailing address” is used whenever information is mailed to the applicant/licensee. If you only provide one address, it will be used for both the mailing address and the location address.

ADDRESS CHANGE: If you have a change of address, you must provide written notification to the Board office. Include your full name, old address, and new address, and whether this is your mailing address or your location address.

APPLICATION INSTRUCTIONS

- REQUIRED FEES: The total fee is $130.00. Include a cashier’s check or money order made payable to the Department of Health. The application fee of $75.00 is non-refundable.

- COMPLETING THE APPLICATION: Questions must be answered fully and truthfully; there are no questions that are not applicable. Obtaining a license by fraudulent misrepresentation is grounds for denial of your application or revocation of your license (Section 468.1295(1)(a), F.S.). You must sign and date the application. It is your responsibility to notify this office in writing if the answers to any of these questions change, even if the application is already approved.
▪ OFFICIAL TRANSCRIPT: An official transcript(s) must be sent directly from the school to the Board office. The transcript will not be considered official if received from the applicant.

A speech-language pathology assistant must have earned a bachelor’s degree and have at least 24 semester hours in the following subject areas:

   a) Nine (9) semester hours in courses that provide fundamental information applicable to normal human growth and development, psychology, and normal development and use of speech, hearing and language.
   b) Fifteen (15) semester hours in courses that provide information about and observation of speech, hearing, language disorders, general phonetics, basic articulation, screening and therapy, basic audiometry, or auditory training.

An audiology assistant must have earned a high school diploma or its equivalent.

▪ FOREIGN EDUCATION: In order for the Board to consider any education completed outside the U.S. or Canada, documentation must be received which verifies that the institution at which the education was completed was equivalent to an accredited U.S. institution. Documentation must also be received which verifies that the coursework met the content and credit hour requirement for coursework in the U.S. It is the applicant’s responsibility to obtain an evaluation from a recognized educational evaluation service that documents the acceptability of the coursework. Note- A certified translator who is not related to the applicant must translate any document that is in a language other than English.

▪ ACTIVITY PLAN / SUPERVISORY PLAN: This form must be completed by the Speech-Language Pathologist/Audiologist supervisor and must be signed by both the applicant and the supervisor. The form is attached to this application.

▪ LICENSE/CERTIFICATION VERIFICATION: You must request that verification of any license to practice any profession that you now hold or have ever held in any state, U.S. territory or foreign country be mailed directly from the other licensing entity to the Board Office. A copy of your license is not considered verification. Some states/countries may require you to send them a License Verification Form. The form is available on our website for your convenience.

▪ APPLICANT HISTORY QUESTIONS – REQUIRED DOCUMENTATION: If you answer “yes” to any of the questions in the sections regarding criminal, health, or professional history, the required supporting documentation is listed directly on the application. In instances where court documentation is required but cannot be obtained, you must direct the Clerk of Courts to send a letter advising the Board that the documentation is no longer available.
APPLICATION FOR ASSISTANT CERTIFICATION

FEE = $130

Check the box for the profession you are applying for: □ Speech-Language Pathologist (3003) □ Audiologist (3004)

Print clearly in black ink or type all information.

1. APPLICANT DATA

<table>
<thead>
<tr>
<th>NAME:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
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<tr>
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<th>State</th>
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</tr>
</thead>
</table>

Home Telephone Number | Business Telephone Number | Date of Birth (mm/dd/yyyy)

Email Address: ________________________________

Email Notification: If you want to receive notices regarding your application deficiencies by email only, please check the "yes" box. If you chose this form of notification, you will receive deficiency notices regarding your application through email only. You will be responsible for checking your e-mail regularly and updating your e-mail address with the Board.

I want to be notified by e-mail only: □ Yes □ No

Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name? □ Yes □ No If YES, list all names below:

2. APPLICANT LICENSURE DATA

Do you hold or have you ever held a license and/or certificate to practice any profession in any state, U.S. territory, or foreign country? □ Yes □ No

If YES, list all licenses and/or certificates and the issuing state, territory, or foreign country below. Each issuing state, territory, or foreign country must submit a license/certification verification form.

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3. EQUAL OPPORTUNITY DATA

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniformed Guidelines on Employee Selection Procedure (1978) 43 FR38295 August 25, 1978. This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

RACE: Caucasian [ ] Black [ ] Hispanic [ ] Asian [ ] Native American [ ] Other [ ] ________________

SEX: Male [ ] Female [ ]
4. EDUCATIONAL DATA

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<th>Undergraduate Degree</th>
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<th>Accredited School City/State/Country</th>
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5. APPLICANT HISTORY – PROFESSIONAL

If you answer “yes” to any question in this section, you must provide the following documentation WITH the application at the time of submission:

1. A self-explanation including details as to the state(s), license number(s), date(s), and relevant circumstances.
2. A copy of the complaint and disposition for each case.
3. A copy of any documentation from the state regarding the final actions/outcome of the issue.

A. Have you ever been denied a license/certificate to practice Speech-Language Pathology and/or Audiology or the renewal thereof in any state, U.S. Territory or foreign country? ☐ Yes ☐ No

B. Have you ever had a license/certificate to practice a profession revoked, suspended, or otherwise acted against (including probation, fine, reprimand or surrender in lieu of disciplinary action) in a disciplinary proceeding in any state, U.S. Territory or foreign country? ☐ Yes ☐ No

C. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice or lack of professional competence? ☐ Yes ☐ No

D. Is there a complaint currently pending against you in any jurisdiction, or an investigation of your professional conduct or competency in any profession? ☐ Yes ☐ No

6. APPLICANT HISTORY – CRIMINAL

If you answer “yes” to the question below, you must provide the following WITH the application at the time of submission:

1. A self-explanation regarding the charges on a separate sheet.
2. Copies of all pertinent court and arrest documents, including arrest report, official charge documentation and current disposition. This should include sentencing due to the arrest and proof of successful completion of your sentencing. These documents can be obtained from the clerk of court in the county the offense occurred.

A. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question. ☐ Yes ☐ No
7. **APPLICANT HISTORY – 456.0635(2), F.S.**

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.)

   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?

   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).

   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?

   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).

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)?

   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?

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.)

   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?

4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?

   a. Have you been in good standing with a state Medicaid program for the most recent five years?

   b. Did the termination occur at least 20 years before the date of this application?

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?
8. SOCIAL SECURITY NUMBER AND HEALTH HISTORY:

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE*

Florida Department of Health
Board of Speech-Language Pathology and Audiology
Assistant Certification Application

Name: __________________________

Last     First     Middle

Social Security Number: __________________________

APPLICANT HISTORY – HEALTH

If questions A-F are answered YES, explain in full on a separate sheet of paper. Your statement must include, but is not limited to, the date(s), location(s), specific circumstances, practitioners and/or treatment involved. If you have been under treatment for emotional/mental illness, chemical dependency, etc., you must request that each practitioner, hospital, and program involved in your treatment submit a full, detailed report of such to the Board office, to include: treatment received, medications, and dates of treatment and, if applicable, all DSM III R/DSM IV/DSM IV-TR Axis I and II diagnosis(es) code(s), and admission and discharge summary(s).

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 last 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 within the last five years? □ Yes □ No

D. In 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? □ 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, 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 related (alcohol/drug) disorder that has impaired your ability to practice within the past five years? □ Yes □ No

* 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.
9. APPLICANT STATEMENT

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 licensure. Section 456.013(1)(a), 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 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 that I have read Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules. I understand that it is my responsibility to keep informed of any changes to Chapter 468, Part I, F.S., Chapter 456, 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 TO PRACTICE THE PROFESSION.

Applicant's Signature: ____________________________ Date: ____________________
64B20-2.001 Licensure by Certification of Credentials.

(1) Any person desiring to be licensed as a speech-language pathologist or audiologist shall apply to the Department of Health and pay the fee required by Rule 64B20-3.002, F.A.C. The application shall be made on Form DH-SPA-1, Application for Active Licensure as a Speech-Language Pathologist or Audiologist, which is incorporated by reference herein, revised October, 2012, and can be obtained from http://www.flrules.org/Gateway/reference.asp?No=Ref-02830 or the Board of Speech-Language Pathology and Audiology, Department of Health, 4052 Bald Cypress Way, Bin #C-06, Tallahassee, Florida 32399-3256 or at http://www.doh.state.fl.us/mqa/speech/index.html. The Department shall notify the applicant by letter of any deficiencies in the application within 30 days after the application is filed. The applicant shall rectify all deficiencies in the application within one year from the date of such letter or the application will be processed as an incomplete application and the application file will be closed.

(2) The Board shall certify for licensure only those applicants who have completed the application form, remitted the application fee established by Rule 64B20-3.002, F.A.C., remitted the initial license fee established by Rule 64B20-3.004, F.A.C., and who have demonstrated to the Board that they:
   (a) Satisfied the educational requirements as prescribed in Rule 64B20-2.002, F.A.C.
   (b) Satisfied the professional employment experience prescribed in Rule 64B20-2.004, F.A.C.
   (c) Passed the licensure examination required by Rule 64B20-2.005, F.A.C.

(3) All applicants for initial or renewal of initial license or licensure by endorsement shall submit to the Board proof of completion of a two (2) hour continuing education course relating to the prevention of medical errors. The 2-hour course shall count toward the total number of continuing education hours required for the profession. The course shall be provided by a Board-approved continuing education provider and shall include a study of root-cause analysis, error reduction and prevention, and patient safety. The address of the Board of Speech-Language Pathology and Audiology, Department of Health, 4052 Bald Cypress Way, Bin #C06, Tallahassee, FL 32399-3256.

GENERAL INFORMATION

Please read Chapter 468, Part I, Florida Statutes (F.S.) and Title 64B20, Florida Administrative Code (F.A.C.), prior to completing the application forms. You must read the laws and rules in order to determine your eligibility prior to applying. The laws and rules can be found on our website at: http://www.doh.state.fl.us/mqa/speech/index.html.

Within 30 days of receipt of your application and fees, you will be sent a letter informing you of your application status including any deficiencies. If you do not receive notice within 40 days that your application has been received, contact this office at (850) 245-4161.

MAILING ADDRESS: Please use the below addresses as they apply. Please include your full name and social security number on any correspondence or documentation.

**ORIGINAL APPLICATION with SUPPORTING DOCUMENTS AND FEES TO:**
Board of Speech-Language Pathology and Audiology
P. O. BOX 6330
Tallahassee, FL 32314-6330

**ADDITIONAL DOCUMENTS SENT SEPARATE FROM THE APPLICATION TO:**
Board of Speech-Language Pathology and Audiology
4052 Bald Cypress Way, Bin C06
Tallahassee, FL 32399-3256

APPEARANCES: Certain applicants may be required to appear before the Board to discuss his or her application before a determination of licensure can be made. An appearance may be required for a variety of reasons, such as:
- Criminal or disciplinary history
- Education equivalency
- Impairment
- Other reasons as deemed necessary by the Board

Appearances are determined on a case by case basis. Board office staff does not determine the necessity of an appearance. Should your appearance be required, you will be notified of the exact date, time and location of the meeting at which your appearance is necessary.

If you believe you may be required to appear before the Board it is recommended you submit your application several months in advance of the meeting for which you wish to appear. You may view the Board’s meeting dates and locations on its website at: http://www.doh.state.fl.us/mqa/speech/index.html.

ADDRESS NOTE: Your location address will be published on the Internet licensure lookup screen. Our licensure database requires two addresses for each licensee. One is the mailing address and the other is the location address. The “mailing address” is used whenever information is mailed to the applicant/licensee. If you only provide one address, it will be used for both the mailing address and the location address.

ADDRESS CHANGE: If you have a change of address, you must provide written notification to the Board office. Include your full name, old address, and new address, and whether this is your mailing address or your location address.

APPLICATION INSTRUCTIONS

All applicants are required to complete and/or submit the following, except where not applicable:

REQUIRED FEES: Please make your cashiers check or money order payable to the Department of Health. The total fee that you are required to submit is based on the application completion or license issuance date. All licenses expire on December 31 of odd numbered years.

<table>
<thead>
<tr>
<th>License Issued August 1 of the odd numbered year through December 31 of the even numbered year:</th>
<th>License issued January 1 of the odd numbered year through July 31 of the odd numbered year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fee: $280.00 ($75.00 non-refundable application fee, $200.00 licensure fee, $5.00 unlicensed activity fee)</td>
<td>Total Fee: $180.00 ($75.00 non-refundable application fee, $100.00 licensure fee, $5.00 unlicensed activity fee)</td>
</tr>
</tbody>
</table>
COMPLETING THE APPLICATION: Questions must be answered fully and truthfully; there are no questions that are not applicable. Obtaining a license by fraudulent misrepresentation is grounds for denial of your application or revocation of your license (Section 468.1295(1)(a), F.S.). You must sign and date the application. It is your responsibility to notify this office in writing if the answers to any of these questions change, even if the application is already approved.

LICENSE /CERTIFICATION VERIFICATION: You must request that verification of any license to practice any profession that you now hold or have ever held in any state, U.S. territory or foreign country be mailed directly from the other licensing entity to the Board Office. A copy of your license is not considered verification. Some states/countries may require you to send them a License Verification Form. The form is available on our website for your convenience.

APPLICANT HISTORY QUESTIONS – REQUIRED DOCUMENTATION: If you answer “yes” to any of the questions in the sections regarding criminal, health, or professional history, the required supporting documentation is listed directly on the application. In instances where court documentation is required but cannot be obtained, you must direct the Clerk of Courts to send a letter advising the Board that the documentation is no longer available.

Additional Supplemental Documentation

METHOD OF LICENSURE: Applicants may qualify for licensure based one of three methods. Below is a list of additional documentation required based on your licensure method.

1. Licensure by Evaluation of Credentials – The following information is required:

   □ EXPERIENCE: Pursuant to Rule 64B20-2.004, F.A.C., you must have your supervisor submit the following forms (If you had more than one supervisor, each supervisor must submit the following forms): Supplementary Evaluation for Each One-Third of the Professional Employment Experience (Form SPA-2B) and Supervisory Report for Provisional Licensees (Form SPA-2C). These forms can be obtained from our website: http://www.doh.state.fl.us/mqa/speech/index.html.

   □ OFFICIAL TRANSCRIPT: An official transcript(s) must be sent directly from the school to the Board office and must indicate that a master’s degree or doctoral degree was conferred. If you did not graduate from a Council for Higher Education accredited program, verification of the number of hours of supervised clinical practice must also be included on the transcript.

   □ FOREIGN EDUCATION: In order for the Board to consider any education completed outside the U.S. or Canada, documentation must be received which verifies that the institution at which the education was completed was equivalent to an accredited U.S. institution. Documentation must also be received which verifies that the coursework met the content and credit hour requirement for coursework in the U.S. It is the applicant’s responsibility to obtain an evaluation from a recognized educational evaluation service that documents the acceptability of the coursework. Note- A certified translator who is not related to the applicant must translate any document that is in a language other than English.

   □ NATIONAL EXAM: You must have an official score report submitted directly to the Board office by Educational Testing Services (ETS). The score must be within 3 years of the date of this application for licensure.

2. Licensure by Endorsement Based on Certificate of Clinical Competence (CCC) from ASHA – The following information is required:

   □ CERTIFICATE OF CLINICAL COMPETENCE FROM ASHA: You must request ASHA to submit a letter directly to the Board office verifying your status.

3. Licensure by Endorsement from Another State or Territory of the United States (license must be valid and active) – The following information is required:

   □ LAWS AND RULES: Submit a copy of the laws and rules of the state or U.S. territory outlining the criteria for licensure at the time you received that license. The criteria must be substantially similar or equivalent to the licensure requirements in Florida at that time. Note- if you received your license through grandfathering or reciprocity you may not qualify for licensure under this method.

DH-SPA-1 Revised 05/16 Reference 64B20-2.001, F.A.C.
APPLICATION FOR ACTIVE LICENSE

Check the box for the profession in which you are applying for licensure:
☐ Speech-Language Pathologist (3001)  ☐ Audiologist (3002)

Check one of the following licensure methods:
☐ Licensure by Evaluation of Credentials (1020)
☐ Licensure by Endorsement Based on CCC from ASHA (1022)
☐ Licensure by Endorsement Based on Licensure from Another State or U.S. Territory (1021) List the state or U.S. territory from which you are endorsing: ____________________________

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 [ ] No

1. APPLICANT DATA

<table>
<thead>
<tr>
<th>NAME:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAILING ADDRESS:</td>
<td>Number and Street</td>
<td>Apt. #</td>
<td>City</td>
</tr>
<tr>
<td>PRACTICE LOCATION ADDRESS:</td>
<td>Number and Street</td>
<td>Apt #</td>
<td>City</td>
</tr>
<tr>
<td>Home Telephone Number</td>
<td>Business Telephone Number</td>
<td>Date of Birth (mm/dd/yyyy)</td>
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</table>

Email Address: ____________________________

Email Notification: If you want to receive notices regarding your application deficiencies by email only, please check the “yes” box. If you chose this form of notification, you will receive deficiency notices regarding your application through email only. You will be responsible for checking your e-mail regularly and updating your e-mail address with the Board.

I want to be notified by e-mail only: [ ] Yes [ ] No

Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name? [ ] Yes [ ] No If YES, list all names below:

2. APPLICANT LICENSURE DATA

Do you hold or have you ever held a license and/or certificate to practice any profession in any state, U.S. territory, or foreign country? [ ] Yes [ ] No

If YES, list all licenses and/or certificates and the issuing state, territory, or foreign country below. Each issuing state, territory, or foreign country must submit a license/certification verification form.

<table>
<thead>
<tr>
<th>TYPE OF LICENSE/CERTIFICATE</th>
<th>LICENSE NUMBER</th>
<th>ISSUING STATE, TERRITORY, FOREIGN COUNTRY</th>
<th>CURRENT LICENSE STATUS</th>
</tr>
</thead>
</table>

3. EQUAL OPPORTUNITY DATA

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniformed Guidelines on Employee Selection Procedure (1978) 43 FR38295 August 25, 1978. This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

RACE: Caucasian [ ] Black [ ] Hispanic [ ] Asian [ ] Native American [ ] Other [ ] ______________

SEX: Male [ ] Female [ ]
## 4. EDUCATIONAL DATA

<table>
<thead>
<tr>
<th>Undergraduate Degree</th>
<th>Major/Specialty</th>
<th>Accredited School City/State/Country</th>
<th>Date of Graduation</th>
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<tbody>
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<td>3.</td>
<td>3.</td>
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<td>3.</td>
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## 5. APPLICANT HISTORY – PROFESSIONAL

If you answer “yes” to any question in this section, you must provide the following documentation WITH the application at the time of submission:

1. A self-explanation including details as to the state(s), license number(s), date(s), and relevant circumstances.
2. A copy of the complaint and disposition for each case.
3. A copy of any documentation from the state regarding the final actions/outcome of the issue.

A. Have you ever been denied a license/certificate to practice Speech-Language Pathology and/or Audiology or the renewal thereof in any state, U.S. Territory or foreign country?  
   - Yes  
   - No

B. Have you ever had a license/certificate to practice a profession revoked, suspended, or otherwise acted against (including probation, fine, reprimand or surrender in lieu of disciplinary action) in a disciplinary proceeding in any state, U.S. Territory or foreign country?  
   - Yes  
   - No

C. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice or lack of professional competence?  
   - Yes  
   - No

D. Is there a complaint currently pending against you in any jurisdiction, or an investigation of your professional conduct or competency in any profession?  
   - Yes  
   - No

## 6. APPLICANT HISTORY – CRIMINAL

If you answer “yes” to the question below, you must provide the following WITH the application at the time of submission:

1. A self-explanation regarding the charges on a separate sheet.
2. Copies of all pertinent court and arrest documents, including arrest report, official charge documentation and current disposition. This should include sentencing due to the arrest and proof of successful completion of your sentencing. These documents can be obtained from the clerk of court in the county the offense occurred.

A. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.
   - Yes  
   - No

DH-SPA-1 Revised 05/16 Reference 64B20-2.001, F.A.C.
7. **APPLICANT HISTORY – 456.0635(2), F.S.**

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 offense(s)) or a similar felony offense(s) in another state or jurisdiction? (If you responded “no”, skip to #2.)  
   - **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?  
   - **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).  
   - **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?  
   - **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).

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)?  
   - **a.** If “yes” to 2, has it been more than 15 years from the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?

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.)  
   - **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?

4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?  
   - **a.** Have you been in good standing with a state Medicaid program for the most recent five years?  
   - **b.** Did the termination occur at least 20 years before the date of this application?

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?
8. SOCIAL SECURITY NUMBER AND HEALTH HISTORY:

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE*

Florida Department of Health
Board of Speech-Language Pathology and Audiology
Active License Application

Name: ________________________________________________________________

Social Security Number: ________________________________________________

<table>
<thead>
<tr>
<th>APPLICANT HISTORY – HEALTH</th>
<th>□ Yes □ No</th>
</tr>
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<tbody>
<tr>
<td>A. In the last five years, have you been enrolled in, required to enter into, or participated in any drug or</td>
<td></td>
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<td>alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred</td>
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<td>within the within the last five years?</td>
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<td>B. In the last five years, have you been admitted or referred to a hospital, facility or impaired</td>
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<td>substance-related (alcohol/drug) disorder, if you were previously in such a program, did you suffer a relapse</td>
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<tr>
<td>within the last five years?</td>
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</tr>
<tr>
<td>F. During the last five years, have you been treated for or had a recurrence of a diagnosed related</td>
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</tr>
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<td>(alcohol/drug) disorder that has impaired your ability to practice within the past five years?</td>
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Applicant's Signature: ________________________________  Date: __________________________