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
2. March 2016 Rules Report
3. February 2016 Rules Report
4. SLPA JAPC Letters
5. 64B20-2.003 Provisional License; Requirements
6. 64B20-4.OO1 Certification of Assistants
7. 64B20-2.OO1 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

DRAFT

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.

DRAFT

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

DRAFT

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

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.

Board of Speech-Language Pathology and Audiology
May 25, 2016
9:00 a.m.
Telephone Number: (888) 670-3525
Participation Code: 4737341539

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-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.

Specific Authority 468.1135(4) FS. Law Implemented 468.1155, 468.1185 FS. History–New 3-14-91, Formerly 21LL-2.002, Amended 11-15-93, 3-16-94, Formerly 61F14-2.002, 59BB-2.002, Amended 8-4-03, 2-14-07.

Burney, Rose

From: pjohnson68@tampabay.rr.com
Sent: Thursday, March 24, 2016 10:23 AM
To: Burney, Rose
Subject: Re: Madelyn Bravo Rodriguez

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 MQAReportCE@flhealth.gov<mailto: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.
>

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

Rose Burney, CSPM
Regulatory Specialist II

ID: 671366

4. EDUCATIONAL DATA

Undergraduate Degree	Major/Specialty	Accredited School City/State/Country	Date of Graduation
1. MASTER	1. Speech Language Pathology.	1. University of Havana Enrique J. Varona.	07/15/1997
2.	2.	2. Havana, Cuba	2.
3.	3.	3.	3.

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. ☒Yes ☐ No

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

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. ☒Yes ☐ No

Provider Name: Consoltants 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.**

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.) ☐ Yes ☒ No

a. If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation? ☐ Yes ☐ No

b. If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes). ☐ Yes ☐ No

c. If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation? ☐ Yes ☐ No

d. If "yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation). ☐ Yes ☐ No

2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? ☐ Yes ☒ No

a. If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended? ☐ Yes ☒ No

3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 3a.) ☐ Yes ☒ No

a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? ☐ Yes ☐ No

4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? ☐ Yes ☒ No

a. Have you been in good standing with a state Medicaid program for the most recent five years? ☐ Yes ☒ No

b. Did the termination occur at least 20 years before the date of this application? ☐ Yes ☒ No

5. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? ☐ Yes ☒ No

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

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:** 02/18/2016

ID = 671366

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: MADELYN BRAVO RODRIGUEZ.

Check one: ☒ Speech-Language Pathology ☐ Audiology

SECTION 2: (completed by supervisor)

Supervisor's Name: Jessica M. Carosso Business Phone: (786) 732-6983

License Number: SA 11392 ☒ Speech-Language Pathology ☐ Audiology

Practice Location Address: 14331 SW 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 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.

Jessica M. Carosso — Supervisor's Signature

2/18/16 — 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 32399-3256
Telephone: (850) 245-4161

ID- 671366

AC# 6811361

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/14/2015	SI 1685	5380

The SPEECH-LANGUAGE PATHOLOGY ASSISTANT named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: DECEMBER 31, 2017

MADELYN BRAVO RODRIGUEZ
ATTN: MADELYN BRAVO RODRIGUEZ
536 MERCURY STREET
WEST PALM BEACH, FL 33406

Rick Scott
GOVERNOR

John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC# 6811361

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/14/2015	SI 1685	5380

The SPEECH-LANGUAGE PATHOLOGY ASSISTANT named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: DECEMBER 31, 2017

MADELYN BRAVO RODRIGUEZ

LICENSEE SIGNATURE

S14E20050

ID: 671366

Consultants for the Future

www.consultantsforthefuture.com

certifies that

MADELYN BRAVO RODRIGUEZ

has met the requirements completing

HIV/AIDS 1
A Mini Course

1 Contact Hour has been awarded.

License No.
SI1685 FL

Date Started
2/19/2016

Date Completed
2/19/2016

Dr. Linda A. Bergfeld
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

MADELYN BRAVO RODRIGUEZ

has met the requirements completing

Prevention of Medical Errors
For the Healthcare Professional

2 Contact Hours have been awarded.

License No.
SI1685 FL

Date Started
7/7/2015

Date Completed
7/7/2015

Dr. Linda A. Bergfeld
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.

ZD-631367

ID= 671366

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.

Confirm Page

ATT: Rose Burney

From: Madelyn Bravo Ronigner.

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:	Bachellor 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.

LIC. MARITZA ESTHER RIPPES ALLER
SECRETARIO GENERAL DE LA UNIVERSIDAD DE CIENCIAS PEDAGOGICAS " ENRIQUE JOSE VARONA"

CERTIFICA QUE: MADELYN BRAVO RODRIGUEZ (CONTINUACION).

Y en consecuencia certifico que **MADELYN BRAVO RODRIGUEZ ES GRADUADA DE MASTER EN LA CARRERA DE LICENCIADO DE EDUCACION EN LA ESPECIALIDAD DE DEFECTOLOGIA CONCENTRADO EN LOGOPEDIA,** en el curso academico de 1996-1997 y aparece registrado en el folio: 0584 numero: 15230, de esta secretaria general.

Y para que asi 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 dias 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.

Board of Speech-Language Pathology and Audiology
May 25, 2016
9:00 a.m.
Telephone Number: (888) 670-3525
Participation Code: 4737341539

BOARD SUMMARY

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 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.

Specific Authority 468.1135(4) FS. Law Implemented 468.1155, 468.1185 FS. History–New 3-14-91, Formerly 21LL-2.002, Amended 11-15-93, 3-16-94, Formerly 61F14-2.002, 59BB-2.002, Amended 8-4-03, 2-14-07.

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

Rose Burney, CSPM
Regulatory Specialist II

Burney, Rose

From: pjohnson68@tampabay.rr.com
Sent: Thursday, March 10, 2016 9:30 PM
To: Burney, Rose
Subject: Re: Alina Perez Application

-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<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 MQAReportCE@flhealth.gov<mailto: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.

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.

CONFIDENTIAL AND EXEMPT MATERIALS

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Board of Speech-Language Pathology and Audiology
May 25, 2016
9:00 a.m.
Telephone Number: (888) 670-3525
Participation Code: 4737341539

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.

Specific Authority 468.1135(4) FS. Law Implemented 468.1155, 468.1185 FS. History–New 3-14-91, Formerly 21LL-2.002, Amended 11-15-93, 3-16-94, Formerly 61F14-2.002, 59BB-2.002, Amended 8-4-03, 2-14-07.

Burney, Rose

From: pjohnson68@tampabay.rr.com
Sent: Wednesday, February 10, 2016 7:15 PM
To: Burney, Rose
Subject: Re: Dianelys Betancourt Application

Can not accept app as it stands. No ms degree questionable school accred----
"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<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 MQAReportCE@flhealth.gov<mailto: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.
>

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

Rose Burney, CSPM
Regulatory Specialist II

3005

APPLICATION FOR PROVISIONAL LICENSE

09/18/2015 180.00
ID: 7422 Type: F
BT: 3005965
R#: 915016589

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

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

1. APPLICANT DATA

	Last	First	Middle		
NAME:	Betancourt	Dianelys	F- 7922		
MAILING ADDRESS:	Number and Street: 4655 Palm Ave	Apt. #: 105	City: Hialeah	State: FL	Zip Code: 33012
PRACTICE LOCATION ADDRESS:	Number and Street: 900 West 49 St	Apt #: 332	City: Hialeah	State: FL	Zip Code: 33012

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

Email Address: micasaalegre29@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

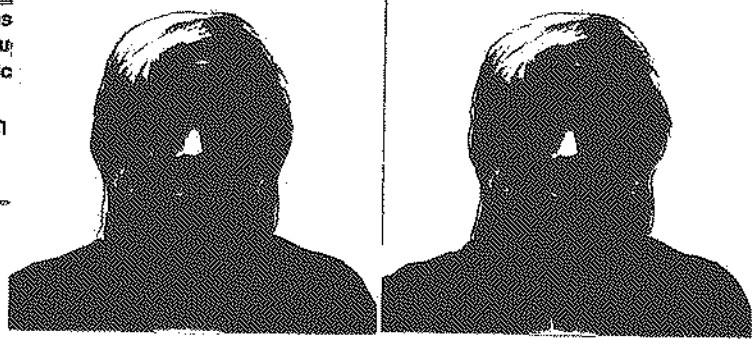
If YES, list all licenses and/or certificates and the issuing state, territory, or foreign country below. Each issuing state, territory, or foreign country must submit a license/certification verification form.

TYPE OF LICENSE/CERTIFICATE	LICENSE NUMBER	ISSUING STATE, TERRITORY, FOREIGN COUNTRY	CURRENT LICENSE STATUS
SLPA	S11696	FL	ACTIVE

3. EQUAL OPPORTUNITY DATA

We are required to ask that you furnish the following information as Guidelines on Employee Selection Procedure (1978) 43 FR38295 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

Undergraduate Degree	Major/Specialty	Accredited School City/State/Country	Date of Graduation
1. Licenciate in Education	1. Special Education	1. ISP Juan Marinello Holzas-Cuba	1. 2000/2001
2. Diplomado	2. Diploma in Speech Therapy	2. ISP Juan Marinello Holzas-Cuba	2. 2003/2004
3. Postgraduate	3. See Transcript	3. ISP Juan Marinello Holzas-Cuba	3. 2001/2002

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. ☒Yes ☐ No

Provider Name: Consultants for the Future
Provider Number: 50-435
Course Name/Title: Prevention of Medical Errors
Date Completed: 6/15/2015

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. ☒Yes ☐ No

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

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.) ☐ Yes ☒ No

a. If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation? ☐ Yes ☐ No

b. If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes). ☐ Yes ☐ No

c. If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation? ☐ Yes ☐ No

d. If "yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation). ☐ Yes ☐ No

2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? ☐ Yes ☒ No

a. If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended? ☐ Yes ☐ No

3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 3a.) ☐ Yes ☒ No

a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? ☐ Yes ☐ No

4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? ☐ Yes ☒ No

a. Have you been in good standing with a state Medicaid program for the most recent five years? ☐ Yes ☐ No

b. Did the termination occur at least 20 years before the date of this application? ☐ Yes ☐ No

5. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? ☐ Yes ☒ No

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

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:** 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: SA 1482 ☒ Speech-Language Pathology ☐ Audiology

Practice Location Address: 900 W. 49 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 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.

Vivian H. Topp MSCCC-SLP 09/10/15

Supervisor's Signature Date

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

4. EDUCATIONAL DATA

Undergraduate Degree	Major/Specialty	Accredited School City/State/Country	Date of Graduation
1. Licenciate in Education	1. Special Education	1. ISP Juan Marinello Holzas-Cuba	1. 2000/2001
2. Diplomado	2. Diploma in Speech Therapy	2. ISP Juan Marinello Holzas-Cuba	2. 2003/2004
3. Postgraduate	3. See Transcript	3. ISP Juan Marinello Holzas-Cuba	3. 2001/2002

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. ☒Yes ☐ No

Provider Name: Consultants for the Future
Provider Number: 50-435
Course Name/Title: Prevention of Medical Errors
Date Completed: 6/15/2015

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. ☒Yes ☐ No

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

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

Certified English translation of the original Spanish
Any alteration to this translation, including handwriting or crossed out text, renders this translation void.
fis-web.com

[emblem]

REPUBLIC OF CUBA
MINISTRY OF HIGHER EDUCATION

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.**

Signed in witness whereof, in the city of Matanzas, on **July 19, 2001.**

[*signature*]
Dean

[*signature*]
Rector

Countersigned:

[*signature*]
General Secretary

Registered on Folio *0198*, Number *6721*, in the pertinent book kept by the Office of the Secretary of this Center of Higher Education.
Registered on Folio *0070*, Number *2021*, in the pertinent book kept by the Faculty of Early Childhood Education.

American Translators Association

REPUBLICA DE CUBA
MINISTERIO DE EDUCACION 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 **Diarelys 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 19 días de julio del 2001.

Decano

Rector

Refrendado:

Secretario General

Registrado al folio 0198 número 0921 del libro correspondiente de [illegible]

Registrado al folio 0070 número 0021 del libro correspondiente de [illegible]

REPÚBLICA DE CUBA
MINISTERIO DE EDUCACIÓN SUPERIOR
INSTITUTO SUPERIOR PEDAGÓGICO
"JUAN MARINELLO"

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 CREDITOS Y SE SUSCRIBE EN LA CIUDAD DE MATANZAS A LOS 25 DIAS DEL MES DE ABRIL DEL 2004.

REPUBLICA DE CUBA
INSTITUTO DE SUPERACION EDUCACIONAL

Luis Portilla
Director Municipal de Educacion

Milagros Vila
Secretaria General de la Facultad

REPUBLICA DE CUBA
MINISTERIO DE EDUCACION
INSTITUTO SUPERIOR PEDAGOGICO

" JUAN MARINELLO"

CERTIFICADO DE POSTGRADO

AL COMPANERO(A): ***DIANELYS BETANCOURT HERNANDEZ.***

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

" TRATAMIENTO LOGOPEDICO EN LOS PACIENTES CON RETRASO MENTAL"

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

LUISA A. TOLEDO MARTINEZ
COORDINADOR DE LA ACTIVIDAD

LUIS PORTILLA
DIRECTOR

INSTITUTO SUPERIOR PEDAGOGICO "JUAN MARINELLO"

CERTIFICADO

DIANELYS BETANCOURT HERNANDEZ
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.

DADO EN MATANZAS A LOS 11 DÍAS DEL MES OCTUBRE DEL 2001.

GRISELDA RODRÍGUEZ
PROFESOR

LUIS PORTILLA
DIRECTOR DE EDUCATION

STATE OF FLORIDA AC# 5774058
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/26/2013	SI 1696	4272

The SPEECH-LANGUAGE PATHOLOGY ASSISTANT named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date DECEMBER 31, 2015

DIANELYS BETANCOURT

LICENSEE SIGNATURE

Consultants for the Future

www.consultantsforthefuture.com

certifies that

DIANELYS BETANCOURT

has met the requirements completing

HIV/AIDS 1

A Mini Course

1 Contact Hour has been awarded.

License No.
SI1696 FL

Date Started
9/9/2015

Date Completed
9/9/2015

Dr. Linda J. Dungfield
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.

Foundation for International Services, Inc.

505 - 5th Avenue South
Suite 101
Edmonds, WA 98020-3585

Credential Evaluation for: BETANCOURT, Dianelys

Official

Consultants for the Future

www.consultantsforthefuture.com
certifies that

DIANELYS BETANCOURT

has met the requirements completing

Prevention of Medical Errors
For the Healthcare Professional

2 Contact Hours have been awarded.

License No.
SI1696 FL

Date Started
6/15/2015

Date Completed
6/15/2015

Dr. Linda A. Brayfield
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 course meets the requirements of the Minnesota, Ohio, Nevada, the District of Columbia, and Kentucky, Alabama Boards of Nursing, and other states by reciprocity.

CERTIFIED MAIL

7014 1820 0000 6273 6300

1000

32399

U.S. POSTAGE
PAID
MIAMI, FL
33187
SEP 14, 15
AMOUNT
$8.77
R2303S101369-45

anelys Betancourt
55 Palm Ave Apt-105
lialeah, FL 33012

RETURN RECEIPT
REQUESTED

RETURN RECEIPT
REQUESTED

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

REPUBLICA DE CUBA
MINISTERIO DE EDUCACION 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 **Diarelys 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 19 días de julio del 2001.

Decano

Rector

Refrendado:

Secretario General

Registrado al folio 0198 número 0921 del libro correspondiente de [illegible]

Registrado al folio 0070 número 0021 del libro correspondiente de [illegible]

REPÚBLICA DE CUBA
MINISTERIO DE EDUCACIÓN SUPERIOR
INSTITUTO SUPERIOR PEDAGÓGICO
"JUAN MARINELLO"

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 CREDITOS Y SE SUSCRIBE EN LA CIUDAD DE MATANZAS A LOS 25 DIAS DEL MES DE ABRIL DEL 2004.

REPUBLICA DE CUBA
INSTITUTO DE SUPERACION EDUCACIONAL

Luis Portilla
Director Municipal de Educacion

Milagros Vila
Secretaria General de la Facultad

Ministerio de Educacion
Instituto Superior Pedagogico
" Juan Marinello "

CERTIFICADO

A: DIANELYS BETANCOURT HERNANDEZ

POR HABER CURSADO CON RESULTADOS SATIFACTORIOS DE BIEN EL POSTGRADO DE LOGOPEDIA "RINOLALIA " EFECTUADO EN MATANZAS A NIVEL MUNICIPAL, A LOS 18 DIAS DEL MES DE MAYO DE 2002, CON UNA DURACION DE 32 HORAS QUE SE LE OTORGA 3 CREDITOS.

Rosa María Castellano
Profesor

REPUBLICA DE CUBA
INSTITUTO DE SUPERACION EDUCACIONAL MUNICIPAL

Luis Portilla
Director de Educación

REPUBLICA DE CUBA
MINISTERIO DE EDUCACION
INSTITUTO SUPERIOR PEDAGOGICO

" JUAN MARINELLO"

CERTIFICADO DE POSTGRADO

AL COMPANERO(A): ***DIANELYS BETANCOURT HERNANDEZ.***

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

" TRATAMIENTO LOGOPEDICO EN LOS PACIENTES CON RETRASO MENTAL"

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

LUISA A. TOLEDO MARTINEZ
COORDINADOR DE LA ACTIVIDAD

LUIS PORTILLA
DIRECTOR

INSTITUTO SUPERIOR PEDAGOGICO

"JUAN MARINELLO"

CERTIFICADO

A favor: *DIANELYS BETANCOURT HERNANDEZ*

POR HABER CURSADO Y APROBADO LOS ESTUDIOS:

Posgrado en logopedia

Mencion : "DISARTRIA" con una duracion de 28 horas que equivale a 2 creditos y para que pueda hacerlo constar a todos los efectos se expide el presente en MATANZAS a los 5 dias del mes de NOVIEMBRE del 2002.

DULCE MARIA MARTIN
PROFESOR

LUIS PORTILLA
DIRECTOR DE EDUCACION.

REPUBLICA DE CUBA
INSTITUTO DE SUPERACION EDUCACIONAL
MATANZAS

INSTITUTO SUPERIOR PEDAGOGICO "JUAN MARINELLO"

CERTIFICADO

DIANELYS BETANCOURT HERNANDEZ
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.

DADO EN MATANZAS A LOS 11 DÍAS DEL MES OCTUBRE DEL 2001.

GRISELDA RODRÍGUEZ
PROFESOR

LUIS PORTILLA
DIRECTOR DE EDUCATION

STATE OF FLORIDA AC# 5774058
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/26/2013	SI 1696	4272

The SPEECH-LANGUAGE PATHOLOGY ASSISTANT named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date DECEMBER 31, 2015

DIANELYS BETANCOURT

LICENSEE SIGNATURE

Consultants for the Future

www.consultantsforthefuture.com

certifies that

DIANELYS BETANCOURT

has met the requirements completing

HIV/AIDS 1

A Mini Course

1 Contact Hour has been awarded.

License No.
SI1696 FL

Date Started
9/9/2015

Date Completed
9/9/2015

Dr. Linda J. Dungfield
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.

Board of Speech-Language Pathology and Audiology
May 25, 2016
9:00 a.m.
Telephone Number: (888) 670-3525
Participation Code: 4737341539

BOARD SUMMARY

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

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.

3005-F 7436

2581562

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: Rebecca Rousseff

Check one: ☑ Speech-Language Pathology ☐ Audiology

RECEIVED
OCT 12 2015
BY:

SECTION 2: (completed by supervisor)

Supervisor's Name: Crystal Thomas Business Phone: 615-1074-8366

License Number: SA1111 ☑ Speech-Language Pathology ☐ Audiology

Practice Location Address: 48 High Point Rd Jovania, FL 33070

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 Date 10/8/15

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

3005- F7436

2581553

October 8, 2015

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

RECEIVED
OCT 09 2015
BY:

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

Primary Therapist
Ramona Sanchez, CASAC-T

Garry P Smyth, B.A., CAS
Certified Addiction Specialist & Domestic Abuse Counselor
Chief Operating Officer

Kay Rhodes, PhD, LMFT, CAP
Clinical Director

Fifth Street Counseling Center IV

SERVING BROWARD COUNTY SINCE 1991

954.797.5222 • www.FifthStreetCounseling.org

3005- '1436

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

RECEIVED
JAN 13 2016
BY:

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.

Case Number 2013-MM-00244-A-K

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

_____/

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.

NOTARY PUBLIC, State of Florida

NOTARY PUBLIC STATE OF FLORIDA
ALICIA NICOLE ESQUINALDO
MY COMMISSION #FF052873
EXPIRES September 10, 2017
(407) 398-0153 FloridaNotaryService.com

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@flhealth.gov.

Sincerely,

JClahar-Anderson

Jacqueline Clahar-Anderson
Regulatory Specialist II

Clahar, Jacqueline

From: pjohnson68@tampabay.rr.com
Sent: Thursday, February 04, 2016 6:54 PM
To: Clahar, Jacqueline
Subject: Re: Review

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 MQAReportCE@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.

3005
F7512

01/13/2016 180.00
ID: 7512 Type: F
BT: 3013179
R#: 915034225

APPLICATION FOR PROVISIONAL LICENSE

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

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

RECEIV
JAN 11 20
BY:

1. APPLICANT DATA

NAME:	Last: Reyes Yero	First: Yisel	Middle: —
MAILING ADDRESS:	Number and Street: 26000 SW 144TH Ave Rd, Apt. # - 205	City: Homestead	State: FL, Zip Code: 33032
PRACTICE LOCATION ADDRESS:	Number and Street: 1845 NE 8TH Street, Apt #	City: Homestead	State: FL, Zip Code: 33033
Home Telephone Number: 305-804-8862	Business Telephone Number: 786-410-5839 FAX- 786-410-5837	Date of Birth (mm/dd/yyyy): 12/07/1973	

Email Address: yiselreyesyero@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.

TYPE OF LICENSE/CERTIFICATE	LICENSE NUMBER	ISSUING STATE, TERRITORY, FOREIGN COUNTRY	CURRENT LICENSE STATUS
Speech Language Phathology Assist.	51 2579	U.S	Active

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

Undergraduate Degree	Major/Specialty	Accredited School City/State/Country	Date of Graduation
1. Master	1. Science Education specialization: Exceptional student education	1. Nova Southeastern University Davie, FL. US.	1. currently studying
2. Master	2. Education science ~~Special Education~~	2. Higher Pedagogic Institute Frank Pais Garcia. CUBA	2. 9/17/2008
3. Licentiate	3. Licentiate in Education Specialty: Special Education	3. Higher Pedagogic Institute Frank Pais Garcia. CUBA.	3. 7/10/1996

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. ☑ Yes ☐ No

Provider Name: Consultants for the Future
Provider Number: 50-435
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 468.1201, F.S. ☑ Yes ☐ No

Provider Name: Consultants for the Future
Provider Number: 50-435
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 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.)	☐ Yes ☑ No
a. If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?	☐ Yes ☑ No
b. If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).	☐ Yes ☑ No
c. If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?	☐ Yes ☑ No
d. If "yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).	☐ Yes ☑ No
2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?	☐ Yes ☑ No
a. If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?	☐ Yes ☑ No
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 3a.)	☐ Yes ☑ No
a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?	☐ Yes ☑ No
4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?	☐ Yes ☑ No
a. Have you been in good standing with a state Medicaid program for the most recent five years?	☐ Yes ☑ No
b. Did the termination occur at least 20 years before the date of this application?	☐ Yes ☑ No
5. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?	☐ Yes ☑ No
6. If "yes" to any of the questions 1 through 5 above, on or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession's licensing board or the Department of Health? (If "yes", please provide official documentation verifying your enrollment status.)	☐ Yes ☑ No

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:** 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.

SECTION 1: (completed by provisional license applicant)

Applicant Name: Yisel Reyes Yero

Check one: ☒ Speech-Language Pathology ☐ Audiology

SECTION 2: (completed by supervisor)

Supervisor's Name: Marta D. Martinez Business Phone: 786-444-5839

License Number: SA11996 ☒ Speech-Language Pathology ☐ Audiology

Practice Location Address: 1845 NE 8 st Homestead FL 33033

Name of office or agency where experience will take place: Bilingual speech & Language therapy

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 _____ Date 1-5-16

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

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.

MARITZA REYES
MY COMMISSION # FF 106485
EXPIRES: March 25, 2018
Bonded Thru Pichard Insurance Agency

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

University of Oriente

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.

Universidad de Oriente

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 rigió 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 Ramis
Secretaria General

UNIVERSIDAD DE ORIENTE
Secretaría General

SIN ENMIENDA CONFRONTADO POR 01 DEL TOMO 01 No. 632
ANOTADO AL FOLIO 011

JS&A

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 28th day of the month of Dec. of the year 2015.

A. M. DE LA ROSA
MY COMMISSION # EE 177078
EXPIRES: April 20, 2016
Bonded Thru Richard Insurance Agency

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

Josef Silny & Associates, Inc., International Education Consultants
Translation Service

[Cuban Coat of Arms]
REPUBLIC OF CUBA

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

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 3576 del libro del Ministerio de Educación Superior

JS&A

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 28th day of the month of Dec of the year 2015.

A. M. DE LA ROSA
MY COMMISSION # EE 177078
EXPIRES: April 20, 2016
Bonded Thru Pichard Insurance Agency

Notary Public State of Florida at Large

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

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E-Mail: info@jsilny.org
www.jsilny.org

Josef Silny & Associates, Inc., International Education Consultants
Translation Service

[Cuban Coat of Arms]
REPUBLIC OF CUBA
MINISTRY OF HIGHER EDUCATION

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

(^) 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,

Yakeline Cruz
Senior International Education Consultant
YC: 030

Noeli Rodriguez
Senior International Education Consultant

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

[Cuban Coat of Arms]
REPUBLIC OF CUBA

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

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 Secretaria de la Institución que otorga
Registrado al folio 3586 número 3586 del libro del Ministerio de Educación Superior

University of Oriente

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:

Courses	Credits	Grade
Module I: Principles of Educational Research		
Current Topics in Politics, Ideology, Science, Technology and Culture I	3	Excellent
Current Issues in Education	3	Excellent
Principles of Educational Research and Systematization of Teaching	3	Excellent
Communication and Information Technologies in Educational Institutions	3	Excellent
Comprehensive Module Assignment	3	Excellent
Module II: Principles of Special Education		
Current Topics in Politics, Ideology, Science, Technology and Culture II	2	Excellent
Methodology of Education Quality and Research	4	Excellent
Pedagogic and Psychological Principles of Special Education	3	Excellent
Prevention, Diagnosis and Evaluation	3	Excellent
Family, Community and School Psychotherapy in Special Education	3	Excellent
Seminar on Systematization of Scientific Activity and Teaching	2	Excellent
Comprehensive Module Assignment	2	Excellent
Module III: Specialty: Special Education		
Current Topics in Politics, Ideology, Science, Technology and Culture III	2	Excellent
Language Disorders	3	Excellent
Disorders in Intellectual Development and Learning	3	Excellent
Sensory Disorders	2	Excellent
Physical-Motor Disabilities	2	Excellent
Emotional-Behavioral Disorders	2	Excellent

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**.

University of
Oriente

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**.

Board of Speech-Language Pathology and Audiology
May 25, 2016
9:00 a.m.
Telephone Number: (888) 670-3525
Participation Code: 4737341539

BOARD SUMMARY

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

Burney, Rose

From: pjohnson68@tampabay.rr.com
Sent: Monday, May 09, 2016 6:39 PM
To: Burney, Rose
Subject: RE: Rodney Brannan

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<mailto: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<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 MQAReportCE@flhealth.gov<mailto: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.

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

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**
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.

Burney, Rose

From: Rodney Brannan <rkb402@jagmail.southalabama.edu>
Sent: Thursday, April 07, 2016 12:41 PM
To: Burney, Rose
Subject: Re: AuD Provisional License Question
Attachments: Case Action Summary for MIP 1.pdf; Case Action Summary for MIP 2.pdf; Certificate of Completion for HIV and AIDS.pdf; Certificate of Completion for Prevention of Medical Errors.pdf; brannan-369MISS.tif; brannan-court.tif; BRANNAN-COURT-DOCS.tif; BRANNAN-EBC-RESULTS.tif; brannan-mob369.tif; brannan-MPD.tif

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

4/29/2016

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.

4/29/2016

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.

4/29/2016

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 nol 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.

2938880

3006 Eff 706

Wild Iris
MEDICAL EDUCATION, INC.

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

Ann Johnson RN

Ann Johnson, R.N.
Chief Executive Officer
Wild Iris Medical Education, Inc.

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.

RECEIVED
APR 11 2016
BY:

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

OnlineCEUs.com
Your Continuing Education Partner

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

(2)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 audiometry, 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 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

Rose Burney, CSPM
Regulatory Specialist II

4. EDUCATIONAL DATA

Undergraduate Degree	Major/Specialty	Accredited School City/State/Country	Date of Graduation
1. Master of Arts in Education.	1. State Pedagogical Institute V.I. Lenin. (Special Education-teacher and Speech Therapist).	1. State Pedagogical Institute V.I. Lenin (Moscow, Russia).	1. 06/26/85
2. High-School Diploma from Vocacional School V.I. Lenin.	2. High-School Diploma.	2. Vocacional School V.I. Lenin (Habana, CUBA).	2. 09/05/79
3.	3.	3.	3.

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. ☒Yes ☐ No

Provider Name: Consultants for the Future.
Provider Number: 50-435
Course Name/Title: Prevention of Medical Errors for the Health care Professional.
Date Completed: 7/13/2015.

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. ☒Yes ☐ No

Provider Name: Consultants for the Future.
Provider Number: 50-435
Course Name/Title: HIV/AIDS 1, A Mini Course.
Date Completed: 7/13/2015

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.) ☐ Yes ☑ No

a. If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation? ☐ Yes ☐ No

b. If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes). ☐ Yes ☐ No

c. If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation? ☐ Yes ☐ No

d. If "yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation). ☐ Yes ☐ No

2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? ☐ Yes ☑ No

a. If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended? ☐ Yes ☐ No

3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 3a.) ☐ Yes ☑ No

a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? ☐ Yes ☐ No

4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? ☐ Yes ☑ No

a. Have you been in good standing with a state Medicaid program for the most recent five years? ☐ Yes ☐ No

b. Did the termination occur at least 20 years before the date of this application? ☐ Yes ☐ No

5. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? ☐ Yes ☑ No

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

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

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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

Check one: ☒ Speech-Language Pathology ☐ Audiology

Assistant's Information:	Supervisor's Information:
Name: Ivon Beatriz Camblor	**Name:** Carlos Naval Perez Henriquez
Address: 6951 West 29 Ave apt 201 Hialeah, Fl, 33018	**Business Name:** Pediatric Geriatric Communication Disorders, inc
	Business Address: 19845 NW 54th PL Miami Gardens FL 33055
Phone: (786) 241-3404	**Business Phone:** 786-506-4154
Email: cambea61@gmail.com	**Email:** carlosnaval.slp@hotmail.com
Supervision will be: ☐ Full-time ☒ Part-time	**License Number:** SA 12814
License Number:	**Anticipated Start Date:** 10/01/2015

Supervisor's Signature:

I Carlos Naval Perez Henriquez 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: 07/22/2015

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

Board of Speech-Language Pathology and Audiology
May 25, 2016
9:00 a.m.
Telephone Number: (888) 670-3525
Participation Code: 4737341539

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

May 5, 2016

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 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

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**
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.

University of Central Florida
Registrar's Office
P.O. Box 160114
Orlando, FL 32816-0114
(407) 823-3100
http://registrar.ucf.edu

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)

A	4.00	C-	1.75
A-	3.75	D+	1.25
B+	3.25	D	1.00
B	3.00	D-	0.75
B-	2.75	F	0.00 Failing
C+	2.25	WF	0.00 Withdrawn Failing
C	2.00		

Grading Not Used in GPA Computation

I	Incomplete
N	No Grade Reported
NC	No Credit
S	Satisfactory (with credit)
U	Unsatisfactory (no credit)
W	Withdrawn
WH	Withdrawn (health form withdrawal)
WM	Medical Withdrawal
WP	Withdrawn Passing
X	Audit
Z	Designation for Academic Dishonesty (precedes letter grade)

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

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)

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

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

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 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.

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Florida Board of Speech-Language & Audio
4052 Bald Cypress Way
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Tallahassee FL 32399
UNITED STATES

University of Central Florida

Student Development and Enrollment Services
Registrar's Office

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P.O. Box 160114 • Orlando, FL 32816-0114 • (407) 823-3100 • FAX (407)823-5652
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3003 EH 3296

Consultants for the Future

www.consultantsforthefuture.com

certifies that

Jamilah Abdullah

has met the requirements completing

HIV/AIDS 1
A Mini Course

1 Contact Hour has been awarded.

License No.

Date Started
1/19/2016

Date Completed
1/19/2016

Dr. Linda A. Brenfield
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.

2861738

Certificate of Completion

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

Freda S. O'Brien
Director of Academic Affairs

Erin K. Meinyer
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 #7-0054 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.

NetCE
Continuing Education

PO BOX 997571 • SACRAMENTO, CALIFORNIA 95899-7571 • (800) 232-4CEU

1/20/16

Jamilah Abdullah

File #: 3296

Certificate of Completion for:

1: HIV/AIDS Course

2: Prevention of Medical Errors Course

RECEIVED
JAN 25 2016
BY:

Board of Speech-Language Pathology and Audiology
May 25, 2016
9:00 a.m.
Telephone Number: (888) 670-3525
Participation Code: 4737341539

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

April 22, 2016

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,

JClahar-Anderson

Jacqueline Clahar-Anderson
Regulatory Specialist II

Clahar, Jacqueline

From: pjohnson68@tampabay.rr.com
Sent: Saturday, January 30, 2016 3:20 PM
To: Clahar, Jacqueline
Subject: Re: File for review

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 MQAReportCE@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.

Provider Name:	CONSULTANTS FOR THE FUTURE
Provider Number:	50-435
Course Name/Title:	PREVENTION OF MEDICAL ERRORS
Date Completed:	10/29/2015

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:	50-435
Course Name/Title:	HIV AIDS 1
Date Completed:	10/30/2015

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: **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.

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.

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

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

Noeli Rodriguez
Senior International Education Consultant

Josef Silny & Associates, Inc.
International Education Consultants
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Miami, FL 33173
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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 19th day of the month of November of the year 2015.

MARITZA REYES
MY COMMISSION # FF 108485
EXPIRES: March 25, 2019
Bonded Thru Pichard Insurance Agency

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
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Miami, FL 33173
Tel: (305) 273-1616 Fax: (305) 273-1338
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www.jsilny.org

[Coat of arms]
Republic of Cuba
Ministry of Higher Education

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]
Dean

[signature]
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.

[illegible]

El Rector del Instituto Superior Pedagógico Enrique José [illegible]

[illegible] que le están conferidas, y a propuesta del Decano de la Facultad [illegible] el Título de [illegible] en Educación [illegible]

a **Diana Elaine Rubio Sáinz**

en atención a que el mismo ha cumplido los requisitos [illegible] exigidos para los estudios de la especialidad [illegible] los ejercicios correspondientes [illegible] de los mismos el día [illegible] mil novecientos noventa y [illegible]

En testimonio de lo cual, se suscribe en la Ciudad de La Habana a los veinte días [illegible]

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 1st day of the month of November of the year 2015.

MARITZA REYES
MY COMMISSION # FF 108485
EXPIRES: March 25, 2018
Bonded Thru Pichard Insurance Agency

Notary Public State of Florida at Large

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

Josef Silny & Associates, Inc.
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Miami, FL 33173
Tel: (305) 273-1616 Fax: (305) 273-1338
E-Mail: info@jsilny.org
www.jsilny.org

[Logo]
Institution Open to Time

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

Casa abierta al tiempo

LA
UNIVERSIDAD AUTONOMA METROPOLITANA

EXPIDE LA MAESTRIA EN
MASTER EN REHABILITACION NEUROLOGICA
A
DIANA ELAINE RUBIO SUAREZ

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

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 19th day of the month of November of the year 2015.

MARITZA REYES
MY COMMISSION # FF 106465
EXPIRES: March 25, 2018
Bonded Thru Pichard Insurance Agency

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
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Miami, FL 33173
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E-Mail: info@jsilny.org
www.jsilny.org

Josef Silny & Associates, Inc., International Education Consultants
Translation Service

[emblem]

INTERCONTINENTAL UNIVERSITY

[Photograph]

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.

DUCIT ET DOCET

UNIVERSIDAD INTERCONTINENTAL

otorga a

UNIVERSIDAD INTERCONTINENTAL
DIRECCIÓN

Diana Elaine Rubio Suárez

El Grado de

Doctora en Neurodesarrollo

Con reconocimiento de validez oficial de estudios de la Secretaría de Educación Pública, según acuerdo No. 00233291 de fecha 10 de marzo de 1993, en atención a que termina los estudios correspondientes y aprobó el examen profesional que sustentó el día 25 de junio de 2010

"DUCIT ET DOCET"

Dado en el Campus Universitario, sito en Santa Úrsula Xitla, Tlalpan, D.F., México, D.F., a 24 de junio de 2010

Rector

Secretaria General

Universidad La Salle México

México, 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

REHABIQBA

Mexico, DF, October 25, 2015

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

Escuela Militar Naval # 618 Col. Presidentes Ejidales. Del Coyoacán, México, DF.
www.rehabiqba.com.mx
Tel: (0155) 56327774

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: **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: **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.

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

RICK SCOTT
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

Florida Department of Health
Mandatory Courses Required for Initial Licensure

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. Linda A. Bergfield

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 J. Greenfield
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.

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

Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

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

FLORIDA
DEPARTMENT of
CORRECTIONS

Changing Lives to Ensure a Safer Florida

Governor
RICK SCOTT

Secretary
MICHAEL D. CREWS

501 South Calhoun Street, Tallahassee, FL 32399-2500

http://www.dc.state.fl.us

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.

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

STATE OF FLORIDA,
Plaintiff,

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

v.

JEANETTE TORRELLA,
Defendant.

FILED
APR 03 2012
CLERK

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 AMT

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 _____

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 pendancy 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.

DEFENDANT'S INITIALS GMA

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

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".

Andrea Cunill, Esq.
Attorney for Defendant
Florida Bar # 27659
"I 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.

DEFENDANT'S INITIALS JMT

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

RICK SCOTT
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

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, 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**

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

Signature, MSW Date 3/26/16

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

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

Rick Scott
Governor

Celeste Philip, MD, MPH
Interim State Surgeon General

Vision: To be the Healthiest State in the Nation

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.

1442 E. Lincoln #363
Orange, CA 92865

Certifies that

Jennifer Rodriguez

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

Course Number: 1912

This Monday, 4 April 2016

OnlineCEUs.com
Your Continuing Education Partner

THE FLORIDA KEYS
AREA HEALTH EDUCATION CENTER

Certificate of attendance

HIV and AIDS Update

PRESENTED
TO

JENNIFER RODRIGUEZ

LICENSE NUMBER:

DATE: April 1, 2016

LOCATION: Online

CONTACT HOURS: 1.00

AHEC COURSE NUMBER: 11

CE BROKER NUMBER: 203621

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)™.

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.

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

Rick Scott
Governor

Celeste Philip, MD, MPH
Interim State Surgeon General

Vision: To be the Healthiest State in the Nation

Florida Department of Health
State Laws and Rules

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

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

RECEIVED
APR 20 2016
BY:

Current Date: 4/20/16

Office of the Professions

Education Law

Article 159, Speech-Language Pathologists & Audiologists

§8200. Introduction. | §8201. Definition of practice of speech-language pathology | §8202. Practice of speech-language pathology. | §8203. Definition of practice of audiology | §8204. Practice of audiology. | §8205. State board for speech-language pathology and audiology. | §8206. Requirements for a professional license. | §8207. Exempt persons. | §8208. Special provisions. | §8209. Mandatory continuing competency.

§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 of 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, counselling, 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 eight 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;

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.
    a. 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.

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§8209. Mandatory continuing competency.

1.
    a. 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

Office of the Professions

Education Law

Article 159, Speech-Language Pathologists & Audiologists

§8200. Introduction. | §8201. Definition of practice of speech-language pathology | §8202. Practice of speech-language pathology. | §8203. Definition of practice of audiology | §8204. Practice of audiology. | §8205. State board for speech-language pathology and audiology. | §8206. Requirements for a professional license. | §8207. Exempt persons. | §8208. Special provisions. | §8209. Mandatory continuing competency.

§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 of 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, counselling, 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 eight 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;

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-five dollars for each triennial registration period.

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§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 thereto.
6. A student from engaging in clinical practice, under the supervision of a licensed audiologist or a licensed speech-language pathologist 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.

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§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.
    a. 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.

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§8209. Mandatory continuing competency.

1.
    a. 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.

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

FL

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

MAY 02 2016

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.

SEAL

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

Processed: 5/5/2016 2:34:18PM

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SA	14296	01/07/2016	Gizzi, Christine Marie	12/30/1987	New York Medical College		5817 Park Street North #207	St Petersburg, FL 33709
SA	14297	01/07/2016	Appell, Jacquelyn H	05/16/1950	Cuny Queens College		7739 Us Open Loop	Lakewood Ranch, FL 34202
SA	14298	01/07/2016	Ladowski, Paulina Danuta	05/21/1988	University Of Central Florida		2411 Depauw Avenue	Orlando, FL 32804
SA	14299	01/08/2016	Jones, Jamie Leigh	05/15/1990	James Madison University		25 Petersburg Lane	Martinsburg, WV 25403
SA	14300	01/12/2016	Hutchins, Asia Arquise	12/03/1987	Florida State University		2855 Apalachee Parkway Apt. 181D	Tallahassee, FL 32301
SA	14301	01/12/2016	Hicks, Julie Ann	07/21/1990	University Of Florida		1600 Sw Archer Road	Gainesville, FL 32610
SA	14302	01/12/2016	Bennion, Katelyn Leigh	11/13/1989	University Of Central Florida		2265 Ne 164Th Street	North Miami Beach, FL 33160
SA	14303	01/12/2016	Saunier, Christina Nicole	05/07/1984	Western Kentucky University		4100 Springbourne Way Apt 207	Louisville, KY 40241
SA	14304	01/12/2016	Reilly, Maryann Kathleen	07/22/1987	Hofstra University		5535 S Williamson Blvd. #774	Port Orange, FL 32128
SA	14305	01/12/2016	Herrmann, Vanessa Margaret	11/09/1981	Nova Southeastern University-Slp Program		14391 Metropolis Avenue Suite 101	Fort Myers, FL 33912
SA	14306	01/12/2016	Kates, Leslie Victor	02/09/1942	Other	Cambridge College	1100 Se 5 Th Court #60	Pompano Beach, FL 33060
SA	14307	01/12/2016	Taylor, Medea	09/30/1961	University Of South Alabama		2904 Thornhill Drive	Mobile, AL 36606
SA	14308	01/12/2016	Harrison, Brittainy Monet	03/18/1985	Other	The University Of South Carolina	6867 Southpoint Drive North	Jacksonville, FL 32216
SA	14309	01/12/2016	Pizarro, Melitza	04/14/1991	University Of South Florida		8618 Anglers Pointe Drive	Temple Terrace, FL 33637
SA	14310	01/12/2016	Gutierrez, Barbara	02/03/1988	Florida State University		3313 W 91St Ter	Hialeah, FL 33018
SA	14311	01/13/2016	Kommer, Katherine	08/07/1984	University Of North Carolina Greensboro		1180 N. Bayshore Dr	Valparaiso, FL 32580
SA	14312	01/14/2016	Marincov, Elizabeth E	08/23/1961	California University Of Pennsylvania		14506 Riviera Pointe Dr	Orlando, FL 32828
SA	14313	01/14/2016	Christina, Holly	11/10/1987	University Of Connecticut		113 West Division St	Winter Garden, FL 34787
SA	14314	01/14/2016	Carano, Lucille Elizabeth	03/14/1949	San Jose State University		2311 Sand Point Ct.	Discovery Bay, CA 94505
SA	14315	01/15/2016	Adler, Amy Nerissa	09/30/1989	Duquesne University		2646 Batchelder Street	Brooklyn, NY 11235
SA	14316	01/15/2016	Authier, Sherri Sue	08/26/1955	University Of South Florida		1901 Downing Place	Palm Harbor, FL 34683

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SA	14317	01/15/2016	Cid, Maria Antonieta	07/11/1990	Florida International University		1601 Nw 12 Ave	Miami, FL 33136
SA	14318	01/15/2016	Loeffler, Danielle Marie	12/09/1977	University Of South Florida		5193 Golf Club Ln	Spring Hill, FL 34609
SA	14319	01/19/2016	Vaughn, Mary Alice	04/03/1946	Appalachian State University		1608 Harvard Woods Dr. Apt 2603	Brandon, FL 33511
SA	14320	01/19/2016	Parham, Katelyn	06/22/1989	University Of Florida		1600 Sw Archer Road D2-055	Gainesvilee, FL 32610
SA	14321	01/19/2016	Jernigan, Candice Curd	06/17/1975	University Of Alabama		200 Skiles Boulevard	West Chester, PA 19382
SA	14322	01/19/2016	Senft, Kathryn F	05/10/1964	Cleveland State University;Other	Roosevelt University	1002 S. Harbour Island Boulevard #1207	Tampa, FL 33602
SA	14323	01/19/2016	Frederick, Ashley Kris	02/09/1987	Nova Southeastern University-Slp Program		6400 Edgelake Dr.	Sarasota, FL 34240
SA	14324	01/20/2016	Blanco Baez, Dayluvi	11/19/1973	Other	Enrique Jose Varona Higher Pedagogical Insitute	904 Lee Blvd # 106	Lehigh Acres, FL 33936
SA	14325	01/20/2016	Weir, Kathleen Elizabeth	02/06/1990	University Of Florida		1621 Ne Waldo Rd	Gainesville, FL 32609
SA	14326	01/21/2016	Butcher Shepard, Emily Kathleen	01/28/1990	University Of Florida		606 Ne 7Th St	Trenton, FL 32693
SA	14327	01/21/2016	Nations, Laura Kathryn	10/27/1989	Western Kentucky University		10141 Sedgebrook Dr.	Riverview, FL 33569
SA	14328	01/21/2016	Rodriguez, Coral M	12/05/1983	University Of Puerto Rico		Plaza 23 Mf 10 Monte Claro	
SA	14329	01/22/2016	Miller, Sierra Shanae	01/19/1987	University Of Alabama		561 Canebrake Street	Uniontown, AL 36786
SA	14330	01/25/2016	Haque, Faria	03/21/1985	University Of South Florida		5066 Sw 88 Terrace	Cooper City, FL 33328
SA	14331	01/25/2016	Guerra Torres, Orelve	05/27/1969	Other	Higher Pedagogical Institute Enrique J Varona	904 Lee Blvd. Unit 106	Lehigh Acres, FL 33936
SA	14332	01/26/2016	Johnson, Trisha Lynn	02/18/1990	Edinboro University Of Pennsylvania		1010 Carpenters Way	Lakeland, FL 33809
SA	14333	01/26/2016	Price, Andrea Marsala	09/09/1969	Abilene Christian University		4570 Champions View Apt #120	Colorado Springs, CO 80923
SA	14334	01/26/2016	Ray, Kynda Leigh-Anne	09/12/1970	Southern Illinois University Carbondale		207 Tyler Ave	Evansville, IN 47715
SA	14335	01/26/2016	Hogan, Elizabeth A A	08/23/1988	Florida Atlantic University		2101 N Pine Island Rd	Sunrise, FL 33323
SA	14336	01/26/2016	Vargas Castro, Marissa Leigh	05/08/1981	University Of The Pacific		3389 Sheridan Street I Suite 1	Hollywood, FL 33021

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SA	14337	01/26/2016	Geer, Ashley Marie	08/06/1984	Emerson College		1433 Cedar Court	Bandon, OR 97411
SA	14338	01/26/2016	Schraven, Marie Louise	10/07/1953	University Of Kansas		375 Irmo Ln	The Villages, FL 32162
SA	14339	01/26/2016	Shelby, Kristin Brooke	05/22/1991	University Of Southern Mississippi		630 Mallet Road	Vicksburg, MS 39180
SA	14340	01/27/2016	Kaas, Angela Marie	05/16/1979	University Of Oregon		6718 4Th Avenue S	Richfield, MN 55423
SA	14341	01/27/2016	Pino, Gladys Camejo	09/15/1975	Nova Southeastern University-Slp Program		9360 Sw 31 Terr	Miami, FL 33165
SA	14342	01/27/2016	Camps, Elaine M	09/22/1975	University Of Central Florida		124 8740 Sw 124 St	Miami, FL 33176
SA	14343	01/28/2016	Fender, Nancy	01/18/1953	Adelphi University		23 Prospect Ave	Glen Cove, NY 11542
SA	14344	02/01/2016	Weber, Sarah E	05/17/1978	Ohio State University		2405 Dresden Rd.	Zanesville, OH 43701
SA	14345	02/01/2016	Faith, Danna Maria	08/30/1977	University Of Central Oklahoma		4629 South Harvard Suite A	Tulsa, OK 74135
SA	14346	02/01/2016	Fortner, Thomas William	02/05/1974	Marshall University		200 N. Clara Avenue	Deland, FL 32720
SA	14347	02/01/2016	Treadway, Lashawn Crystal	06/01/1986	Other	Southern University And A&M University	3100 Deborah Dr. Apt 126	Monroe, LA 71201
SA	14348	02/01/2016	Wilson, Meredith Lee	12/08/1989	University Of Central Florida		445 West Amelia St	Orlando, FL 32801
SA	14349	02/03/2016	Cruze, Ann-Elyse	05/30/1989	University Of Central Florida		5701 Sw 60Th St Rd Apt 202	Ocala, FL 34474
SA	14350	02/03/2016	Nguyen, Hong Thi	09/06/1986	University Of Central Florida		250 S Chickasaw Trail	Orlando, FL 32825
SA	14351	02/03/2016	Shannon, Janet Lynn	04/24/1968	Illinois State University		2506 Shepard Road	Normal, IL 61761
SA	14352	02/04/2016	Maytin, Ashley Paige	08/19/1985	Nova Southeastern University-Slp Program		4801 Se Cove Rd	Stuart, FL 34997
SA	14353	02/04/2016	Reinlib, Laura Beth	09/03/1958	Other		3 Bonnett Ave	Larchmont, NY 10538
SA	14354	02/05/2016	Miller, Mary Charlotte	05/07/1954	Loyola University Maryland		1 Palm View Dayrells Rd.	
SA	14355	02/05/2016	Monteverde, Ashley Elena	08/11/1990	University Of Central Florida		1 Oakwood Blvd #130	Hollywood, FL 33020
SA	14356	02/05/2016	Hurd, Ashleigh Lauren	02/23/1990	Armstrong Atlantic State University		222 Saint Johns Forest Blvd	St. Johns, FL 32259
SA	14357	02/05/2016	Mulhern, Megan	07/31/1982	Nova Southeastern University-Slp Program		4519 Parkwood Lane East	Niceville, FL 32578
SA	14358	02/08/2016	Corey, Kimberly Kay	06/15/1969	Edinboro University Of Pennsylvania		353 Little Creek Rd	Harmony, PA 16037
SA	14359	02/08/2016	Poulin, Yolaine	04/28/1969	Mcgill University		2001 Harding Street	Clearwater, FL 33765

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SA	14360	02/08/2016	Gordon, Nancy Munson	11/08/1948	University Of Tennessee		314 Adrienne Drive	Apopka, FL 32703
SA	14361	02/09/2016	O'Brien, Amy Jane	09/23/1988	Other	University Of Limerick	5440 Sunseeker Blvd	Lake Worth, FL 33463
SA	14362	02/09/2016	Cristina, Alexandra	11/04/1988	Nova Southeastern University-Slp Program		7479 Andorra Place	Boca Raton, FL 33433
SA	14363	02/10/2016	Santos, Monica Margot	10/24/1968	Louisiana State University Health Sciences Center - Shreveport		119 Stratmore Drive	Shreveport, LA 71115
SA	14364	02/10/2016	Rubin, Tamlynn Cara	12/28/1962	Nova Southeastern University-Slp Program		950 Ponce De Leon Rd. Suite # 206	Boca Raton, FL 33432
SA	14365	02/11/2016	Sherwood, Madeleine Marie	11/16/1959	Western Michigan University		1419 Eastfield Drive	Clearwater, FL 33764
SA	14366	02/12/2016	Conlin, Marianne	08/15/1954	University Of Central Florida		5650 N. Wickham Road	Melbourne, FL 32940
SA	14367	02/12/2016	Dong, Ying	11/01/1984	University Of Southern Mississippi		1701 Prudential Drive	Jacksonville, FL 32207
SA	14368	02/12/2016	Ollendorf Wolf, Adrienne	07/30/1957	Cuny Queens College		7330 Haviland Circle	Boynton Beach, FL 33437
SA	14369	02/12/2016	Dugger, Caitlin Elizabeth	05/17/1988	Southern Illinois University Carbondale		9649 Collinsville Rd.	Collinsville, IL 62234
SA	14370	02/12/2016	Defazio, Julie Anne	01/18/1973	University Of North Dakota		1057C Arnold Drice	Apo Ap, AP 96326
SA	14371	02/15/2016	Sukumaran, Vasanthi	05/29/1961	Nova Southeastern University-Slp Program		85-73 Chevy Chase Street	Jamaica, NY 11432
SA	14372	02/15/2016	Rivera, Yelitza M	02/12/1987	Other	Carlos Albizu University	199 Laurie Meadows Dr 481	San Mateo, CA 94403
SA	14373	02/15/2016	Maruzzella, Erin Elizabeth	09/06/1981	University Of Iowa		130 Salem Towne Ct	Apex, NC 27502
SA	14374	02/15/2016	Brahim, Emily Bray	08/14/1988	University Of Florida		6360 Techster Blvd Suite # 1	Fort Myers, FL 33966
SA	14375	02/15/2016	Stuart, Dorothy Mcmillan	06/22/1987	Nova Southeastern University-Slp Program		3502 Jenks Ave Apt. 1205	Panama City, FL 32405
SA	14376	02/18/2016	Hornung, Devon Elizabeth	07/11/1991	Duquesne University		602 Vonderburg Drive Suite #200	Brandon, FL 33511
SA	14377	02/18/2016	Hawkins, Gelsy Amores	03/20/1969	Other	University Of Camaguey	904 Lee Blvd Unit 106	Lehigh Acres, FL 33936
SA	14378	02/18/2016	Gilchrist, Torria Erica	09/22/1989	Hampton University		6100 Maggie S Circle Unit #114	Jacksonville, FL 32244
SA	14379	02/22/2016	Mccaskill, Sherry Lynn	08/18/1966	University Of Tennessee		611 Cedar St.	Loudon, TN 37774

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SA	14380	02/22/2016	Dempsey, Dana Patricia	05/07/1991	Central Michigan University		550 National Healthcare Drive	Daytona Beach, FL 32114
SA	14381	02/22/2016	Gonzalez-Alvarez, Michelle	04/04/1987	Other	Carlos Albizu University	25 Menores Ave Apt 1	Coral Gables, FL 33134
SA	14382	02/22/2016	Pennant, Natasha	12/02/1988	Hampton University		6093 Whalton Steet	West Palm Beach, FL 33411
SA	14383	02/22/2016	Callahan, Jessica Ann	09/27/1981	University Of Alabama		3700 Williams Drive	Marianna, FL 32446
SA	14384	02/22/2016	Hodgell, Mindy April	02/28/1981	Florida State University		930 Mar Walt Drive, Suite D	Fort Walton Beach, FL 32547
SA	14385	02/22/2016	Burger, Amy Michelle	04/28/1982	University Of Florida		1517 Se 30Th Avenue, Suite 2	Ocala, FL 34471
SA	14386	02/23/2016	Garcia-Hernandez, Cristina	11/13/1980	Nova Southeastern University-Slp Program		715 East 49 Street	Hialeah, FL 33013
SA	14387	02/23/2016	Egan, Phillip Arick	03/18/1980	Portland State University		60 Columbine Drive	Glenmont, NY 12077
SA	14388	02/24/2016	Christopher, Latoya	11/28/1988	Alabama A&M University		1 Tampa General Circle	Tampa, FL 33606
SA	14389	02/24/2016	Mulcahey, Kaitlin	01/03/1991	Loyola University Maryland		4515 Kennewick Place	Riverview, FL 33578
SA	14390	02/25/2016	Elia, Ann-Marie	03/28/1973	San Diego State University		3440 Franklin St	Denver, CO 80205
SA	14391	02/26/2016	Stewart, Dana J	12/10/1976	San Diego State University		3541 Curbstone Way	Plano, TX 75074
SA	14392	02/26/2016	Shaw, Rachelle Lynn	08/26/1990	Southern Illinois University Edwardsville		5514 Holly Hills	St. Louis, MO 63109
SA	14393	02/26/2016	Meissner, Deborah Edgecomb	10/07/1958	Florida State University		6605 99Th St. E	Bradenton, FL 34202
SA	14394	02/26/2016	Kleppinger, Jodi Lyn	11/21/1956	University Of Florida		7324 Oak Run Lane	Sarasota, FL 34243
SA	14395	02/26/2016	Dimare, Maria Helen	03/22/1990	University Of Central Florida		40 Orange St.	St. Augustine, FL 32084
SA	14396	03/01/2016	Gregg, Kathryn Maureen	12/26/1959	Tennessee State University		1512 Charleston Blvd.	Murfreesboro, TN 37130
SA	14397	03/01/2016	Thomas, Heather Alyse	07/26/1988	Louisiana State University And A&M College		8231 Princeton Square Blvd. W. Apt. 809	Jacksonville, FL 32256
SA	14398	03/01/2016	West, Amber Rae	07/14/1980	West Virginia University		1000 Association Dr.	Charleston, WV 25311
SA	14399	03/01/2016	Wright, Lindsay Eileen	08/03/1986	University Of Alabama		917 Greystone Highlands Circle	Birmingham, AL 35242

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SA	14400	03/01/2016	Siefker, Lila A	03/10/1966	University Of Central Florida		5811 Medinah Way	Orlando, FL 32819
SA	14401	03/01/2016	Goldberg, Lori Adrienne	02/01/1968	Syracuse University		236 Patriot Hill Drive	Basking Ridge, NJ 07920
SA	14402	03/02/2016	Mally, Rachel Sarah	03/04/1991	Florida Atlantic University		20500 Ne 24 Ave	Miami, FL 33180
SA	14403	03/02/2016	Bagley, Kimberly	11/05/1973	University Of Maryland College Park		365 Lyle Parkway	Bartow, FL 33830
SA	14404	03/02/2016	Black, Megan	12/13/1989	Michigan State University		Megan Black 7899 S Union Ave. Apt 204	Tulsa, OK 74132
SA	14405	03/02/2016	Cain, Jean Elizabeth	11/15/1959	California State University Chico		13280 Parkhurst Lane	Mount Vernon, WA 98273
SA	14406	03/02/2016	Anderson, Ashley Claire	03/20/1979	Florida Atlantic University		13175 Bridgewood Dr.	Palm Beach Gardens, FL 33418
SA	14407	03/02/2016	Vitart, Natasha Suzanne	11/29/1987	Alabama A&M University		613 West Lee Street	Water Valley, MS 38965
SA	14408	03/03/2016	Murphy, Carrie Lynn	04/30/1977	Eastern Washington University		228 Timber Trial	Carterville, IL 62918
SA	14409	03/03/2016	Varias, Ashley Dyan	09/05/1979	Florida State University		6101 Lanier Dr	Pensacola, FL 32504
SA	14410	03/04/2016	Kennedy, Mary Kathleen	06/23/1954	University Of North Texas		1613 Ginger Drive	Hideaway, TX 75771
SA	14411	03/07/2016	Murdoch, Rachel Elaine	03/01/1985	Nova Southeastern University-Slp Program		8601 Beach Blvd. #923	Jacksonville, FL 32216
SA	14412	03/07/2016	Goss, Laure Ann	01/13/1961	Florida State University		1331 Sw Doric Court	Port St. Lucie, FL 34953
SA	14413	03/07/2016	Zinna, Maria Kathryn	02/19/1986	University Of Central Florida		3033 Sarno Rd	Melbourne, FL 32934
SA	14414	03/07/2016	Walker, Heather Lynn	02/25/1991	University Of Florida		620 E University Avenue	Gainesville, FL 32601
SA	14415	03/07/2016	Hervas, Pamela Salome	07/08/1981	Nova Southeastern University-Slp Program		5425 N.W. 173Rd Drive	Miami, FL 33055
SA	14416	03/07/2016	Caldwell, Melissa Darlene	02/22/1975	Mississippi University For Women		8577 8577 Cove Avenue	Pensacola, FL 32534
SA	14417	03/07/2016	Thakar, Krupa Vinod	04/01/1989	Nova Southeastern University-Slp Program		11302 Sw 55Th Street	Cooper City, FL 33330
SA	14418	03/08/2016	Richards, Eleanore Ann	01/12/1988	Other	Iona College	151 Ne 16Th Avenue Apt 269	Ft Lauderdale, FL 33301
SA	14419	03/10/2016	Montas, Mayerlinne	05/12/1986	University Of Puerto Rico		4005 N University Dr Apart D-205	Sunrise, FL 33351
SA	14420	03/11/2016	Perfetto, Alicia	10/02/1969	Florida State University		1101 Center Valley Rd	Worcester, NY 12197

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SA	14421	03/11/2016	Azan, Mylene	03/19/1982	University Of Miami;Florida State University		4605 Sw 48 Drive 153	Gainesville, FL 32608
SA	14422	03/11/2016	Day, Elizabeth Anne	11/26/1962	Illinois State University		4 Idlewilde Dr.	Safety Harbor, FL 34695
SA	14423	03/14/2016	Degani, Rachel S	02/07/1987	University Of Central Florida		6508 Gunn Hwy	Tampa, FL 33625
SA	14424	03/14/2016	Hoger, Patricia Ann	07/19/1988	University Of Central Florida		7380 W Sand Lake Rd Ste 513	Orlando, FL 32819
SA	14425	03/14/2016	Neiheisel, Jennifer Rumfeldt	01/07/1976	Appalachian State University		784 N.W 126Th Avenue	Coral Springs, FL 33071
SA	14426	03/14/2016	Burciaga, Christina Marie	05/22/1990	California University Of Pennsylvania		7132 Stonelion Circle	Jacksonville, FL 32256
SA	14427	03/14/2016	Ussia, Ashlee	06/13/1989	University Of Tennessee		655 West 8Th Street	Jacksonville, FL 32209
SA	14428	03/14/2016	Taranta, Alexandra Marie	08/13/1990	University Of Central Florida		301 Capron Ash Loop	Casselberry, FL 32707
SA	14429	03/14/2016	Justice-Hodgin, Ashley Nicole	07/01/1985	University Of South Florida		7350 Dairy Dr.	Zephyrhills, FL 33540
SA	14430	03/14/2016	Hall, Hannah Austin	09/13/1990	Western Carolina University		841 Largo Court	Lyman, SC 29365
SA	14431	03/14/2016	Glassman, Stephanie Anne	05/07/1987	Nova Southeastern University-Slp Program		15154 S.W. 92 Terrace	Miami, FL 33196
SA	14432	03/14/2016	Sierra, Megan	01/27/1987	Florida State University		256 Vale Drive	St Augustine, FL 32095
SA	14433	03/14/2016	Ortiz, Sonia Ivelisse	08/19/1988	University Of Puerto Rico		B20 Via Horizonte Urb. La Vista	San Juan, PR 00924
SA	14434	03/14/2016	Flowers, Angela Shackelford	01/01/1963	Appalachian State University		7457 Overlook Dr	Lake Worth, FL 33467
SA	14435	03/16/2016	Sebastian, Judith Lynn Ms	08/11/1966	Teachers College Columbia University		3004 Se 19Th Ave	Cape Coral, FL 33904
SA	14436	03/16/2016	Hart, Virginia Sue	02/22/1947	Indiana University		565 Brighton Drive	The Villages, FL 32162
SA	14437	03/16/2016	Robinson, Kathryn Michele	03/02/1970	Indiana University		2651 Burnet Avenue C/O Cincinnati Public Schools	Cincinnati, OH 45219
SA	14438	03/16/2016	Dubins, Taylor Lynn	09/15/1990	University Of Central Florida		19601 Ne 18Th Ct.	North Miami Beach, FL 33179
SA	14439	03/16/2016	Kendrick, Kristyn Amanda	09/16/1990	University Of Central Florida		232 Walden Ln	Savannah, GA 31405
SA	14440	03/17/2016	Ceppaglia, Nicole Angeline	04/13/1990	Suny At Fredonia		125 Tomoka Blvd South	Lake Placid, FL 33852
SA	14441	03/18/2016	Sims, Marla Macdonald	05/04/1971	University Of Southern Mississippi		402 Laural Court	Madison, MS 39110

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SA	14442	03/18/2016	Henry, Rebecca	06/21/1989	University Of Central Florida		11602 Lake Underhill Road Suite 129	Orlando, FL 32825
SA	14443	03/18/2016	O'Malley, Erin Kathleen	05/07/1991	University Of Central Florida		14055 Town Loop Blvd Suite 300	Orlando, FL 32837
SA	14444	03/18/2016	Barry, Cheryl Marie	04/03/1969	Nova Southeastern University-Slp Program		Lori Lane South	Lakeland, FL 33801
SA	14445	03/18/2016	Saviskas, Carol Patricia	12/25/1951	University Of Hawaii Manoa		1911 Kalanianaole Street Hale Moana	Hilo, HI 96720
SA	14446	03/18/2016	Davis, Sumayyah	01/08/1988	College Of Saint Rose		26 York Street Apt 2	Gettysburg, PA 17325
SA	14447	03/21/2016	Barlow, Lucinda G	08/17/1957	University Of Georgia		806 Bay Tree Circle	St. Marys, GA 31558
SA	14448	03/21/2016	Ortiz, Heather Ann	10/23/1985	Florida State University		323 Pine Shadow Lane	Lake Mary, FL 32746
SA	14449	03/21/2016	Mccloud, Deanna R	12/22/1975	Kansas State University		624 Village Market Drive	Chapin, SC 29036
SA	14450	03/22/2016	Manganiello, Krista Marie	05/06/1989	Nova Southeastern University-Slp Program		4715 Kirby Loop Road	Fort Pierce, FL 34981
SA	14451	03/24/2016	Guidinetti, Laura Lynn	10/09/1977	California University Of Pennsylvania		368 A North Drive	Severna Park, MD 21146
SA	14452	03/24/2016	Shepard, Stacey Ann	05/23/1977	Wichita State University		Kids Talk Place, Llc 4624 Summerdale Drive	Pace, FL 32571
SA	14453	03/24/2016	Shapiro, Frumet	02/22/1988	Adelphi University		1312 38Th Street	Brooklyn, NY 11218
SA	14454	03/24/2016	Collins, Jordan Leigh	03/21/1990	Central Michigan University		4040 Pinella Circle Apt 617	Palm Beach Gardens, FL 33410
SA	14455	03/24/2016	Carpio, Marla	11/25/1971	University Of Central Florida		5843 Heronrise Crescent Drive	Lithia, FL 33547
SA	14456	03/28/2016	Howell, Amanda Lyn	04/19/1992	University Of Central Florida		126 Oyster Catcher Circle	St. Augustine, FL 32080
SA	14457	03/28/2016	Adams, Erin Elizabeth	08/07/1981	Stephen F Austin State University		7137 Holly Square Court	Tyler, TX 75703
SA	14458	03/28/2016	Attard, Charles Paul	01/30/1984	University Of Central Florida		3334 Bishop Park Dr Apt 528	Winter Park, FL 32792
SA	14459	03/29/2016	Yusufov, Zarina	12/18/1980	Eastern New Mexico University		2749 Mill Avenue 2Nd Floor	Brooklyn, NY 11234
SA	14460	03/30/2016	Kadechka, Catherine Hicks	12/11/1990	University Of Florida		4907 Nw 43Rd Street Suite C	Gainesville, FL 32606
SA	14461	03/31/2016	Kubrick, Kristin Elizabeth	11/03/1989	University Of North Carolina Greensboro		1504 Ne 8Th St	Fort Lauderdal, FL 33304
SA	14462	03/31/2016	Ebright, Ashley Noel	12/25/1989	Florida Atlantic University		3054 Sw 78Th Ave	Palm City, FL 34990
SA	14463	04/04/2016	Barcus, Lynne Nicole	11/06/1986	Eastern Illinois University		48 Poplar Drive	Tuscola, IL 61953

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SA	14464	04/04/2016	Celentano, Jennifer	05/19/1980	Saint Johns University		838 S. Myers St Apt E	Oceanside, CA 92054
SA	14465	04/04/2016	Cherry, Bridget Ann	01/11/1981	University Of South Florida		13910 Fivay Road, Suite 6	Hudson, FL 34667
SA	14466	04/04/2016	Bannon, Deborah Ellen	06/30/1962	University Of Rhode Island		2200 Porpoise St	Merritt Island, FL 32952
SA	14467	04/05/2016	Mcmahon, Lisa	01/20/1977	University Of South Florida		1422 Oak Grove Blvd	Lutz, FL 33559
SA	14468	04/05/2016	Johnson, Susan B	07/24/1965	Saint Louis University		1344 West Fletcher Ave	Tampa, FL 33612
SA	14469	04/05/2016	Owens, Jennifer Lynn	04/21/1971	California State University Fresno		2445 Elk Point	Paso Robles, CA 93446
SA	14470	04/06/2016	Sauer, Julie Ann	08/23/1989	Duquesne University		864 Us Highway 158	Warrenton, NC 27589
SA	14471	04/07/2016	Deringer, Christy Lynn	05/21/1970	College Of Saint Rose		882 County Highway 26 Po Box215	Fly Creek, NY 13337
SA	14472	04/07/2016	Ostema, Meghan Lauren	06/09/1989	University Of Central Florida		5122 Harpers Croft	Sarasota, FL 34235
SA	14473	04/07/2016	Cochrane, Susan Mary	04/18/1960	Other	Saa	8619 North Shore Dr.	Honeoye, NY 14471
SA	14474	04/07/2016	Counter, Christine Denise	03/27/1952	Mgh Institute Of Health Professions		1808 Scarlett Avenue	North Port, FL 34289
SA	14475	04/08/2016	Smith, Stephanie Ann	05/13/1987	Nova Southeastern University-Slp Program		800 Se Central Parkway	Stuart, FL 34994
SA	14476	04/08/2016	Moore, Zachary Thomas	03/18/1986	Illinois State University		212 Tulip	Springfield, IL 62707
SA	14477	04/08/2016	Salzwedel, Samantha Ann	03/28/1987	University Of Washington		709 E. 37Th	Spokane, WA 99203
SA	14478	04/11/2016	Heffner, Meridith Anne	08/24/1982	University Of Florida		11401 9Th St North Unit 2004	St. Petersburg, FL 33716
SA	14479	04/11/2016	Green, Brittany Gail	09/24/1984	Nova Southeastern University-Slp Program		147 Majestic Forest Run	Sanford, FL 32771
SA	14480	04/12/2016	Jefferson, Marjorie Ellen	10/01/1964	University Of Central Florida		1718 Sw Mockingbird Drive	Port St Lucie, FL 34986
SA	14481	04/12/2016	Jahnke, Esther Faye	06/27/1989	Northern Illinois University		1756 Pinnacle Dr	Aurora, IL 60502
SA	14482	04/12/2016	Henley, Taylor Alise	02/15/1990	University Of Arkansas Fayetteville		1450 Ne 2Nd Ave	Miami, FL 33132
SA	14483	04/12/2016	Pickens, Elizabeth	07/19/1991	University Of Alabama		3599 University Blvd. S.	Jacksonville, FL 32216
SA	14484	04/12/2016	Rios, Angela	12/28/1987	University Of Central Florida		7758 Wallace Road	Orlando, FL 32819
SA	14485	04/13/2016	Long, Kristen Samara	07/18/1966	Wichita State University		2513 North Baytree Ct.	Wichita, KS 67205

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SA	14486	04/14/2016	Gilchrist, Geoffrey John	12/05/1986	Mercy College		515 Chesapeake Drive	Tarpon Springs, FL 34689
SA	14487	04/14/2016	Sierra-Peguero, Denyse	08/05/1989	University Of South Florida		5830 Memorial Hwy #1015	Tampa, FL 33615
SA	14488	04/14/2016	Skaggs, Christopher Paul	09/12/1973	Eastern Illinois University		W 7807 Co. Rd. T	Pearson, WI 54462
SA	14489	04/14/2016	Wuenstel, Rebecca Lynn	08/05/1991	Duquesne University		950 Peninsula Corporate Circle	Boca Raton, FL 33487
SA	14490	04/14/2016	Dicus, Hillary Nicole		Nova Southeastern University-Slp Program		1514 East Chelsea Street	Tampa, FL 33610
SA	14491	04/14/2016	Desisto, Jessica Anne	11/10/1984	Northeastern University		12107 Village View Way	Pineville, NC 28134
SA	14492	04/14/2016	Carroll, Kathleen Ashley	12/16/1984	Arizona State University		17022 Sw 79Th Pl	Palmetto Bay, FL 33157
SA	14493	04/14/2016	Coons, Kerri Ann Tully	06/29/1986	Nova Southeastern University-Slp Program		7758 Wallace Road Suite I	Orlando, FL 32819
SA	14494	04/14/2016	Hoskinson, Holly M	12/17/1985	North Carolina Central University		107 Summersill Drive	Jacksonville, NC 28540
SA	14495	04/18/2016	Hall, Kendal Brooke	03/23/1989	Appalachian State University		9181 Medcom St	North Charleston, SC 29406
SA	14496	04/18/2016	Henry, Heather Malynn	04/21/1981	University Of Central Florida		12533 Classic Drive	Coral Springs, FL 33071
SA	14497	04/19/2016	Neiwirth, Olivia Faye	04/12/1989	Northeastern University		100 Cummings Center 135H	Beverly, MA 01915
SA	14498	04/19/2016	Parikh, Bhavini	04/10/1977	Nova Southeastern University-Slp Program		434 Anessa Rose Loop	Ocoee, FL 34761
SA	14499	04/19/2016	Campbell, Amanda Christine	03/06/1982	Towson University		840 Kentwell Drive	York, PA 17406
SA	14500	04/19/2016	Cassio, Christine Anne	05/03/1970	Florida State University		900 East Oak Hill Avenue	Knoxville, TN 37938
SA	14501	04/19/2016	Berg, Erin Briley	04/08/1990	University Of South Florida		3300 Forest Hill Blvd	West Palm Beach, FL 33406
SA	14502	04/19/2016	Glover, Rachel Erin	12/29/1982	Texas Christian University		1120 Nw 14Th Street	Miami, FL 33136
SA	14503	04/19/2016	Dinger, Heather Heigel	02/03/1982	Nova Southeastern University-Slp Program		9508 Griffin Rd.	Cooper City, FL 33328
SA	14504	04/20/2016	Anthony, Lavonna J	08/16/1986	Nova Southeastern University-Slp Program		Bartow Municipal Airport # 270-Ese	Bartow, FL 33830
SA	14505	04/21/2016	O'Dea, Mary Kathleen Ma	10/18/1954	San Jose State University		10196 Shady Oak Place	Rough And Ready, CA 95945

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SA	14506	04/26/2016	Obando, Jennifer Mae	01/08/1981	University Of South Florida		6903 Old Benton Drove	Apollo Beach, FL 33572
SA	14507	04/26/2016	Mcalpine, Randi Sue	11/30/1956	Other	University Of Denver	791 Cal Cove Drive	Ft. Myers, FL 33919
SA	14508	04/26/2016	Duke, Jessica Irene	12/22/1989	Valdosta State University		120 Orchid Ave	Middleburg, FL 32068
SA	14509	04/26/2016	Souffront, Shira Marie	07/19/1983	Other	Carlos Albizu University	J29 Calle Bilbao Apart A Urb. Villa Clementina	Guaynabo, PR 00969
SA	14510	04/27/2016	Poole-Christian, Kerantha N	04/13/1978	Montclair State University		8800 Fourwinds	Windcrest, TX 78239
SA	14511	04/27/2016	Shulman, Virna Lisi	03/08/1970	University Of Central Florida		1297 Winter Garden Vineyard Road #110	Winter Garden, FL 34787
SA	14512	04/27/2016	Adams, Donald L	07/26/1960	Edinboro University Of Pennsylvania		327 S. Weston Street	Rensselaer, IN 47978
SA	14513	04/27/2016	Goldberg, Brittany	07/18/1990	University Of South Florida		1455 Holly Heights Dr.	Fort Lauderdale, FL 33304
SA	14514	04/27/2016	Bradley, Catherine Alexandra	08/16/1987	University Of Florida		10,000 Bay Pines Blvd	Bay Pines, FL 33744
SA	14515	04/27/2016	Spencer, Julie Ann	05/08/1960	Saint Xavier University		22246 Magnolia Trace Blvd.	Lutz, FL 33549
SA	14516	04/28/2016	Farmer, Hannah Elaine	03/27/1989	University Of Alabama		7510 Baymeadows Way Suite 650	Jacksonville, FL 32256
SA	14517	04/28/2016	Smith, Lourdes Isabel	12/19/1987	University Of Central Florida		1542 Sheridan St	Jacksonville, FL 32207
SA	14518	04/28/2016	Finley, Heidi Lynn	05/31/1966	University Of South Florida		18654 Mentmore Blvd	Land O' Lakes, FL 34638
SA	14519	04/28/2016	Hurst, Kristen Joan	04/18/1991	University Of Central Florida		1514 E. Chelsea Street	Tampa, FL 33610
SA	14520	04/28/2016	Tilley, Sarah Anne	03/22/1987	University Of Central Florida		800 West Donegan Ave.	Kissimmee, FL 34741
SA	14521	04/28/2016	Woodall, Ginger Leigh	08/21/1984	University Of Arkansas Fayetteville		1443 Annunciation Apartment B	New Orleans, LA 70130
SA	14522	04/28/2016	Kramer, Danielle Robyn	06/04/1987	Adelphi University		1325 Pennington Rd	Teaneck, NJ 07666
SA	14523	04/29/2016	Price, Jessica S	12/28/1990	University At Buffalo		8254 Lamperts Therapy Group 8254 118Th Ave	Largo, FL 33773
SA	14524	05/02/2016	Davis, Shannon Rene'	12/06/1972	Valdosta State University		22 Lakeshore Pkwy	Newnan, GA 30263
SA	14525	05/02/2016	Ervin, Rachel Elizabeth	06/07/1961	Tennessee State University		211 Mathis Ave	Twin City, GA 30471

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SA	14526	05/02/2016	Irizarry-Figueroa, Eliany Danette	04/22/1988	Other	Carlos Albizu University	2421 East Ball Road Apt #2	Anaheim, CA 92806
SA	14527	05/03/2016	Mcclure, Dana Elizabeth	03/01/1975	Oklahoma State University		3763 Stream Dr.	Melbourne, FL 32940
SA	14528	05/03/2016	Acevedo, Jeannette	08/25/1987	Cuny Lehman College		183 E 2Nd Street Apt 5B	New York, NY 10009
SA	14529	05/04/2016	Maxwell, Jamie M	09/06/1986	University Of Louisiana Lafayette;University Of Louisiana Lafayette		4899 Kirby Loop Rd	Ft. Pierce, FL 34981

Total Records: **234**

MQA Reports
New License Report for 3002 : Audiologist
1/ 6/2016 - 5/ 5/2016

Sort Order: Original License Date

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Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
AY	2007	01/20/2016	Pemba, Evans	01/17/1975	University Of Florida		1521 Nw 40Th Drive	Gainesville, FL 32605
AY	2008	01/20/2016	Schug, Jonathan Michael	04/24/1984	Other	Arkansas State University	4203 Belfort Rd #340	Jacksonville, FL 32216
AY	2009	01/21/2016	Quigley, Tera Marie	11/06/1986	Indiana University		4202 East Fowler Avenue Pcd 1017	Tampa, FL 33620
AY	2010	02/01/2016	Thomas, Jennifer Lynn	01/21/1988	Auburn University		4900 N Davis Highway Ste A	Pensacola, FL 32503
AY	2011	02/01/2016	Wood, Rebecca Ellen	12/17/1953	At Still University - Arizona School Of Health Sciences		440 Willow Ct	East Peoria, IL 61611
AY	2012	02/03/2016	Jickell, Dana	02/17/1962	University Of Florida		808 Glen Arden Way	Altamonte Springs, FL 32701
AY	2013	02/04/2016	Goldfarb, Jaime Randell	11/26/1986	Montclair State University		25 East Willow St	Millburn, NJ 07041
AY	2014	02/08/2016	Matias-Rodriguez, Felix	08/26/1964	Salus University;University Of Puerto Rico		Hearusa 5020 East Bay Drive	Clearwater, FL 33764
AY	2015	02/09/2016	Hernandez, Lydied Yanira	07/08/1975	University Of Puerto Rico		Torre San Cristobal Suite 205A	Coto Laurel, PR 00780
AY	2016	02/10/2016	Richardson, Laurel Gray	09/21/1951	Pennsylvania State University;University Of Florida		328 62Nd Blvd Sw #7	Gainesville, FL 32607
AY	2017	02/16/2016	Largent, Maria Jarosch	12/18/1965	Other	Florida State University	4985 County Road 116	Wildwood, FL 34785
AY	2018	02/18/2016	Gryska, Jennifer	10/10/1970	At Still University - Arizona School Of Health Sciences		1990 Main Street	Sarasota, FL 34236
AY	2019	02/24/2016	Elwany, Mohamed Mohamed Samy Au D	09/28/1985	University Of Texas At Dallas		2166 Avenida De La Playa Ste E	La Jolla, CA 92037
AY	2020	03/01/2016	Newman, Cathy Aud	10/01/1957	At Still University - Arizona School Of Health Sciences;Other	Washington State University	703 Water Street	Barboursville, WV 25504
AY	2021	03/28/2016	Fadden, Amanda Ann	02/14/1985	Bloomsburg University		1590 Walker St Se	Palm Bay, FL 32909
AY	2022	03/29/2016	Merenda, Irene Beth	10/27/1955	University Of Florida		1642 Yardley Drive	West Chester, PA 19380
AY	2023	04/14/2016	Barton, Carolyn Au D	08/13/1967	University Of Florida		3524 Grassglen Place	Wesley Chapel, FL 33544

Total Records: **17**

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SI	2762	01/25/2016	Hartman, Devlin Elizabeth	11/17/1991	University Of Florida;University Of Florida		250 Nw 76Th Dr.	Gainesville, FL 32607
SI	2763	01/25/2016	Jensen, Melissa Marie	03/13/1994	University Of Central Florida		4715 Kirby Loop Road	Fort Pierce, FL 34981
SI	2764	01/26/2016	Smith, Meagan Leann	05/15/1992	University Of Central Florida		17885 Deer Prairie Drive Deer Praiire Drive	Sarasota, FL 34240
SI	2765	01/26/2016	Carmona, Carolina Elizabeth	11/07/1991	Florida International University		186 6284 Nw 186 Street Apt 208	Hialeah, FL 33015
SI	2766	01/26/2016	Deleon, Stephany Marie	03/28/1992	University Of Central Florida		150 E 1St St	Apopka, FL 32703
SI	2767	01/26/2016	Lee, Madeline Victoria	05/19/1991	University Of Central Florida		2705 Rebecca Lane Suite B	Orange City, FL 32763
SI	2768	01/27/2016	Grandquest, Payton Lee	01/27/1994	University Of Central Florida		45339 American Dream Drive	Callahan, FL 32011
SI	2769	01/27/2016	Perez, Carolina Elizabeth	05/30/1991	Florida Atlantic University;University Of Wisconsin Eau Claire		10723 Nw 11 St	Pembroke Pines, FL 33026
SI	2770	01/27/2016	Saunders, Lindsey Brooke	08/27/1993	University Of Florida		5110 W 13Th Place Unit 813	Gainesville, FL 32607
SI	2771	01/29/2016	Mantzouranis, Krystina Martina	02/07/1994	Old Dominion University		133 Ne 2Nd Ave	Miami, FL 33132
SI	2772	02/01/2016	Saint-Cloud, Marguerite Dominique	08/02/1992	University Of South Florida		27423 27423 Sw 140Th Ave	Homestead, FL 33032
SI	2773	02/02/2016	Alonso, Alina	08/18/1974	Other	Instituto Superior Pedagogico Felix Valera	1301 West 68Th Street Suite E, F	Hialeah, FL 33014
SI	2774	02/02/2016	Santos, Rosa E	10/13/1964	University Of Puerto Rico		161 South Oxalis Dr.	Orlando, FL 32807
SI	2775	02/03/2016	Lawson, Alexis	05/02/1992	Other;University Of Florida	University Of North Florida	5154 Pond View Drive	Jacksonville, FL 32258
SI	2776	02/03/2016	Barquero Salazar, Jeffry Antonio	12/13/1987	Other		11724 Cranbouine Dr	Orlando, FL 32837
SI	2777	02/04/2016	Ransome, Trae Ivana	04/11/1988	Florida State University;Florida State University		1220 Whispering Winds Ct	Apopka, FL 32703
SI	2778	02/04/2016	Gonzalez, Jennifer	09/15/1993	Florida International University		45 Nw 8Th Street Suite# 103	Miami, FL 33144
SI	2779	02/04/2016	Bedell, Megan	04/18/1991	Other	Andrews University	1251 West Forest Lake Drive	Altamonte Springs, FL 32714
SI	2780	02/04/2016	Garcia Martorell, Laia	06/22/1987	Other	Universidad De Valencia	17109 North Bay Rd 211D	Sunny Isles, FL 33160

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SI	2781	02/08/2016	Goodman, Jillian Nicole	06/25/1991	Florida Atlantic University;Nova Southeastern University-Slp Program		3380 Paddock Rd	Weston, FL 33331
SI	2782	02/08/2016	Roskow, Suzanne M	02/07/1963	University Of South Florida		11471 Capistrano Ct	Ft Myers, FL 33908
SI	2783	02/09/2016	Mcmayo, Shea Danielle	08/19/1984	Florida International University;University Of Florida		400 University Drive	Coral Gables, FL 33134
SI	2784	02/09/2016	Vassilyeva, Olesya	01/08/1990	University Of Central Florida		16 Lloshire Path	Palm Coast, FL 32164
SI	2785	02/09/2016	Montgomery, Meghann Elizabeth	01/14/1981	Florida State University		2712 Laurelwood Lane	Tallahassee, FL 32308
SI	2786	02/10/2016	Gonzalez, Lisette	11/08/1992	Florida International University		12030 Sw 129Th Court	Miami, FL 33186
SI	2787	02/10/2016	Sanchez, Karen Maria	07/23/1975		Institute Superior Pedagogico Juan Marinello	3575 W 74 Pl	Hialeah, FL 33018
SI	2788	02/10/2016	Tabarly, Simonette	04/24/1989	Florida International University		677 Ne 24Th Street Apt 505	Miami, FL 33137
SI	2789	02/11/2016	Mishayev, Tamara	08/22/1989	University Of Central Florida		46 Cape May Avenue	Ponte Vedra Beach, FL 32081
SI	2790	02/12/2016	Powell, Wanda I	10/06/1962	Cuny Lehman College		754 Squirrel Court	Kissimmee, FL 34759
SI	2791	02/15/2016	Labar, Lindsay Sue	02/27/1981	Other;Florida State University	Upper Iowa University	11464 Sage Meadow Ter	Royal Palm Beach, FL 33411
SI	2792	02/16/2016	Estrada, Jacqueline Susana	03/13/1993	Florida International University		8812 Sw 192 St	Miami, FL 33157
SI	2793	02/17/2016	Mcwilliams, Loni Brooke	12/26/1990	Florida State University		12545 Orange Dr. Unit 502	Davie, FL 33330
SI	2794	02/18/2016	Torres, Lianet	03/21/1993	Florida International University		2500 Nw 79 Avenue Suite 250	Doral, FL 33122
SI	2795	02/22/2016	Hernandez, Mariela	05/20/1971	Other		6950 Nw 173 Dr Suite 2204	Hialeah, FL 33015
SI	2796	02/22/2016	Batista, Nicole Marie	08/10/1993	University Of Central Florida		10200 Nw 25Th Street	Doral, FL 33172
SI	2797	02/25/2016	Crossley, Heather Lee	01/13/1983	University Of Central Florida		141 N Highland St	Mount Dora, FL 32757
SI	2798	03/01/2016	Rodriguez, Jonathan	07/04/1988	Florida International University		9425 Sw 72Nd Street	Miami, FL 3052717343

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SI	2799	03/01/2016	Muniz, Maria Elena	08/05/1961	Other	Enrique J. Varona Higher Pedagogic Institute. Havana, Cuba.	5000 University Drive	Coral Gables., FL 33146
SI	2800	03/02/2016	Calhoun, Anastasia Christine	03/17/1993	University Of Central Florida		120 Pinner Lane	Palatka, FL 32177
SI	2801	03/02/2016	Perez, Priscilla Elizabeth	04/25/1986	Kean University		8992 Shadow Wood Blvd	Coral Springs, FL 33071
SI	2802	03/02/2016	Collazo, Janelle	11/21/1989	University Of South Florida		310 Nw 198 Ave	Pembroke Pines, FL 33029
SI	2803	03/02/2016	Fernandez Rubio, Maylin	01/16/1978	Other		33 North Krome Avenue	Homestead, FL 33030
SI	2804	03/03/2016	Daphnis, Marsha Marie	03/09/1982	University Of Florida		796 Eagle View Drive	Tallahassee, FL 32311
SI	2805	03/03/2016	Bender, Gisela Victoria	08/06/1968	Other		3751 Woodfield Court	Coconut Creek, FL 33073
SI	2806	03/08/2016	Cook, Erin	01/30/1993	University Of Alabama		205 Deep Creek Drive	Seaford, DE 19973
SI	2807	03/15/2016	Estrella, Omayra	01/14/1969	University Of Puerto Rico;Touro College		88-38 53Rd Ave Apt. 3F	Elmhurst, NY 11373
SI	2808	03/16/2016	Wahlquist, Elyse Nina	11/30/1992	Brigham Young University		1140 Blackhawk Way	Tallahassee, FL 32312
SI	2809	03/17/2016	Moore, Whitney Josanne	02/13/1989	University Of Central Florida		5211 E Portifino Landings Blvd Apt 202	Fort Pierce, FL 34947
SI	2810	03/17/2016	Garcia, Andrea	07/27/1993	University Of Central Florida		1068 Cypress Parkway	Kissimmee, FL 34759
SI	2811	03/21/2016	Martins, Thais	01/10/1993	University Of Central Florida		681 Goodlette Road N. Suite #140	Naples, FL 34102
SI	2812	03/22/2016	Parvez, Mehreen	03/06/1990	University Of Central Florida;Florida State University		320 Westchester Drive	Altamonte Springs, FL 32701
SI	2813	03/22/2016	Ordonez, Catherine	01/23/1991	Hofstra University		2402 Nw 40Th Circle	Boca Raton, FL 33431
SI	2814	03/22/2016	Toirac, Karina	04/03/1992	Florida International University		8510 Sw 8 St	Miami, FL 33144
SI	2815	03/23/2016	Kaminski, Amy	06/13/1983	University Of Central Florida		1975 Palm Bay Rd. Ne Ste 104	Palm Bay, FL 32905
SI	2816	03/24/2016	Campo, Ana J	07/20/1992	Florida International University		9010 Sw 137Th Ave Suite # 242	Miami, FL 33186
SI	2817	03/28/2016	Hodge, Jenae Shelese	12/07/1992	University Of Central Florida		19001 Sw 106Th Avenue Suite# 103	Miami, FL 33177
SI	2818	03/29/2016	Smith, Genetria	07/27/1980	University Of Central Florida		6401 Pomeroy Circle	Orlando, FL 32810

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SI	2819	04/04/2016	Caragiulo, Alexandra Nicole	12/04/1990	University Of South Florida		114 Sands Point Dr.	Tierra Verde, FL 33715
SI	2820	04/07/2016	Alvarez, Ariel Ashley	04/10/1991	Florida International University;Florida International University		316 Sw 191St Terrace	Pembroke Pines, FL 33029
SI	2821	04/08/2016	Kerrigan, Catherine Rosa	02/21/1976	Other	Womans University Of The Sacrest Heart	2912 Conner Ln	Kissimmee, FL 34741
SI	2822	04/08/2016	Rankin, Courtney Melissa	02/22/1993	Florida State University		5478 Nw Cambo Court	Port Saint Lucie, FL 34986
SI	2823	04/08/2016	Sampson, Jodi Bernadette	01/19/1990	New York University;New York University		1441 Sw 1St Street	Miami, FL 33135
SI	2824	04/11/2016	Roman Perez, Leomaris	11/23/1982	Universidad Del Turabo		5104 Pond Crest Ln	Sanford, FL 32773
SI	2825	04/12/2016	Macintyre, Emily Rae	11/16/1991	University Of Louisville;University Of Cincinnati		9712 Foxglove Circle	Fort Myers, FL 33919
SI	2826	04/12/2016	Williams, Sheena Marie	07/04/1985	University Of Central Florida		226 E. New Hampshire St. Apt 4	Orlando, FL 32804
SI	2827	04/12/2016	Wiley, Tracy Annette	03/15/1974	Auburn University		211 Harbour Pointe Way	Greenacres, FL 33413
SI	2828	04/12/2016	Mora Batan, Katerin	03/29/1990	Other	Enrique Jose Varona University	7419 Sw 152 Ave Apt 208	Miami, FL 33193
SI	2829	04/12/2016	Dibiase, Sara Emelie	07/16/1992	Florida State University;Florida State University		101 North Madison Street	Quincy, FL 32351
SI	2830	04/13/2016	Outlaw, Chelsea Teara	03/19/1993	Other	North Carolina Agriculture & Technical State University	1811 Brice St. Apt M	Greensboro, NC 27403
SI	2831	04/13/2016	Cruz, Dagmar	06/13/1989	Universidad Del Turabo		174 South O St. Apt. #61	Lincoln, CA 95648
SI	2832	04/14/2016	Wilson, Krista Sharice	02/09/1983	Other	Middle Tennessee State University	962 Cypress Ave	Pasadena, CA 91103
SI	2833	04/19/2016	Mcclain-Otto, Mindy Noel	05/09/1980	University Of Central Florida			
SI	2834	04/21/2016	Marin, Daniella	11/09/1992	University Of South Florida;Florida International University		10580 Nw 74Th St Unit 301	Medley, FL 33178
SI	2835	04/26/2016	Ledene, Gabriella Annette	07/13/1992	University Of Central Florida		10580 Nw 74Th Street Unit 301	Doral, FL 33178
SI	2836	04/26/2016	Peralta, Shelan	06/02/1994	University Of Central Florida		1019 Whispering Cypress Lane	Orlando, FL 32824

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SI	2837	04/26/2016	Mercado, Jamila Rashida	09/05/1984	University Of South Florida;Florida State University		19001 Sw 106Th Avenue Suite 103	Miami, FL 33157
SI	2838	04/28/2016	Rosas, Renee Natalia	08/20/1992	Suny At Fredonia		86031 Aladdins Way	Yulee, FL 32097
SI	2839	04/28/2016	Soria, Erika Ruth	06/06/1993	University Of Central Florida		6585 Columbia Ave	Lake Worth, FL 33467
SI	2840	04/28/2016	Spencer, Britney Nichole	06/09/1991	University Of Central Florida		2260 River Park Cir Apt 835	Orlando, FL 32817
SI	2841	04/28/2016	Woods, Terri Lyn	10/28/1986	University Of Central Florida		13538 Village Park Drive	Orlando, FL 32837
SI	2842	05/02/2016	Iglesias, Adalys	09/13/1987	Other	Carlos Albizu University	725 Westward Dr	Miami Springs, FL 33166
SI	2843	05/02/2016	Garcia, Sandra	10/05/1968	University Of Central Florida		3201 Budinger Avenue	Saint Cloud, FL 34769
SI	2844	05/03/2016	Ihlenfeldt, Jacob Adam	08/14/1993	Florida State University		524 524 W. Tharpe St. Apt.15	Tallahassee, FL 32303
SI	2845	05/03/2016	Callue, Priscilla Sharon	03/22/1991	University Of Central Florida;Washington State University		7203 Aloma Ave.	Orlando, FL 32792

Total Records: **103**

MQA Reports
New License Report for 3004 : Audiology Assistant
1/ 6/2016 - 5/ 5/2016

Sort Order: Original License Date

Processed: 5/5/2016 2:38:38PM

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
AI	228	01/28/2016	Garcia, Sardi	10/30/1955	High School (In State)	Southeastern Christian Academy	3964 2Nd Street Nw	Lakeland, FL 33810-1930
AI	229	01/29/2016	Worst, Amy	06/17/1985	High School (Out Of State);Nova Southeastern University-Audiology Program	Anoka High School	8787 Bryan Dairy Rd #170	Largo, FL 33777
AI	230	02/15/2016	Kaveh, Maryam	03/23/1964	High School (Out Of State)	Zaynab	1500 Nw 10Th Avenue Suite #104	Boca Raton, FL 33428
AI	231	03/03/2016	Bonny, Kathy Synthia	12/07/1978	High School (In State)		9858 Glades Rd Ste D-2	Boca Raton, FL 33434
AI	232	03/10/2016	Schmelzle, Beatrice M	07/08/1959	High School (Out Of State)	Manalapan High School	1717 N. "E" St Suite 239	Pensacola, FL 32501
AI	233	04/04/2016	Kubis, Jessica Lynne	07/25/1986	High School (In State)	South Plantation	2485 Pinellas Place	The Villages, FL 32163
AI	234	04/07/2016	Morrison, Renee Elizabeth	02/14/1996	High School (In State)	Home School	2332 Pine Ridge Rd.	Naples, FL 34109
AI	235	04/07/2016	Light, Daniel Aaron	08/22/1993	High School (In State)	Cooper City High School	4350 Sheridan St. Suite 101	Hollywood, FL 33021
AI	236	04/07/2016	Westermann, Laura Charlotte	10/09/1991	Other		7303 N Saint Vincent Street	Tampa, FL 33614
AI	237	04/19/2016	Deiters, Melissa Marie	08/05/1982	High School (Out Of State)		1139 Nikki View Dr	Brandon, FL 33511
AI	238	04/28/2016	Roithmeier, Amanda Kay	10/08/1990	Other	Portland State University	3190 Mcmullen Booth Rd Apt # 100	Clearwater, FL 33761
AI	239	04/29/2016	Struhl, Julie	04/11/1977	High School (Out Of State)	Ocean Township	4350 Sheridan St. #101	Hollywood, FL 33009

Total Records: **12**

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

1/ 6/2016 - 5/ 5/2016

Sort Order: Original License Date

Processed: 5/5/2016 2:51:32PM

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	7440	01/07/2016	Elghannam, Somaya	12/26/1991	University Of Central Florida		730 Courtland Street	Orlando, FL 32804
SZ	7441	01/11/2016	De Leon, Janelle	07/14/1985	University Of Central Florida		805 Bill Beck Blvd	Kissimmee, FL 34744
SZ	7442	01/12/2016	Phanstiel, Nicole Renee	01/08/1970	University Of Central Florida		1000 W Broadway Street Suite 214	Oviedo, FL 32765
SZ	7443	01/12/2016	Wolbert, Allison Taylor	12/01/1992	Clarion University Of Pennsylvania		7552 Navarre Pkwy	Navarre, FL 32566
SZ	7444	01/12/2016	Price, Kelly Rose	02/08/1990	Alabama A&M University		1501 Se 24Th Road Oakhurst Center	Ocala, FL 34471-6001
SZ	7445	01/12/2016	Markerson, Caroline	07/01/1991	University Of Central Florida		668 N Orange Ave #2418	Orlando, FL 32801
SZ	7446	01/12/2016	Benson, Jordan Nicole	04/10/1991	University Of Central Florida		5012 Cypress Branch Pt.	Oviedo, FL 32765
SZ	7447	01/13/2016	Phillips, Jodi Lyn	05/30/1990	Nova Southeastern University-Slp Program		3300 Forest Hill Blvd	West Palm Beach, FL 33406
SZ	7448	01/13/2016	Welkens, Priscilla Nancy	10/01/1987	University Of Central Florida		725 S Pine	Sebring, FL 33870
SZ	7449	01/14/2016	Marin, Marcel M	04/08/1972	Nova Southeastern University-Slp Program		160 Nw 4Th Street	Boca Raton, FL 33432
SZ	7450	01/14/2016	Minch, Kalie	04/18/1992	Valdosta State University		2101 West Palm Avenue	Jacksonville, FL 32254
SZ	7451	01/14/2016	Groves, Emily Anne	12/31/1990	University Of Central Florida		1325 Se 25Th Loop	Ocala, FL 34471
SZ	7452	01/14/2016	Patrick, Emma Mccart	09/18/1991	University Of Central Florida		11602 Lake Underhill Road #129	Orlando, FL 32825
SZ	7453	01/14/2016	Mcelveen, Alexa Mae	09/20/1991	University Of Central Florida		11602 Lake Underhill Road #129	Orlando, FL 32825
SZ	7454	01/14/2016	Arzt, Jennifer Elizabeth	05/24/1991	Florida Atlantic University		9465 Wickham Way	Orlando, FL 32836
SZ	7455	01/14/2016	Cortes, Zaidarys	07/10/1990	Nova Southeastern University-Slp Program		6511 West Sunrise Blvd	Plantation, FL 33313
SZ	7456	01/14/2016	Kalish, Kendal	08/08/1991	Valdosta State University		1860 North Lawnwood Circle	Fort Pierce, FL 34950
SZ	7457	01/19/2016	Brown, Shavonne Kristine	08/19/1985	Nova Southeastern University-Slp Program		3600 Old Boynton Beach	Boynton Beach, FL 33436
SZ	7458	01/19/2016	Ariza, Charisse	07/05/1987	Nova Southeastern University-Slp Program		10725 Sw 104Th Street	Miami, FL 33176
SZ	7459	01/19/2016	Bu, Sherley Johanna	01/17/1987	Nova Southeastern University-Slp Program		6401 Sw 87Th Avenue	Miami, FL 33178

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

1/ 6/2016 - 5/ 5/2016

Sort Order: Original License Date

Processed: 5/5/2016 2:51:32PM

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	7460	01/19/2016	Martin, Lauren Giselle	02/10/1988	Nova Southeastern University-Slp Program		250 Catalonia Avenue Suite 303	Coral Gables, FL 33146
SZ	7461	01/19/2016	Bruner, Brittney Danielle	10/27/1989	Nova Southeastern University-Slp Program		250 Nw 76Th Drive	Gainesville, FL 32605
SZ	7462	01/19/2016	Cutler, Samantha Jaime	05/08/1990	Nova Southeastern University-Slp Program		447 Nw 73Rd Avenue	Plantation, FL 33317
SZ	7463	01/20/2016	Nunez, Cathy Lee	10/30/1973	Nova Southeastern University-Slp Program		5830 Coral Ridge Dr. Suite 207	Coral Springs, FL 33076
SZ	7464	01/20/2016	Saviuk Rodewald, Alexis Anne	03/25/1985	Nova Southeastern University-Slp Program		1219 Dunn Avenue	Daytona Beach, FL 32114
SZ	7465	01/20/2016	Tyler, Bernadette Lee	03/04/1987	University Of Florida		2352 Nw 45Th Lane	Gainesville, FL 32605
SZ	7466	01/20/2016	Damelio, William Thomas	05/17/1974	Nova Southeastern University-Slp Program		1560 Kirk Road	West Palm Beach, FL 33406
SZ	7467	01/20/2016	Mahfood, Gabriella Marie	12/22/1987	Nova Southeastern University-Slp Program		1901 Southwest 172Nd Avenue	Miramar, FL 33029
SZ	7468	01/21/2016	Duran Navarrete, Diana	05/28/1972	Florida International University		1441 Sw 1St Street	Miami, FL 33135
SZ	7469	01/21/2016	Karborani, Lorraine Maryann	04/17/1984	Nova Southeastern University-Slp Program		900 Ne 23Rd Avenue	Homestead, FL 33033
SZ	7470	01/21/2016	Mejia, Joselyn	11/01/1988	Florida International University		13295 Sw 72 Terrace	Miami, FL 33183
SZ	7471	01/22/2016	Summerford, Margaret Dale	10/18/1990	Valdosta State University		1706 Dempsey Mayo Rd.	Tallahassee, FL 32308
SZ	7472	01/22/2016	Oliva, Melissa	05/06/1978	Nova Southeastern University-Slp Program		925 Ne 199Th Street #206	Miami, FL 33179
SZ	7473	01/25/2016	Hadeed, Krista Marie	06/14/1990	Nova Southeastern University-Slp Program		2801 North Stte Road 7	Margate, FL 33063
SZ	7474	01/26/2016	Ross, Desiree Boisvert	05/17/1988	Nova Southeastern University-Slp Program		4572 N Hiatus Road Apt 516	Sunrise, FL 33351
SZ	7475	01/26/2016	Stabile, Kailey Marie	05/10/1991	University Of Central Florida		445 W Amelia Street	Orlando, FL 32801
SZ	7476	01/26/2016	Conway, Shayna Elise	01/21/1991	University Of Central Florida		490 South Old Wire Road	Orlando, FL 32803
SZ	7477	01/27/2016	Pons, Chagny De Los A	10/28/1974	Other	Universidad Central Marta Abreu		

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	7478	01/27/2016	Sanchez Abrines, Yudismelkis	09/07/1978	Other;Other	Instituto Superior De Ciencias Medicas De Santiago De Cuba;Instituto Superior De Ciencias Medicas De Santiago De Cuba	15260 Sw 280 St Suite 204	Homestead, FL 33032
SZ	7479	01/27/2016	Gonzalez Almeida, Teresa	07/20/1962	Other		7870 W 28 Avenida Apt 202	Hialeah Gardens, FL 33018
SZ	7480	01/28/2016	Montero, Perla Marina	06/09/1964	Other	Universidad De Ciencias Pedagogicas Rafael Maria Mendive	10765 Sw 104Th Street	Miami, FL 33176
SZ	7481	01/29/2016	Presta, Amanda	06/13/1988	Nova Southeastern University-Slp Program		12950 Vista Isles Drive Apt. 411	Plantation, FL 33325-1343
SZ	7482	02/03/2016	Barnard, Lori Lu	10/23/1973	University Of Central Florida		259 Sw Old Us 90	Madison, FL 32340
SZ	7483	02/03/2016	Dubois, Kimberly	09/17/1991	University Of Central Florida		758 North Sun Drive	Lake Mary, FL 32746
SZ	7484	02/03/2016	Berube, Allison Marie	02/25/1987	Nova Southeastern University-Slp Program		919 Nw 13Th Avenue	Ft Lauderdale, FL 33311
SZ	7485	02/03/2016	Campbell, Alexandra	10/11/1991	University Of Washington		8383 North Davis Highway	Pensacola, FL 32514
SZ	7486	02/04/2016	Dweck, Kelly Michelle	07/17/1979	Nova Southeastern University-Slp Program		9100 Sw 36Th St.	Davie, FL 33328
SZ	7487	02/04/2016	Roa, Aislinn Consuelo	04/29/1981	Nova Southeastern University-Slp Program		18370 Limestone Creek Road	Jupiter, FL 33458
SZ	7488	02/08/2016	Harlacher, Kaley Lucille	05/13/1992	University Of Central Florida		900 North Swallowtail Drive Suite 107	Port Orange, FL 32129
SZ	7489	02/08/2016	Knight, Kathryn Maureen	12/01/1988	University Of Central Florida		445 West Amelia	Orlando, FL 32803
SZ	7490	02/09/2016	Rosa, Cody	07/01/1987	Florida International University		9360 Sw 53 Street	Miami, FL 33165
SZ	7491	02/09/2016	Mignatti, Alexandra Lauren	08/19/1991	University Of Virginia		1300 Sw 30Th Avenue	Boynton Beach, FL 33426
SZ	7492	02/10/2016	Colon, Brenda I	06/17/1967	Other	Carlos Albizu University	33 North Krome Avenue	Homestead, FL 33030
SZ	7493	02/11/2016	Neuman, Ashley Lauren	08/24/1987	Nova Southeastern University-Slp Program		19805 Ne 25Th Avenue	Ojus, FL 33180
SZ	7494	02/18/2016	Byrne, Sarah Ann	03/23/1988	Nova Southeastern University-Slp Program		2900 South Commerce Parkway	Weston, FL 33331
SZ	7495	02/22/2016	Cardozo, Karin Angelly	11/12/1983	Florida International University		9425 Sw 72Nd Street	Miami, FL 33173

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

1/ 6/2016 - 5/ 5/2016

Sort Order: Original License Date

Processed: 5/5/2016 2:51:32PM

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	7496	03/08/2016	Blanchard, Jennifer Anne	10/27/1980	Nova Southeastern University-Slp Program;Nova Southeastern University-Slp Program		1000 West Avenue #1411	Miami Beach, FL 33139
SZ	7497	03/16/2016	Paez, Jose Pablo	06/23/1953	Other	Universidad De Ciencias Pedagogicas Rafael Maria De Mendive	19845 Nw 54Th Place	Miami Gardens, FL 33055
SZ	7498	03/16/2016	Thomas, Althea	07/29/1984	University Of South Florida		940 Ne Jensen Beach Blvd	Jensen Beach, FL 34957
SZ	7499	03/21/2016	Henry, Annabelle Rose	04/25/1990	Valdosta State University		1620 Helvenston	Live Oak, FL 32060
SZ	7500	03/24/2016	Homza, Rachel	02/22/1991	University Of South Florida		5807 Palmetto Drive	Fort Pierce, FL 34982
SZ	7501	04/04/2016	Habovsky, Randall	02/04/1974	University Of Central Florida		5056 Tacon Drive	Orlando, FL 32837
SZ	7502	04/07/2016	Figueredo, Nancy	05/18/1982	Nova Southeastern University-Slp Program		6521 Sw 62Nd Avenue	Miami, FL 33033
SZ	7503	04/18/2016	Santora, Darby Anne	02/27/1987	Florida State University		5910 Bent Pine Drive #107	Orlando, FL 32822
SZ	7504	04/18/2016	Carr, Brittney Ann	04/22/1991	University Of Tennessee		207 San Marco Ave	St. Augustine, FL 32084
SZ	7505	04/21/2016	Morales, Kamill Maria	09/26/1984	Other	Universidad Carlos Albizu	844 Grand Regency Pointe #101	Altamonte Springs, FL 32714
SZ	7506	04/22/2016	Luetzow, Nicole	10/20/1983	Nova Southeastern University-Slp Program		5775 Osceola Trail	Naples, FL 34109
SZ	7507	05/03/2016	Layne, Althea Lucretia	12/20/1977	Nova Southeastern University-Slp Program		101 Ne 11 Avenue	Ft Lauderdale, FL 33324

Total Records: **68**

MQA Reports

New License Report for 3006 : Provisional Audiologist

1/ 6/2016 - 5/ 5/2016

Sort Order: Original License Date

Processed: 5/5/2016 3:01:33PM

Rank	Lic Nbr	Issue Date	Licensee Name	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
AZ	708	03/29/2016	Wessels, Robin Kimbrough	08/04/1987	Nova Southeastern University-Audiology Program		2845 87Th Place Apartment 302	Pinellas Park, FL 33782
AZ	709	04/27/2016	Mehringer, Rachel Lynne	03/13/1992	Indiana University		1601 Nw 12Th Avenue	Miami, FL 33136

Total Records: **2**

BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY
RULES REPORT – APRIL 2016

Rule Number	Rule Title	Date Rule Language Approved by Board	Date Sent to OFARR	Rule Development Published	Notice Published	Adopted	Effective
64B20-1.012 (Repeal)	Agent for Service of Process	1/27/16	2/3/16	N/A	2/11/16	3/16/16	4/5/16
64B20-1.013 (Repeal)	Final Orders	1/27/16	2/3/16	N/A	2/11/16	3/16/16	4/5/16
64B20-5.007 (Repeal)	Delinquent Status License or Certificate	1/27/16	2/3/16	N/A	2/11/16	3/16/16	4/5/16
64B20-8.006 (Repeal)	Regular Place of Business Requirements	1/27/16	2/3/16	N/A	2/11/16	3/16/16	4/5/16

BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY
RULES REPORT – MARCH 2016

Rule Number	Rule Title	Date Rule Language Approved by Board	Date Sent to OFARR	Rule Development Published	Notice Published	Adopted	Effective
64B20-1.012 (Repeal)	Agent for Service of Process	1/27/16	2/3/16	N/A	2/11/16		
64B20-1.013 (Repeal)	Final Orders	1/27/16	2/3/16	N/A	2/11/16		
64B20-5.007 (Repeal)	Delinquent Status License or Certificate	1/27/16	2/3/16	N/A	2/11/16		
64B20-8.006 (Repeal)	Regular Place of Business Requirements	1/27/16	2/3/16	N/A	2/11/16		
64B20-9.001	Scope of Practice.	07/22/15 (ARR repeal)	09/15/15	N/A	09/18/15 09/23/15 JAPC letter (re N/Corr) 10/27/15 JAPC response (N/Corr) 11/03//15 Notice of Correction	11/18/15	12/08/15

BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY
RULES REPORT –FEBRUARY 2016

Rule Number	Rule Title	Date Rule Language Approved by Board	Date Sent to OFARR	Rule Development Published	Notice Published	Adopted	Effective
64B20-1.012 (Repeal)	Agent for Service of Process	1/27/16	2/3/16	N/A	2/11/16		
64B20-1.013 (Repeal)	Final Orders	1/27/16	2/3/16	N/A	2/11/16		
64B20-5.007 (Repeal)	Delinquent Status License or Certificate	1/27/16	2/3/16	N/A	2/11/16		
64B20-8.006 (Repeal)	Regular Place of Business Requirements	1/27/16	2/3/16	N/A	2/11/16		
64B20-9.001	Scope of Practice.	07/22/15 (ARR repeal)	09/15/15	N/A	09/18/15 09/23/15 JAPC letter (re N/Corr) 10/27/15 JAPC response (N/Corr) 11/03//15 Notice of Correction	11/18/15	12/08/15

ANDY GARDINER
President

STEVE CRISAFULLI
Speaker

THE FLORIDA LEGISLATURE

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Senator Geraldine F. "Geri" Thompson
Representative Matt Hudson
Representative Lake Ray
Representative Hazelle P. "Hazel" Rogers
Representative Barbara Watson

KENNETH J. PLANTE
COORDINATOR
Room 680, Pepper Building
111 W. Madison Street
Tallahassee, Florida 32399-1400
Telephone (850) 488-9110
Fax (850) 922-6934
www.japc.state.fl.us
joint.admin.procedures@leg.state.fl.us

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

MCH:SA WORD/MARJORIE/EXISTING RULE CHAPTER 64B20-3.033116

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APR 01 2016
DEPT. OF LEGAL AFFAIRS
Administrative Law Bureau

PAM BONDI
ATTORNEY GENERAL
STATE OF FLORIDA

OFFICE OF THE ATTORNEY GENERAL
Administrative Law

Rachel W. Clark, Assistant Attorney General

PL-01 The Capitol
Tallahassee, FL 32399-1050
Phone (850) 414-3300 Fax (850) 922-6425
http://www.myfloridalegal.com
Rachel.Clark@myfloridalegal.com

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 W. Clark

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

RECEIVED
2015 OCT 29 PM 2:36
JOINT ADMINISTRATIVE
PROCEDURES COMMITTEE

ANDY GARDINER
President

STEVE CRISAFULLI
Speaker

THE FLORIDA LEGISLATURE

JOINT ADMINISTRATIVE PROCEDURES COMMITTEE

Representative W. Travis Cummings, Chair
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Representative Matt Hudson
Representative Lake Ray
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Representative Barbara Watson

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Fax (850) 922-6934
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joint.admin.procedures@leg.state.fl.us

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.

Specific Authority 468.1145 FS. Law Implemented 468.1145 FS. History–New 3-14-91, Formerly 21LL-3.001, 61F14-3.001, 59BB-3.001.

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.

Rulemaking~~Specific~~ Authority 468.1135(4)(a)~~468.1145~~ FS. Law Implemented 468.1145 FS. History–New 3-14-91, Formerly 21LL-3.001, 61F14-3.001, 59BB-3.001.

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.

Rulemaking~~Specific~~ Authority 456.065(2)(a)~~(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.

64B20-2.003 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 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. 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 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. 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.

Rulemaking Authority 468.1135(4) FS. Law Implemented 456.0635(2), 468.1145(2), (4), 468.1155(4) FS. History–New 3-14-91, Amended 12-4-91, Formerly 21LL-2.003, Amended 11-30-93, Formerly 61F14-2.003, Amended 9-26-95, Formerly 59BB-2.003, Amended 11-20-07, 6-1-09, 4-18-10, 7-13-13.

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

NAME:	Last	First		Middle	
MAILING ADDRESS:	Number and Street	Apt. #	City	State	Zip Code
PRACTICE LOCATION ADDRESS:	Number and Street	Apt #	City	State	Zip Code
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.

TYPE OF LICENSE/CERTIFICATE	LICENSE NUMBER	ISSUING STATE, TERRITORY, FOREIGN COUNTRY	CURRENT LICENSE STATUS

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

Undergraduate Degree	Major/Specialty	Accredited School City/State/Country	Date of Graduation
1._____	1._____	1._____	1._____
2._____	2._____	2._____	2._____
3._____	3._____	3._____	3._____

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.)	☐ Yes ☐ No
a. If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?	☐ Yes ☐ No
b. If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).	☐ Yes ☐ No
c. If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?	☐ Yes ☐ No
d. If "yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).	☐ Yes ☐ No
2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?	☐ Yes ☐ No
a. If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?	☐ Yes ☐ No
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 3a.)	☐ Yes ☐ No
a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?	☐ Yes ☐ No
4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?	☐ Yes ☐ No
a. Have you been in good standing with a state Medicaid program for the most recent five years?	☐ Yes ☐ No
b. Did the termination occur at least 20 years before the date of this application?	☐ Yes ☐ No
5. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?	☐ Yes ☐ No

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).

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 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:**_____

64B20-4.001 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

NAME:	Last	First		Middle
MAILING ADDRESS:	Number and Street	Apt. #	City	State	Zip Code
PRACTICE LOCATION ADDRESS:	Number and Street	Apt #	City	State	Zip Code
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.

TYPE OF LICENSE/CERTIFICATE	LICENSE NUMBER	ISSUING STATE, TERRITORY, FOREIGN COUNTRY	CURRENT LICENSE STATUS

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

Undergraduate Degree	Major/Specialty	Accredited School City/State/Country	Date of Graduation
1._____	1._____	1._____	1._____
2._____	2._____	2._____	2._____
3._____	3._____	3._____	3._____

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.)	☐ Yes ☐ No
a. If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?	☐ Yes ☐ No
b. If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).	☐ Yes ☐ No
c. If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?	☐ Yes ☐ No
d. If "yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).	☐ Yes ☐ No
2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?	☐ Yes ☐ No
a. If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?	☐ Yes ☐ No
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 3a.)	☐ Yes ☐ No
a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?	☐ Yes ☐ No
4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?	☐ Yes ☐ No
a. Have you been in good standing with a state Medicaid program for the most recent five years?	☐ Yes ☐ No
b. Did the termination occur at least 20 years before the date of this application?	☐ Yes ☐ No
5. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?	☐ Yes ☐ No

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 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.

Rulemaking Authority 456.013(7), 468.1135(4) FS. Law Implemented 456.013(7), 456.0635(2), 468.1145(2), (4), 468.1185 FS. History–New 3-14-91, Amended 5-25-92, Formerly 21LL-2.001, Amended 11-30-93, Formerly 61F14-2.001, 59BB-2.001, Amended 6-4-02, 5-18-04, 7-16-09, 4-18-10, 7-13-13.

Board of Speech-Language Pathology and Audiology

Application for Active Licensure as a Speech-Language Pathologist or Audiologist

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

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.

License Issued August 1 of the odd numbered year through December 31 of the even numbered year:	License issued January 1 of the odd numbered year through July 31 of the odd numbered year:
Total Fee: $280.00 ($75.00 non-refundable application fee, $200.00 licensure fee, $5.00 unlicensed activity fee)	**Total Fee: $180.00** ($75.00 non-refundable application fee, $100.00 licensure fee, $5.00 unlicensed activity fee)

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.

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

NAME:	Last	First		Middle	
MAILING ADDRESS:	Number and Street	Apt. #	City	State	Zip Code
PRACTICE LOCATION ADDRESS:	Number and Street	Apt #	City	State	Zip Code
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.

TYPE OF LICENSE/CERTIFICATE	LICENSE NUMBER	ISSUING STATE, TERRITORY, FOREIGN COUNTRY	CURRENT LICENSE STATUS

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

Undergraduate Degree	Major/Specialty	Accredited School City/State/Country	Date of Graduation
1._____	1._____	1._____	1._____
2._____	2._____	2._____	2._____
3._____	3._____	3._____	3._____

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.)	☐ Yes ☐ No
a. If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?	☐ Yes ☐ No
b. If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).	☐ Yes ☐ No
c. If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?	☐ Yes ☐ No
d. If "yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).	☐ Yes ☐ No
2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?	☐ Yes ☐ No
a. If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?	☐ Yes ☐ No
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 3a.)	☐ Yes ☐ No
a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?	☐ Yes ☐ No
4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?	☐ Yes ☐ No
a. Have you been in good standing with a state Medicaid program for the most recent five years?	☐ Yes ☐ No
b. Did the termination occur at least 20 years before the date of this application?	☐ Yes ☐ No
5. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?	☐ Yes ☐ No

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:_____
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 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:**_____