

Mobile Opportunity by Interstate Licensure Endorsement (MOBILE)



Department of Health
P.O. Box 6330
Tallahassee, FL 32314-6330
Website: FLHealthSource.gov
Phone: (850) 488-0595

Name: _____

3. APPLICANT BACKGROUND

- A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

- B. Do you hold an active, unencumbered license in a U.S. jurisdiction or territory to practice the profession for which you are applying? Yes No

- C. List all health-related licenses (active, inactive, or lapsed). Attach additional sheets if necessary.

License Type	License #	State/Country	Original Date Issued (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	Status of License

Staff will attempt to complete verifications online. If unavailable online or if the online verification lacks sufficient detail, you will be required to request an official verification from your state. License verifications must be received directly from the licensing authority. A copy of your license will not be accepted in lieu of official verification from the licensing agency.

- D. Have you actively practiced the profession with a similar scope of practice as defined in s. 456.0145(2)(a)2., Florida Statutes, for which you are applying for at least two years during the four-year period immediately preceding the submission of this application? Yes No

Note: If you responded “No” to question D, you may be ineligible for licensure under this method per section 456.0145(2)(a)4., Florida Statutes.

- E. Have you obtained a passing score on a national licensure examination or do you hold a national certification recognized by the board for the profession for which you are applying? Yes No

If “Yes,” complete one of the following:

Licensure Examination	Date of Examination (MM/DD/YYYY)

OR

National Certification	Date of Certification (MM/DD/YYYY)

Board staff will obtain national scores from the examination vendor, if available. Applicants must submit proof of national certification.

- F. Does your profession require a national licensure examination or national certification? Yes No

If “No,” submit evidence that you meet the established minimum education requirements and, if applicable, examination, work experience, and clinical supervision requirements that are substantially similar to the requirements for licensure in your profession in Florida.

4. AVAILABILITY FOR DISASTER

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

If you respond “Yes,” your name will be added to a listing that is available to the Department of Health if a disaster is declared. If you live in an area where you may be able to help you will be called on if needed.

**Department of Health
Electronic Fingerprinting**



This form is only for the professions that require Livescan.

Take this form with you to the Livescan service provider. Check the service provider's requirements to see if you need to bring any additional items.

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting a fingerprint scan using the Livescan method.
- You can find Livescan service providers at: <http://www.flhealthsource.gov/background-screening>.
- Livescan screenings done by Florida Police or Sheriff's Departments require that you login into the FDLE Civil Applicant Payment System (CAPS) at <https://caps.fdle.state.fl.us> and pay a fee before results will be released to our office.
- Applicants may use any Livescan service provider approved by the Florida Department of Law Enforcement to submit their background screening to the Department of Health.
- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider applicable board offices will not receive your background screening results; ORI #s are listed by profession on page 10.
- You must provide demographic information to the Livescan service provider at the time your fingerprints are taken, **including your Social Security number (SSN)**.
- Typically, background screening results submitted through a Livescan service provider are received by the board within 24-72 hours of being processed.
- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: _____ SSN#: _____

Aliases: _____ Date of Birth: _____

MM/DD/YYYY

Citizenship: _____ Place of Birth: _____

Address: _____ Apt. Number: _____

City: _____ State: _____ ZIP: _____

Weight: _____ Height: _____ Eye Color: _____ Hair Color: _____

Race: _____ Sex: _____
(W-White/Latino(a); B-Black; A- Asian; NA-Native American; U-Unknown) (M= Male; F=Female)

Transaction Control Number (TCN#): _____
(This will be provided to you by the Livescan service provider.)

Keep this form for your records.

