

Application for Extension of Temporary Physician Assistant Licensure



Board of Medicine
4052 Bald Cypress Way, Bin C-03
Tallahassee, FL 32399-3253
Website: <https://flboardofmedicine.gov/>
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Extension of Temporary License (1512)

1. PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)

Street/P.O. Box Apt. No. City

State ZIP Country Home/Cell Telephone (Input without dashes)

Physical Location: (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website.)

Street Suite No. City

State ZIP Country Work/Cell Telephone (Input without dashes)

2. EMPLOYMENT AND NON-EMPLOYMENT HISTORY

List in chronological order any changes of employment since your temporary license was issued.

Name/Address of Employer	Dates of Employment: From-To (MM/DD/YYYY)	Title of Position Held
	to	
	to	
	to	
	to	

Attach the following:

A copy of your failed NCCPA examination score.

Proof that you have applied to retake the NCCPA examination. Refer to sections 458.347(6)(d) and 459.022(6)(d), Florida Statutes.