

<p>Attach photo here</p> <p>Attach a current, within 60 days, 2”X2” photograph of yourself.</p>	<p>Department of Health Council on Physician Assistants 4052 Bald Cypress Way, Bin #C03 Tallahassee, Florida 32399-3253 (850) 245-4131</p> <p>Email: MQA_PhysicianAssistant@doh.state.fl.us</p> <p>Web site: www.doh.state.fl.us/mqa/physAsst/pa_home.html</p>	<p>Extension of Temporary Licensure Application</p> <p>NO FEE REQUIRED</p> <p>CLIENT 1512</p>
--	---	--

1. Name:			
	First	Middle	Last
2. Mailing Address:			
	Number and Street Name		
	City	State	Zip
3. Permanent Address:			
	Number and Street Name		
	City	State	Zip
4. Social Security Number:			
5. Telephone:	Home:		Office:

6. EMPLOYMENT AND NON-EMPLOYMENT HISTORY: List in chronological order from the last date indicated on your initial application for temporary licensure to the present, including periods of unemployment, school, vacation, etc. Give full name and address of employers, dates of employment (month and year) and positions held. Should location or date overlap, please explain. Failure to provide all time and/or provide at least month and year, location or explanation will result in delay of completion of your application. Add supplemental sheet if necessary.

NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT	TITLE OF POSITION HELD

7. Attach a copy of your failed NCCPA score.

8. Attach proof that you have applied to take the first available NCCPA examination. If you fail the exam, or fail to take the exam, your temporary license becomes null and void and you will be required to reapply.