

# INTERN REGISTRATION APPLICATION INSTRUCTIONS

## **STEP 1 COMPLETING THE APPLICATION FOR INTERN REGISTRATION [5 PAGES]**

### **Section I – Applicant Profile Data:**

- List your legal name as it should appear on your license.
- Your mailing address is used whenever you are sent documents, renewals, licenses, etc. from the Department of Health. When you become a registered intern, your name, license number and practice location address will be shown on our Internet License Verification.
- If you do not want your mailing address on the website, fill in the “practice location address” on the Intern Registration Application as you want it to appear on the website. If you only provide one address, it will be used for both the mailing address and the practice location address. Please note that the practice location address must be a street address.
- Answer the question concerning name change(s).
- Indicate the registration category for which you are applying by checking one box. If you wish to apply for more than one category, you must submit a separate application, application fee, and supporting documents.
- Check appropriate box or fill in requested information on remainder of Section I.

### **Section II - Post-Secondary Education Background:**

- List the degree(s) you hold, beginning at the master’s level. Identify your program of study at the college or university where you received this degree. Include the month, day, and year in which the degree was received. List any schools where you completed additional graduate or post-graduate coursework.

### **Section III - Qualified Supervisor(s):**

- List the qualified supervisor(s) who will be providing individual and/or group supervision, their license title, Florida license number, and the year they received their license. You may attach additional sheets, if necessary.
- Each supervisor you list must provide our office with written correspondence. This correspondence must state that the supervisor has agreed to provide you with supervision while you are a registered intern. The correspondence may be faxed or e-mailed, but it must originate from the supervisor.  
**Your file will not be complete until we have received this documentation.**

### **Section IV - Applicant History – General:**

- If you answer “yes”, you must provide complete details and certified copies of court records/dispositions.

### **Section V - Applicant History – Professional:**

- If you answer “yes” to any question in this section, you must provide complete details. A “yes” answer does not mean the application will be denied, however, failure to provide the correct information may result in licensure denial.

### **Section VI – Applicant History Pursuant to Section 456.0635, Florida Statutes:**

- **IMPORTANT NOTICE:** 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.

### Section VII - Certification:

- Your signature is required. By signing you are attesting that you have provided true and correct information on the application and supporting documents, as well as having read the laws and rules.

**Section VIII – Social Security Number:** Your social security number is required.

### Section IX – Applicant History – Health:

- The Board reviews each applicant's history to determine that the applicant is able to practice the profession with reasonable skill or competence. If you answer "YES" to any of the questions in this section, you must submit a current mental health status report from a licensed mental health professional, wherein this professional practitioner opines that you are able to practice with reasonable skill and safety to patients or clients.
- The report should include: a description and summary of the diagnosis, onset, course of treatment, medications, inpatient treatments, outpatient treatments, group settings, factors which have triggered setbacks, compliance with treatment, prognosis, and recommendations for continued treatment.

### **STEP 2 EDUCATION WORKSHEET: CSW, MFT OR MHC**

- Locate the worksheet for the profession for which you are applying: CSW or MFT or MHC. Write your name at the top and complete the form.
- The education worksheet must be filled out completely in order for the Board to determine if your education meets the requirements of Chapter 491, F.S. All coursework listed on this worksheet must be supported by official transcripts and course descriptions.

### **STEP 3 PRACTICUM/INTERNSHIP/FIELD PLACEMENT VERIFICATION**

- Contact your university and request that an official of the university submit a letter, on university letter head, that verifies you completed at least one supervised clinical practicum, internship, or field experience which meets the requirements outlined in the corresponding law for your profession. This letter may be mailed to the board office by the university. If the letter accompanies your application, it must be in a sealed envelope bearing the signature of the official across the flap.
- The practicum, internship, or field experience requirement is part of the educational requirements for your profession. This requirement must be met for your education to be certified complete.
- The education worksheet for your profession includes the practicum/internship/field placement requirement. Read the appropriate definition for your profession in the statute section listed below:

CSW: 491.005(1)(b)2.a., F.S. and s. 491.005(2)(b), F.S.

MFT 491.005(3)(b)1.d., F.S.

MHC 491.005(4)(b)1.c., F.S.

- You may access the Florida Statutes through our website at <http://floridasmmentalhealthprofessions.gov> and click on "Resources".

### **STEP 4 TRANSCRIPTS**

- You must request an official transcript from the regionally accredited institution(s) from which you received your degree or have taken coursework. These transcripts must be sent directly to the board office from the registrar's office of the institution or they will not be considered official. You may submit your official transcript with your application, but only if the official transcript is in a sealed envelope with a school official's signature across the flap.
- If the course title on your transcript does not clearly identify the content of the coursework, a course description or syllabus will be required.

- **FOREIGN EDUCATION for CSW Intern Applicants**  
If you received your social work degree from a program outside the U.S. or Canada, documentation must be received that it was determined to have been a program equivalent to programs approved by the Council on Social Work Education by the Foreign Equivalency Determination Service of the Council on Social Work Education.
- **FOREIGN EDUCATION for MFT and MHC Intern Applicants**  
For the Board to consider education completed outside the U.S. or Canada, documentation must be received which verifies the institution at which the education was completed was equivalent to a regionally accredited U.S. institution and the coursework met the content and credit hour requirement for graduate level coursework in the U.S. It is the applicant's responsibility to obtain an evaluation from a recognized foreign equivalency determination service that documents the acceptability of the coursework. The board office must receive an original evaluation mailed directly from the educational evaluation service.
- **DOCUMENTS IN A FOREIGN LANGUAGE** – A certified translator who is not related to the applicant must translate any document in a foreign language into ENGLISH.

### **STEP 5 MAKE COPIES OF ALL DOCUMENTS THEN MAIL THE ORIGINALS TO THE BOARD OFFICE**

#### **MAILING THE INFORMATION AND REQUIRED FEE OF \$150.00**

- Make your cashier's check or money order payable to the Department of Health and securely attach to the application.
- You may pay by credit or debit card if you submit your application online at [www.flhealthsource.com](http://www.flhealthsource.com) and click on "Apply for a License".
- Mail the intern registration application and nonrefundable application fee of \$150.00 to:  
  
BOARD OF CSW, MFT, MHC  
P O BOX 6330  
TALLAHASSEE, FL 32314-6330
- Any additional documentation that you mail, or others mail on your behalf, should be sent to the address shown below. Any variation or abbreviation of this address may cause a delay in processing. If information is mailed from a source other than the applicant, the applicant's full name must appear on the correspondence or documentation.

BOARD OF CSW, MFT, MHC  
4052 BALD CYPRESS WAY, BIN #C08  
TALLAHASSEE, FL 32399-3258