

How to use the Online Licensure Application

For Paramedic Applicants



Online Licensure Application

- You DO NOT have to complete the application in one sitting
- Information you will need:
 - Valid email address
 - Valid Mailing and Physical address
 - School Name and Graduation date and ACLS course information
 - Credit or debit card for payment

How does it work?

Go to www.FLHealthsource.com and select 'Licensee/Provider'



floridashealth.com

www.FLHealthSource.com

Find out about a health professional.....It's fast, It's free and It's available 24 hours a Day.



Medical Quality Assurance (MQA) Services

The Department of Health through Medical Quality Assurance offers many services to our licensees, health care businesses, and citizens and visitors to Florida through our website. Working in conjunction with 22 boards and six councils, MQA licenses and regulates seven types of facilities and 200-plus license types in more than 40 healthcare professions. Below we have provided access to some of our most requested services.

Citizen/Consumer

Licensee/Provider

License
Verification

Renew My
License

New!

- If you want to know about your practitioner click on [Citizen/Consumer](#).
- If you are a Florida licensed practitioner or a service provider click on [Licensee/Provider](#).
- If you would like additional information about the professions/boards that we regulate, click [here](#).



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[Accessibility Information](#) * [Email Advisory](#)



New Licensee Services

 [Print This Page](#)

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Citizen/Consumer

[Health Information Services](#)

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Medical Quality Assurance (MQA) Services

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Current Licensee Services

The following online services are available for current licensees. Access to online services require practitioners to login.

- [Renew License](#)
- [Update Address](#)
- [View Profile](#)
- [Update Profile](#)
- [Print Confirmation of License](#)
- [Request Duplicate License](#)
- [One Time Fee Assessment](#)
- [Continuing Education](#)

New Licensee Services

Do you need a Florida license? Verify your qualifications for a Florida license and request an application packet or apply online.

- [License Evaluation Tool](#)
- [Apply for Licensure Online](#)
- [MQA Examination Services](#)
- [EMS Examination Services](#)
- [Applicant Status Check](#)

Other Licensee Services

Want to know more about recent Practice Act changes or want to know more about how to change your license information.

- [Request License Certification](#)

Profession Board/Council Home Pages

-- select board name for home page --

[>>Go](#)



Under 'New Licensee Services' click on '[Apply for Licensure Online](#)'

Creating an account



floridashealth.com

New Applicants will need to create an account using an email address and password

New Applicants

Thank you for your interest in applying for licensure in the State of Florida.

This online application has been designed to collect the essential information for licensure quickly and efficiently.

To begin the licensure application process, first time users must create an account.

CREATE ACCOUNT >

Returning Applicants

Profession:

--Select--

Email Address:

Password:

> [Forgot your password?](#)

LOG IN >

Exam Re-Take Applicants: If you are applying to re-take an examination, please click [here](#).

Creating an account

In order to access your application information, please select your profession, enter your email address and password.

Important: Use an email address that you regularly check. Your confirmation email and additional instructions will be sent to this address by our automated system.

Create Your Account and Password

| | | |
|--------------------|--|--|
| *Profession: | <input type="text" value="Paramedic"/> | |
| *Email Address: | <input type="text" value="TestParamedic@yahoo.com"/> | Example mike@doh.state.fl.us |
| *Password: | <input type="password" value="●●●●●●●●"/> | Must be at least 8 characters in length, and must contain one character (a to z), one numeral (0 to 9), and one of the following special characters =, !, \$, @. Example: Permal3277 |
| *Password Confirm: | <input type="password" value="●●●●●●●●"/> | Retype password. |

CREATE ACCOUNT >

Requirements Screen

[Requirement](#)

[Basic Data](#)

[Logout](#)

[Navigation Tips](#)

Thank you for your interest in applying for certification in Florida. This online application has been designed to collect the essential information required to process your application in a timely manner.

If you are an Emergency Medical Technician (EMT) or Paramedic (PMD) holding an active license/certificate in the United States or its Territories and you would like to pursue a career in Florida, there are steps you can complete prior to applying online to help expedite the process:

1. Request verification of your license to be sent directly to our office from your original and current states of licensure.
2. Proof of Professional Rescuer Certification.
An applicant for Paramedic certification must hold either a current American Heart

Criminal History

If you have been convicted of a felony, please provide the required documentation listed below.

1. Law enforcement background check from each state where a felony occurred. Florida-FDLE
2. The court documents showing final disposition for all cases (i.e. arrest affidavit, probation documents, etc)
3. Proof of civil rights restoration if applicable.
4. Your explanation of circumstances surrounding the event(s).
5. Reference letters if you wish to have them considered.

Attention - While payment by credit/debit card is required by the online application, it may take up to 10 days for the Department of Health to receive payment from the credit card institution. Your application will not be reviewed until monies are received.

Navigation: From here you can either click '**Continue**' at the bottom of the screen or the '**Basic Data**' tab at the top of the screen.

[Continue](#)

Entering Data

Requirement **Basic Data**

[Logout](#)

- Paramedic Florida Program Graduate Application** -- I am a graduate of a Florida approved Paramedic school.
- Florida EMT and also registered in Florida as a Physician, Dentist, RN or PA in Florida and applying for Paramedic**
- Paramedic non-Florida Program Graduate Application** -- I currently satisfy the training requirements of another state or US territory as evidenced by certification or licensure from that state or territory that is in good standing (current, free of disciplinary limitation, and not the subject of current disciplinary investigation or procedure).
- Paramedic non-Florida Program Graduate Application** -- I am currently employed by or honorably, medically or generally discharged from the United States Military and either currently hold or at the time of discharge held the job classification of EMT or Paramedic. I am currently registered with NREMT.

Please refer to eligibility requirements for 464.009, Florida Statutes, and Rules 64B

Applicant Data is entered below. This data is required to move onto other parts of the application.

Select the type of transaction. For most students, this will be Paramedic Florida Program Graduate Application

Save and Continue

Enter Basic Data

| | |
|------------------------|--|
| First Name | <input type="text" value="John"/> |
| Middle Name | <input type="text" value="A."/> |
| Last/Surname | <input type="text" value="Student"/> |
| Title | <input type="text" value="Mr."/> <input type="button" value="v"/> |
| Suffix | <input type="text"/> |
| Email address | <input type="text" value="TestParamedic@yahoo.cc"/> |
| Social Security Number | <input type="text"/> - <input type="text"/> - <input type="text"/> |
| Phone Number | <input type="text"/> - <input type="text"/> - <input type="text"/> |

Yellow Boxes provide additional information about the information being gathered.

IMPORTANT information for Exam Applicants - The name on this application must match the name on your photo identification and your registration with Thompson Prometric. Any difference in names could result in you not being allowed to take the exam at your scheduled time and cause a substantial increase in costs for re-application and exam.

The Department of Health is required and authorized to collect Social Security Numbers relating to

Education

Education History

Please choose the school you attended:

School Name:

Tallahassee Community College - 032

Date of Graduation or Anticipated Graduation: 04 / 30 / 2009 (mm/dd/yyyy)

Please select which Advanced Cardiac Life Support (ACLS or eACLS) course you have completed:

Course Provider:

American Heart Association ACLS

Issue Date: 03 / 01 / 2009 (mm/dd/yyyy)

Expiration Date: 03 / 01 / 2011 (mm/dd/yyyy)



Add Cancel

Provide the information requested and then click the 'ADD' button

Background Information

Requirement

Basic Data

Education

History

Background

Additional Info

Review

[Logout](#)

Criminal History

Have you ever been convicted of, plead no contest to, or had adjudication withheld on a felony charge?

Yes No



You must include all felonies, even if adjudication was withheld.

Please answer the question. If yes, there are instructions at the conclusion of the application for additional documentation.

If you have been convicted of a felony, please provide the required documentation listed below.

1. Law enforcement background check from each state where a felony occurred. Florida—FDLE
2. The court documents showing final disposition for all cases (i.e. arrest affidavit, probation documents, etc)
3. Proof of civil rights restoration if applicable.
4. Your explanation of circumstances surrounding the event (s).
5. Reference letters if you wish to have them considered

Save and Continue

Additional Information

Requirement

Basic Data

Education

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Additional Info

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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?

If you respond 'Yes', your name will be added to a data 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.

- Yes
 No

Request Public Records Exemption

I am a firefighter certified in compliance with s. 633.35 or I qualify under another exemption from the Public Records laws?

- Yes
 No

If you require a public records exemption based the information in the yellow box, please select 'Yes'.

Your responses in filling out this form are a public record. That means that any one can request a copy of your filled out form. However we will not supply the following to the requestor: 1. Your social security number; 2. If you are a firefighter certified in compliance s. 633.35, or the spouse or child of a firefighter so certified, your home address, telephone number, photograph, and place of employment. There are similar exemptions for law enforcement, judges and others. More importantly we will not know you have an exemption unless you tell us. If you have questions about this, please review Chapter 119.07, F.S., and, in particular, subsection 4 [§119.07(4), F.S.]. Additional information, including answers to frequently asked questions may be had through the Office of the Attorney General of the State of Florida's website, <http://myfloridalegal.com>. Click on "open government", that will get you to an abridged version of the "Government in the Sunshine Manual." For general information on this subject, the Attorney Generals' telephone number is (850)245-0157.

Review Screen

Requirement

Basic Data

Education

History

Background

Additional Info

Review

[Logout](#)

Please review your answers and the attestation statement below. Check the box to affirm that this application is for you and not a third party, your information is correct, and that you will comply with all requirements of licensure. The confirmation button at the bottom of the page will take you to a payment screen. Print a copy of your application for your records. After you pay for your application you can not go back and review or change your answers.

Printable Version

Your Education Data is incomplete. Please click [here](#) to update.

Basic Data

Profession: Paramedic
Application Type: Paramedic FL Prog Graduate Application
First Name: JOHN
Middle Name: A.
Last Name: STUDENT
Title: Mr.
Suffix:
Email Address: TestParamedic@yahoo.com
SSN: 111-11-1111
Phone Number: (805) 222-1111
Date Of Birth: 01/01/1982
Place of Birth: TALLAHASSEE
Citizenship: UNITED STATES

Once all of the answers are filled in, this review page is presented. Click on the **'Printable Version'** button to get a version will print clearly. If you need to change any information, click on the tab at the top and you will go directly to that section.

At the bottom of the screen, there is an affirmation that must be attested to before the application can be paid for and submitted to the Certification Office. If any required information is missing, a pop-up window will display to alert you and the missing information will be highlighted at the top of the page.

Payment Screen

Requirement Basic Data Education History Background Additional Info Review **Payment**

[Logout](#)

CREDIT CARD PAYMENT

| | |
|-------------------------|---|
| Fee Due | \$45.00 |
| Credit Card Number | <input type="text"/> (No spaces or dashes) |
| Credit Card Type | <input type="text"/> (VS - Visa, MC - MasterCard, AX - American Express, DS - Discover) |
| Expiration Date (MM/YY) | 01 / 08 |
| CVV Number | <input type="text"/> What's This? |
| Card Holder Name: | <input type="text"/> |

*** Attention - It may take up to 10 days for the Department of Health to receive payment from the credit card institution. Your application will not be reviewed until monies are received.***

Process

Confirmation Screen

[Confirm](#)

[Logout](#)

Your application has been submitted. Please allow up to 48 hours to receive additional instructions via email. This email will:

- Present your credit card receipt
- Provide you with a link back to this site with instructions to print out your application (for your records) and cover sheets for additional documentation that you may need to provide (if applicable).

If you have any questions please call customer service at: (850) 488-0595, ext 3, Monday through Friday from 8:00 am to 5:00 pm Eastern Time.

[Printable Receipt](#)

Online Initial Application ID is 1104

Keep the above Online Initial Application ID information available. It will be important to have this information available if you DO NOT receive an email as described above within 48 hours.

If you were required submit additional documentation please mail these to:

EMT/Paramedic Certification Office
4052 Bald Cypress Way, Bin # C85
Tallahassee, Florida 32399-3285

Payment by Credit Card: While payment by credit/debit card is required by the online application, it may take up to 10 days for the Department of Health to receive payment from the credit card institution. Your application will not be reviewed until monies are received.

Education and Training - Please provide a copy of your certificate or letter of completion from your EMT or Paramedic Program.

ACLS - An applicant for paramedic certification must hold a certificate of successful course completion in advanced cardiac life support from the American Heart Association, American Red Cross, or its equivalent as defined by department rule 64E-2.038, Florida Administrative Code.

Confirmation Screen -

Applications are uploaded to our system twice a day. Once your application is uploaded, you will receive a confirmation email directing you to log into our online systems to print out your completed application and any coversheets that will need to be submitted.

These documents can also be retrieved from this system after you receive the email.

Example of Confirmation Email

From: MQAOperations@doh.state.fl.us
To: [REDACTED]
Cc:
Subject: DOHSDB597-Test: Florida Dept of Health - Initial License Application

Sent: Mon 4/20/2009 3:00 PM

Thank you for applying for your Florida healthcare license online.

To follow the status of your application using MQA Online Services, please go to

<http://ww2.doh.state.fl.us/mqaservices/login.asp> and provide your email address and password.

You will be asked to create an MQA Online Services UserID and Password. Please record the new login information for future reference. Once logged in, you can view a copy of your application, print additional PDF forms which are necessary to return with any supplemental documentation and view the status of your application. Please allow up to twenty-one business days for processors to begin reviewing and updating the status of your application. Once your application has been fully approved and you have successfully passed the examination, you will be able to print out a confirmation of licensure so that you may begin practicing immediately while you wait for your physical license to arrive in the mail.

After completing your examination, you may check out your score at <http://ww2.doh.state.fl.us/onlinetestnet/default.aspx>. Scores will be posted 10 - 14 days after the examination.

At any time in the next 30 days, you may return to the Initial Licensure Application home page

<https://mqaapps2test.doh.ad.state.fl.us/DOHInitialApp/login.aspx> and provide your email address and password to retrieve a copy of your application, or print out the instructional PDF forms which are necessary to return with any supplemental documentation.

This is an automated email Confirmation of your license application. If you have any problems, please call customer service at (850) 488-0595 ext 3, Monday through Friday from 8:00 a.m. to 5:00 p.m. Eastern Time.

Please do not reply to this email.

Please print a copy of this e-mail for your receipt.

Profession: Paramedic
Your File Number is 32734.
Your Application Id is 1104.
Your Amount Paid: \$45
00

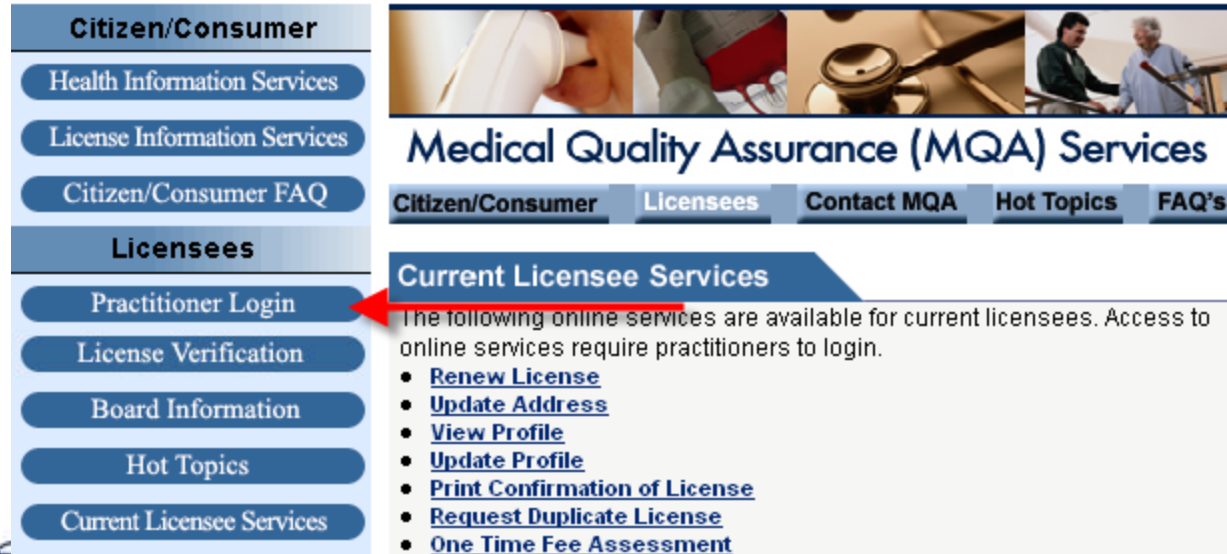


Online Application Status Check

- Allows applicants to check application status in real time via www.FLHeathsource.com
- Implemented in January 2009 for EMTs and Paramedics

Online Application Status Check

- From www.FLHeathsource.com, click on 'Licensee/Provider'
- Click on 'Practitioner Login' located on the left-hand side menu.



Citizen/Consumer

- Health Information Services
- License Information Services
- Citizen/Consumer FAQ

Licensees

- Practitioner Login** ←
- License Verification
- Board Information
- Hot Topics
- Current Licensee Services

Medical Quality Assurance (MQA) Services

Citizen/Consumer | **Licensees** | **Contact MQA** | **Hot Topics** | **FAQ's**

Current Licensee Services

The following online services are available for current licensees. Access to online services require practitioners to login.

- [Renew License](#)
- [Update Address](#)
- [View Profile](#)
- [Update Profile](#)
- [Print Confirmation of License](#)
- [Request Duplicate License](#)
- [One Time Fee Assessment](#)

Online Application Status Check

floridashealth.com

Welcome to the Division of Medical Quality Assurance Online Services.

If you know your User ID and Password:

1. Select your profession:

2. Enter your User ID: ←

3. Enter your Password: ←

* NOTE: User ID and Password are case-sensitive.

[Sign in using our secure server](#)

Please note your User ID and Password were mailed with your **physical license**. Look in the center section and refer to the Online Services Instructions, item #5. Your security is important to us; therefore, this information is NOT located on postcard renewal notices.

----- OR -----

Would you like to attempt our alternate login process?

If you do not know your User ID and/or Password, you can also login by answering a set of security questions. Please click here: [Get Login Help?](#)

Please contact the Department of Health helpdesk to resolve log in difficulties:
(850) 488-0595, press menu option 3.

Create New UserID and Password



Name: JOHN A. STUDENT

As a new applicant for licensure, you must reset your account id and password to continue. A suggested account id is displayed, but you may update it if you wish. Please enter the requested information and click the Update button.

New Account Id :

----- AND -----

New Password :

Re-enter New Password :

NOTE: Your new user account id must be between 8 and 10 characters long. Your new password must be between 8 and 10 characters long and contain at least 1 uppercase character.

*** Please note that this password is for Online Services only. If you need to access the Online Initial Application tool, you will still need to use your email address UserID and corresponding password.***

Additional Documents

floridashealth.com

Name: JOHN A. STUDENT

Message(s) from your board :

Click [here](#) if you need to contact your board via email.

Practitioners: http://www.doh.state.fl.us/mqa/info_obesity.pdf (Message Post Date: 01/04/2007)

Click on the **Additional Documents** link to access the supporting documents and a copy of your application.

[Update Login](#)

[Check Application Status](#)

[Additional Documents](#)

[Exam Score Look-up](#)

[Contact Information](#)

[Log Off](#)

Additional Documents



[Update Login](#)

[Check Application Status](#)

[Additional Documents](#)

[Exam Score Look-up](#)

[Contact Information](#)

[Log Off](#)

Name: JOHN A. STUDENT

Profession: PARAMEDIC

File Number: 32734

Address: 123 NORTH MAIN STREET
APT 123
TALLAHASSEE, FL 32301

Initial Application

Click the following to review your initial application:

[Initial Application](#)



Additional Documents

Click the following to review your supplemental documentation:

[Additional Documents](#)



These links will launch Adobe Reader so that the PDFs display.

Example of Application



Initial Application for Licensure Florida Board of Nursing



Basic Data

Profession: Registered Nurse
Application Type: RN ENDORSEMENT APPLICATION
Name: TEST NURSE
Email Address: TESTNURSE@DOH.STSTE.FL.US
SSN: I will provide this to the Florida Board of Nursing prior to receiving licensure.
Home Phone: 850-014-2264
Date of Birth: 04/16/1972
Place of Birth: HONG KONG
Citizenship: UNITED STATES
Mother's Maiden Name: SMITH

Mailing Address

156 NORTH MAIN STREET
TALLAHASSEE, FL 32301

Physical Location or Address of Employment

156 NORTH MAIN STREET
TALLAHASSEE, FL 32301

Equal Opportunity Data

Gender: FEMALE
Race: HISPANIC

Education History

Did you graduate from a foreign nursing program outside of the United States, Guam, American Somoa, US Virgin Islands, or the Northern Mariana Islands?

Your Answer: **NO**



Example of Coversheet



Additional Information Required Education Credentialing



Name: **MS. ANNALIESE RUTH SCHEN**
Profession: 2502
Transaction Code: 1016
File Number: 32734

Please mail a copy of your certificate or letter of completion from your training program along with this cover sheet to:

EMT/Paramedic Certification Office
4052 Bald Cypress Way, Bin #C85
Tallahassee, FL 32399-3285

