Change of State of Record for Out-of-State Telehealth Provider

Completed forms must be sent to:

Telehealth
4052 Bald Cypress Way, Bin C-11
Tallahassee, FL 32399-1708
OR
Email: MQA.Telehealth@FLHealth.gov

Submit this form to change the state license that your Florida Out-of-State Telehealth Provider registration is based on.

TELEHEALTH PROVIDER INFORMATION:

Name: _____
Last/Surname First Middle

Florida Telehealth Registration Number: _____

NEW STATE OF RECORD:

List the following information for the state license your Florida Out-of-State Telehealth registration will be based on. The license must be active and unencumbered from another state, District of Columbia, or U.S. territory.

Profession: _____ **State:** _____

License Number: _____

TELEHEALTH PROVIDER ACKNOWLEDGEMENT:

I hereby acknowledge this document is being submitted to designate a state of record pursuant to section 456.47(4)(b), Florida Statutes.

Telehealth Provider's Signature: _____ **Date:** _____
MM/DD/YYYY