

**UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE JACKSONVILLE**  
**Office of Educational Affairs**

<b>Approval Date:</b> 11/1/22	<b>Subject:</b> FLORIDA MEDICAL-DENTAL LICENSURE POLICY	<b>Page 1 of 2</b>
<b>Approved by:</b> GMEC		<b>Revised Date:</b> 3/1/11; 3/4/16; 5/21/20; 5/29/20; 10/6/21; 10/20/22
<b>Effective Date:</b> 2006		<b>Reviewed Date:</b> 6/01/10; 3/4/16; 5/29/20

**POLICY**

Programs are responsible for the initial registration and renewal of all unlicensed residents and fellows with the Florida Department of Health Licensing Agencies: Board of Medicine, Board of Osteopathic Medicine, Board of Dentistry, or Board of Podiatric Medicine prior to entry into their training program.

The current UF resident contract states:

"An unrestricted Florida license is not required of residents; however, should a resident obtain an unrestricted medical license in Florida, it is solely their responsibility to maintain active status with the Medical/Dental/Podiatric Board, including timely renewal and payment of all associated fees."

Timely means renewal within 60 days of the expiration.

Should any resident be unable to provide documentation that the license has been renewed, the resident will be suspended, per the Professionalism Code of Conduct policy, and will be required to go on leave without pay until such time the resident obtains their license renewal.

*[Note: Once a physician obtains an unrestricted license, the FL Department of Health licensing board will not re-issue a training license to that individual.]*

Renewal of the training license occurs every three years for podiatrists, two years for allopathic physicians, annually for osteopathic physicians and dentists. The renewal includes required responses to a series of questions regarding adverse events that have occurred in the interim between initial registration and renewal of the training license.

The renewal application(s) requires that Residents/Fellows sign an attestation that reads:

**Allopathic Application**

I have carefully read the questions in the foregoing registration application and have answered them completely, without reservations of any kind, and I state that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this registration application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my registration as a physician in the State of Florida.

**Osteopathic Application**

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice Osteopathic Medicine in the State of Florida.

**Dental Application**

I have carefully read the instructions and questions in the foregoing application and have answered them completely, without reservations of any kind. Should I furnish any false information in this application, or in any supporting documentation, I acknowledge that such an act constitutes cause for denial, disciplinary action, suspension or revocation of my residency/intern permit to practice dentistry under Chapter 466, Florida Statutes, Chapter 456, Florida Statutes, and Chapter 64B5, Florida Administrative Code, in the State of Florida.

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**PROCEDURE:**

At least four months prior to the expiration date of the training licenses, all affected residents and fellows will be provided with a renewal application form. The resident/fellow will have two (2) weeks to complete the application and submit to their Program Coordinator/Administrator. The coordinator will review the application for accuracy i.e. graduation date, residency start date, telephone number, all questions have been answered.

The Office of Educational Affairs will provide the individual boards directly with checks to cover the cost of all the renewal applications, if applicable.

It is the program coordinator/administrator's responsibility to retain a scanned copy of the completed application in the program's Resident Information folder. The file is to be saved as LastName, FirstName – License 20xX. When the license renewal is complete, the coordinator will print the Department of Health website confirmation of renewal; amend it to the saved application and e-mail to the OEA, and update the license information in New Innovations.