

TOLLING

You must immediately notify the compliance officer of any residential and/or employment address changes, employment status or upon returning to practice in the State of Florida. Please review your final order for specific tolling provisions.

Please print or type.

Name: _____

License Number: _____ Case Number: _____

Employer: _____

Employer Address: _____

Employer Telephone: _____

Residential Address: _____

_____ I am not practicing in my profession in the State of Florida.

_____ I am returning to practice in my profession in the State of Florida.

Signature

Date

Please mail to your compliance officer within 5 days of any changes.

Department of Health
Compliance Management Unit,
4052 Bald Cypress Way, Bin C76
Tallahassee, Florida 32399

FAX: (850) 488-0796