

**Board of Clinical Social Work, Marriage and Family Therapy,
and Mental Health Counseling**



HIV/AIDS AFFIDAVIT

Pursuant to s. 491.0065, F.S., and Rule 64B4-8.002, Florida Administrative Code, all initial licensure applicants are required to complete an approved education course on human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). The course must provide a minimum of three hours of HIV/AIDS education, including education on protocols and procedures applicable to HIV counseling, testing, reporting and partner notification.

An applicant who has not taken the course at the time of licensure shall, upon submission of an affidavit showing good cause, be allowed six months to complete this requirement. If you have already completed this course, please send proof with your application. If you have not yet completed the course, please fill out this affidavit, have it notarized, and return with your application.

Your application is incomplete without this affidavit or proof of completion of the HIV/AIDS course.

APPLICANT AFFIRMATION

I, _____, am of legal age and have personal knowledge of the matters stated in
(Applicant Full Name)
this affidavit. I will complete an approved course which provides a minimum of three hours of HIV/AIDS education within
the first six months of my licensure by the Department of Health.

Applicant Signature _____ Date _____
MM/DD/YYYY

NOTARY SIGNATURE

Before me, the undersigned authority, personally appeared _____ who
(Applicant Full Name)
deposes and affirms the above statement is true and correct.

State of _____ County of _____

Sworn to and/or subscribed before me this _____ day of _____, 20_____

By _____ whose identity is known to me by _____

Notary Signature _____ Printed Name of Notary _____

[NOTARY SEAL]