

# HIV/AIDS AFFIDAVIT

Pursuant to s. 491.0065, F.S., and Rule 64B4-8.002, F.A.C., all initial licensure applicants are required to complete an approved education course on human immunodeficiency virus and acquired immune deficiency syndrome. 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 6 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 the HIV/AIDS course.

Before me, the undersigned authority, personally appeared \_\_\_\_\_  
Print Applicant's Full Name

who deposes and says that the following statements are true and correct:

1. I \_\_\_\_\_ am of legal age and have personal  
Print Applicant's Full Name  
knowledge of the matters stated in this affidavit.
2. 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.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
(Print or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_