



Florida Department of Health (Department)

APPLICATION FOR EXEMPTION FROM PAIN MANAGEMENT CLINIC REGISTRATION

Initial Application or Renewal: Certificate of Exemption Number

1. Corporate or Legal Name of Pain Management Clinic:

2. Fictitious or Doing Business As Name:

3. Federal Tax Identification Number (FEIN#):

4. Pain Management Clinic Address: (Street) (Suite #)

(City) (State) (ZIP Code)

5. Mailing Address: (Street) (Suite #)

(City) (State) (ZIP Code)

6. Pain Management Clinic Telephone Number: ( )

7. Pain Management Clinic Fax Number: ( )

8. Pain Management Clinic Email Address:

(Under Florida law email addresses are public records. If you do not want your email address released in response to a public records request do not provide an email address or send electronic mail to this office and contact the office by telephone or in writing.)

9. Exemption Claimed: (Check one and please provide documentation of exemption.)

- Exemption options: Clinic licensed as a facility under Chapter 395, Florida Statutes; majority of physicians provide surgical services; owned by publicly held corporation; affiliated with accredited medical school; does not prescribe controlled substances; owned by corporate entity; wholly owned by anesthesiologists/physiatrists/rheumatologists/neurologists; wholly owned by multispecialty practice.

Printed Name of Clinic Owner:

Signature of Clinic Owner: Date:

# **SUBMITTING THE APPLICATION FOR EXEMPTION FROM PAIN MANAGEMENT CLINIC REGISTRATION**

**You may send the completed application, including documentation to:**

**Mailing Address:**

**Department of Health**

**Board of Medicine**

**4052 Bald Cypress Way Bin C-03**

**Tallahassee, FL 32399-3253**

**If you need assistance, please contact the board office at 850-245-4131 or send an email to [MQA.Medicine@flhealth.gov](mailto:MQA.Medicine@flhealth.gov).**