## Eligible Occupations for FL Hometown Heroes Loan Program

Please note that only one borrower must qualify with eligible occupation.

| All borrower(s) qualifying with one of the eligible occupations below must be employed FULL-TIME and CURRENTLY employed in one of the eligible occupations below.  Please note that occupations or job titles/positions that do not appear on this list are not eligible under Hometown Heroes. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                              |                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--|
| Licensing or Certification Documentation Needed to Confirm Occupation Documentation Needed to Confirm Full-Time Status                                                                                                                                                                          | Included with all eligible occupations listed below. Please reference and request certification or license as indicated with each eligible occupation from borrower(s). Each eligible occupation references the State agency (or other applicable agency) that would be responsible for certification or licensing of that occupation.  A written or verbal VOE indicating full-time employment of 35 hours or more a week must be provided by all borrower(s). If a VOE doesn't reflect 35 hours or more a week, the employer will need to confirm buyer is employed full-time. A VOE is required for all eligible occupations below. |                                                                                                                                                                                                                                                                                                                              |                                 |  |
| Attestation Form required by eligible borrower(s) under HTH                                                                                                                                                                                                                                     | Self-Employed borrower(s) may provide a copy of work schedule indicating full-time status or a copy of paystub indicating full-time status or copy of contract or work schedule indicating full-time status.  Borrower(s) must execute the Attestation Form indicating eligible occupation unless otherwise noted below.                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                              |                                 |  |
| Occupations (Job<br>Position/Job Title)                                                                                                                                                                                                                                                         | Governing Website of Governing Agency (for Info on how to obtain a copy of Agency license/certificate).  Governing FL Statute                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                              |                                 |  |
| ●Sworn Law Enforcement Officer ●Certified Correction Officer ●Correctional Probation Officer  (FLORIDA Officers)                                                                                                                                                                                | FL Department<br>of Corrections;<br>FL Department<br>of Law<br>Enforcement<br>(for FL<br>Officers)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | https://atms.fdle.state.fl.us/atms/officer Profile.jsf  Provide copy of employee's Global Profile Sheet available through website above reflecting active full-time status. This website only permits borrower(s) to access. Include LEO in Attestation Form and include copy of Global Profile Sheet with Attestation Form. | F.S. s 112.531<br>F.S. s 943.10 |  |

| Law Enforcement                    | El Donartmant   | Law Enforcement Officers (LEOs)              | F.S. s 112.531  |
|------------------------------------|-----------------|----------------------------------------------|-----------------|
|                                    | FL Department   | Law Enforcement Officers (LEOs)              |                 |
| Officers eligible under            | of Corrections; | deemed eligible for the Law                  | F.S. s 943.10   |
| the Law Enforcement                | FL Department   | Enforcement Recruitment Bonus                |                 |
| Recruitment Bonus                  | of Law          | Payment Program are exempt from the          |                 |
| Payment Program                    | Enforcement     | first-time homebuyer requirement. <i>The</i> |                 |
|                                    | (for FL         | LEO should receive a certificate of          |                 |
|                                    | Officers)       | eligibility signed by the Governor.          |                 |
|                                    | ,               | Provide a copy of the certificate            |                 |
|                                    |                 | from the Governor and include                |                 |
|                                    |                 | "N/A" in license and certification           |                 |
|                                    |                 | section of the Attestation Form.             |                 |
| ●Sworn Law                         | Federal         |                                              | (N/A)           |
|                                    |                 | License or certification not required for    | (IVA)           |
| Enforcement Officer                | Agencies        | Federal Law Enforcement or                   |                 |
| Certified Correction               |                 | Correctional Officers.                       |                 |
| Officer                            |                 | Provide a copy of VOE validating             |                 |
| •Correctional                      |                 | position of Sworn Law Enforcement            |                 |
| Probation Officer                  |                 | Officer, Certified Correction Officer or     |                 |
|                                    |                 | Correctional Probation Officer from one      |                 |
| (Federal Officer                   |                 | of the Federal Agencies provided. VOE        |                 |
| Examples)                          |                 | must include full-time status and            |                 |
| • FBI                              |                 | employer. <i>Include "N/A" in license</i>    |                 |
| US Dept. of                        |                 | and certification section of the             |                 |
| Homeland Security                  |                 | Attestation Form.                            |                 |
| US Marshals                        |                 |                                              |                 |
|                                    |                 |                                              |                 |
| Service, US Drug                   |                 |                                              |                 |
| Enforcement                        |                 |                                              |                 |
| Administration                     |                 |                                              |                 |
| Bureau of                          |                 |                                              |                 |
| Alcohol, Tobacco &                 |                 |                                              |                 |
| Firearms                           |                 |                                              |                 |
| <ul> <li>US Immigration</li> </ul> |                 |                                              |                 |
| & Customs                          |                 |                                              |                 |
| Enforcement                        |                 |                                              |                 |
| Juvenile Detention                 | FL Department   | https://www.djj.state.fl.us/services/depa    | F.S. s 985.66   |
| Officer                            | of Juvenile     | rtment-support-services/office-of-staff-     | 1 101 0 0 00100 |
| Juvenile Probation                 | Justice         | development-training/sd-t-                   |                 |
| Officer                            |                 | teams/officer-certification                  |                 |
| Onicei                             |                 | Juvenile Detention & Probation Officers      |                 |
|                                    |                 |                                              |                 |
|                                    |                 | are not required to hold license or          |                 |
|                                    |                 | certification. Provide copy of VOE           |                 |
|                                    |                 | validating full-time employment and          |                 |
|                                    |                 | employer. <i>Include "N/A" in license</i>    |                 |
|                                    |                 | and certification section of the             |                 |
|                                    |                 | Attestation Form.                            |                 |

| Firefighter                                                                                                                             | FL Division of State Fire Marshal within the Department | https://www.citizenserve.com/120/CAP For120?Action=MyLicenses  Provide copy of Firefighter Certificate                                                                                         | F.S. s. 633.102<br>& F.S. s.<br>633.408 |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
|                                                                                                                                         | of Financial<br>Services                                | of Compliance or Special Certificate of<br>Compliance issued by FL Division of<br>State Fire Marshal. This can only be<br>obtained and provided by the borrower.                               |                                         |
| Certified Paramedic     Certified Emergency     Medical Technician     (EMT)                                                            | FL Department<br>of Health                              | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/HealthCareProviders<br>Provide a copy of certification issued<br>by FL Department of Health.                                    | F.S. s 112.1911                         |
| 911 Public Safety<br>Communicator                                                                                                       | FL Department<br>of Health                              | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/HealthCareProviders<br>Provide a copy of certification issued<br>by FL Department of Health.                                    | F.S. s 401.465                          |
| Certified K-12 Educators (Public, Charter Schools) to include: •Classroom Teacher                                                       | FL Department of Education                              | https://flcertify.fldoe.org/datamart/selSe<br>archType.do                                                                                                                                      | F.S. s 1012.01                          |
| Career Specialist     Librarian/Media     Specialist     School Counselor     Social Worker     School Psychologist     (Private school |                                                         | Provide a copy of temporary or professional educator certification issued by FL Department of Education.                                                                                       |                                         |
| educators, as reflected<br>above, are eligible with<br>certification from FL<br>Department of<br>Education.)                            |                                                         |                                                                                                                                                                                                |                                         |
| Licensed or<br>Registered Childcare<br>Operator (Owner of<br>Childcare Facility)                                                        | FL Department<br>of Children &<br>Families              | https://www.myflfamilies.com/service-programs/child-care/training.shtml  Provide copy of license or registration issued by FL Department of Children & Families reflecting borrower's position | F.S. s 402.305                          |
| Childcare Instructor<br>(employed by a LICENSED<br>childcare facility or                                                                | FL Department<br>of Children &<br>Families              | of Childcare Operator.  https://www.myflfamilies.com/service- programs/child-care/training.shtml                                                                                               |                                         |

| LICENSED or<br>REGISTERED home<br>childcare provider)                                                                                                                                              |                                                | Childcare Instructor is not required to hold license or certification. Provide copy of employer's license or registration issued by FL Department of Children & Families. Include and indicate "Employer License/Registration" in license and certification section of the Attestation Form.                                                    |                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| ●Registered Nurse (RN)  ●Licensed Practical Nurse (LPN)  ●Advanced Practice Registered Nurse (APRN)  ●Certified Registered Nurse Anesthetist  ●Clinical Nurse Specialist  ●Certified Nurse Midwife | FL Board of<br>Nursing                         | https://mqa- internet.doh.state.fl.us/MQASearchSer vices/HealthCareProviders  or for multi-state license here: https://www.nursys.com/LQC/LQCTer ms.aspx  Provide copy of license issued by FL Dept. of Health or Nursys.com.                                                                                                                   | F.S. s 464.003<br>F.S. s 464.008<br>F.S. s 464.009                   |
| Certified Nursing<br>Assistant (CNA)                                                                                                                                                               | FL Board of<br>Nursing                         | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/HealthCareProviders<br>Provide copy of certification issued<br>through FL Dept. of Health.                                                                                                                                                                                       | F.S. s 464.201 -                                                     |
| Home Health Aide<br>(employed by a LICENSED<br>home health agency)                                                                                                                                 | FL Agency for<br>Health Care<br>Administration | https://www.floridahealthfinder.gov/facilitylocator/facloc.aspx  Home Health Aide is not required to hold a license or certification. Provide copy of employer's license issued by FL Agency for Health Care Administration. Include and indicate "Employer License/Registration" in license and certification section of the Attestation Form. | N/A                                                                  |
| Health Care Practitioner to include: •Physician •Physician Assistant •Anesthesiologist                                                                                                             | FL Board of<br>Medicine                        | https://mqa- internet.doh.state.fl.us/MQASearchSer vices/Home / Provide a copy of license issued through FL Dept. of Health.                                                                                                                                                                                                                    | F.S. s 458.305<br>F.S. s 458.311<br>F.S. s 458.314<br>F.S. s 458.347 |

| Anesthesiologist<br>Assistant                | FL Board of<br>Medicine                 | https://mqa- internet.doh.state.fl.us/MQASearchSer vices/Home Provide a copy of license issued through the FL Dept. of Health.                                                                                                                                                                                                       | F.S. s 458.3475                   |
|----------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Psychiatrist                                 | FL Board of<br>Medicine                 | https://mqa- internet.doh.state.fl.us/MQASearchSer vices/Home Provide a copy of license issued through the FL Dept. of Health.                                                                                                                                                                                                       | F.S. s 458.3165                   |
| Certified Medical Assistant                  | FL Board of<br>Nursing                  | Provide a copy of certificate issued by one of the following:  •an accredited national or state medical association  •National Healthcareer Association  •a provider accredited by the National Commission for Certifying Agencies (NCCA)  •American Association of Medical Assistants OR  •entity approved by FL Board of Medicine. | F.S. s 458.3485<br>F.S. s 458.307 |
| Acupuncturist                                | FL Board of<br>Acupuncture              | https://mqa- internet.doh.state.fl.us/MQASearchSer vices/Home Provide a copy of license through the FL Dept. of Health                                                                                                                                                                                                               | F.S. s. 457.102                   |
| Osteopathic<br>Physician                     | FL Board of<br>Osteopathic<br>Medicine  | https://mqa- internet.doh.state.fl.us/MQASearchSer vices/Home Provide a copy of license issued through the FL Dept. of Health.                                                                                                                                                                                                       | F.S. s 459.003                    |
| Chiropractic<br>Physician                    | FL Board of<br>Chiropractic<br>Medicine | https://mqa- internet.doh.state.fl.us/MQASearchSer vices/Home Provide a copy of license issued through the FL Dept. of Health.                                                                                                                                                                                                       | F.S. s 460.403                    |
| Certified Chiropractic Physician's Assistant |                                         | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/Home<br>Provide a copy of certificate through<br>the FL Dept. of Health.                                                                                                                                                                                              | F.S. s 460.4165                   |

| Podiatric Physician                     | FL Board of<br>Podiatric<br>Medicine | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/Home<br>Provide a copy of license issued<br>through the FL Dept. of Health                                                                                                                                                               | F.S. s 461.003                                      |
|-----------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Certified Podiatric X-<br>Ray Assistant |                                      | https://mqa- internet.doh.state.fl.us/MQASearchSer vices/Home Provide a copy of certificate issued through the FL Dept. of Health.                                                                                                                                                                      | F.S. s 461.0135                                     |
| Naturopathic<br>Physician               | FL Board of<br>Medicine              | https://mqa- internet.doh.state.fl.us/MQASearchSer vices/Home  Provide copy of license issued through the FL Dept. of Health.                                                                                                                                                                           | F.S. s 462.01                                       |
| ●Pharmacist ●Nuclear Pharmacist         | FL Board of<br>Pharmacy              | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/Home<br>Provide copy of license issued through<br>the FL Dept. of Health.                                                                                                                                                                | F.S. s 465.003<br>F.S. s 465.0126<br>F.S. s 465.014 |
| Pharmacy Technician                     | FL Board of<br>Pharmacy              | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/Home<br>Provide copy of registration through the<br>FL Dept. of Health.                                                                                                                                                                  |                                                     |
| Dentist     Dental Hygienist            | FL Board of<br>Dentistry             | https://mqa- internet.doh.state.fl.us/MQASearchSer vices/Home Provide copy of license issued through the FL Dept. of Health.                                                                                                                                                                            | F.S. s 466.003                                      |
| Dental Assistant                        | FL Board of<br>Dentistry             | https://mqa- internet.doh.state.fl.us/MQASearchSer vices/Home  Dental Assistant is not required to hold license or certification. Provide copy of VOE or letter from employer validating supervisor is a licensed Dentist.  Include "N/A" in license and certification section of the Attestation Form. | F.S. s466.003                                       |

| Speech Language<br>Pathologist or<br>Audiologist                                                     | FL Department<br>of Health; FL<br>Board of<br>Speech-<br>Language<br>Pathology &<br>Audiology | https://mqa- internet.doh.state.fl.us/MQASearchSer vices/Home  Provide copy of license issued through the FL Dept. of Health.                                                                                                                                                                                                                              | F.S. s 468.1105<br>F.S. s 468.1125<br>F.S. s 468.1185 |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Speech-Language Pathology Assistant or Audiologist Assistant                                         | FL Department<br>of Health; FL<br>Board of<br>Speech-<br>Language<br>Pathology &<br>Audiology | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/Home  Provide a copy of certification issued<br>through FL Dept. of Health.                                                                                                                                                                                                                 |                                                       |
| Nursing Home<br>Administrator                                                                        | FL Board of<br>Nursing Home<br>Administrators                                                 | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/Home<br>Provide copy of license issued through<br>FL Dept. of Health.                                                                                                                                                                                                                       | F.S. s 468.1655                                       |
| <ul><li>Occupational<br/>Therapist</li><li>Occupational<br/>Therapist Assistant</li></ul>            | FL Board of<br>Occupational<br>Therapy<br>Practice                                            | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/Home /<br>Provide copy of license issued through<br>FL Dept. of Health.                                                                                                                                                                                                                     | F.S. s 468.203                                        |
| Occupational Therapist Aide                                                                          | FL Board of<br>Occupational<br>Therapy<br>Practice                                            | https://floridasoccupationaltherapy.gov/licensing/ Occupational Therapist Aide is not required to hold a license or certification. Provide copy of VOE or letter from employer validating supervisor is a licensed Occupational Therapist or Occupational Therapist Assistant. Include "N/A" in the license and certification section of Attestation Form. | F.S. s 468.203                                        |
| <ul><li>◆Certified Respiratory<br/>Therapist</li><li>◆Registered<br/>Respiratory Therapist</li></ul> | FL Department<br>of Health; FL<br>Board of<br>Respiratory<br>Care                             | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/Home<br>Provide copy of license issued through<br>FL Dept. of Health.                                                                                                                                                                                                                       | F.S. s 458.358                                        |
| •Licensed Dietician or Nutritionist                                                                  | FL Department of Health                                                                       | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/Home                                                                                                                                                                                                                                                                                        | F.S. s 468.503<br>F.S. s.468.509<br>F.S. s 468.51     |

| •Licensed Nutrition Counselor                                                                         |                                                                   | Provide copy of license issued by FL Department of Health.                                                                                                                                                                                                                                                                                                                                                  |                                                   |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Registered Dietician or Nutritionist                                                                  |                                                                   | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/Home                                                                                                                                                                                                                                                                                                                                         | F.S. s 468.503<br>F.S. s.468.509<br>F.S. s 468.51 |
|                                                                                                       | Registration                                                      | Provide copy of registration issued through the FL Dept. of Health.                                                                                                                                                                                                                                                                                                                                         |                                                   |
| Dietetic Technician                                                                                   | FL Department<br>of Health                                        | https://www.floridahealth.gov/licensing-and-regulation/dietetic-nutrition/index.html  Dietetic Technician is not required to hold a license or certification. Provide copy of VOE or letter from employer validating supervisor is a Licensed Practitioner, Licensed Dietician or Nutritionist or Licensed Nutrition Counselor. Include "N/A" in the license and certification section of Attestation Form. |                                                   |
| Athletic Trainer                                                                                      | FL Department<br>of Health<br>FL Board of<br>Athletic<br>Training | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/Home<br>Provide copy of license issued through<br>the FL Dept. of Health.                                                                                                                                                                                                                                                                    | F.S. s 468.701<br>F.S. s.468.707                  |
| <ul> <li>Prosthetist</li> <li>Orthotist</li> <li>Prosthetist Orthotist</li> <li>Pedorthist</li> </ul> | FL Board of<br>Orthotists &<br>Prosthetists                       | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/Home /                                                                                                                                                                                                                                                                                                                                       | F.S. s 468.80                                     |
| <ul> <li>Prosthetist</li> <li>Orthotic Fitter</li> <li>Orthotic Fitter</li> <li>Assistant</li> </ul>  |                                                                   | Provide copy of license issued through the FL Dept. of Health.                                                                                                                                                                                                                                                                                                                                              |                                                   |
| Electrologist                                                                                         | FL Department of Health                                           | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/Home<br>Provide copy of license issued by FL<br>Department of Health.                                                                                                                                                                                                                                                                        | F.S. s 478.42<br>F.S. s 478.45                    |
| Massage Therapist                                                                                     | FL Board of<br>Massage<br>Therapy                                 | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/Home<br>Provide copy of license issued through<br>the FL Dept. of Health.                                                                                                                                                                                                                                                                    | F.S. s 480.033                                    |

| Clinical Laboratory Personnel to include: • Laboratory Director •Supervisor                                                                                                                                                                                                    | FL Board of<br>Clinical<br>Laboratory<br>Personnel | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/Home  Provide copy of license issued through                                                                                                                                                    | F.S. s 483.803<br>F.S. s 483.809                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| ●Technologist  ●Blood-Gas Analyst  ●Laboratory Testing  Technician                                                                                                                                                                                                             |                                                    | the FL Dept. of Health.                                                                                                                                                                                                                                        |                                                    |
| Phlebotomist (employed as a full-time phlebotomist and has successfully completed an accredited phlebotomy course)                                                                                                                                                             | FL Board of<br>Clinical<br>Laboratory<br>Personnel | Phlebotomist is not required to hold a license or certification. Provide confirmation of CURRENT employment as a Phlebotomist and proof of COMPLETED ACCREDITED PHLEBOTOMY COURSE. Include "N/A" in the license and certification section of Attestation Form. | F.S. s 483.803<br>(N/A)                            |
| Licensed Medical Physicist (Radiologic)which works with diagnostic application and safe use of x-rays, ultrasonic radiation or magnetic fields.                                                                                                                                | FL Department<br>of Health                         | https://mqa- internet.doh.state.fl.us/MQASearchSer vices/Home  Provide copy of license issued by FL Department of Health.                                                                                                                                      | F.S. s 483.901                                     |
| <ul> <li>Certified Basic X-Ray Machine Operator</li> <li>Certified Radiologic</li> <li>Technologist</li> <li>Certified Radiology</li> <li>Assistant</li> <li>Certified General</li> <li>Radiographer</li> <li>Specialty</li> <li>Technologist</li> <li>(Radiologic)</li> </ul> | FL Department<br>of Health                         | https://mqa- internet.doh.state.fl.us/MQASearchSer vices/Home  Provide copy of certificate issued by FL Department of Health.                                                                                                                                  | F.S. s 468.301<br>F.S. s 468.302<br>F.S. s 468.304 |
| Genetic Counselor                                                                                                                                                                                                                                                              | FL Department<br>of Health                         | https://mqa- internet.doh.state.fl.us/MQASearchSer vices/Home  Provide copy of license issued by FL Department of Health.                                                                                                                                      | F.S. s 483.913<br>F.S. s 483.914                   |
| Optician                                                                                                                                                                                                                                                                       | FL Board of<br>Opticianry                          | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer<br>vices/Home                                                                                                                                                                                            | F.S. s 484.002                                     |

|                                           |                         | Provide copy of license issued through                |                |
|-------------------------------------------|-------------------------|-------------------------------------------------------|----------------|
|                                           |                         | the FL Dept. of Health.                               |                |
| Optician Apprentice                       | FL Board of             | https://mga-                                          |                |
| o possession approximate                  | Opticianry              | internet.doh.state.fl.us/MQASearchSer                 |                |
|                                           | '                       | vices/Home                                            |                |
|                                           |                         | Provide copy of registration issued                   |                |
|                                           |                         | through the FL Dept. of Health.                       |                |
| Certified Optometrist                     | FL Board of             | https://mqa-                                          | F.S. s 463.002 |
|                                           | Optometry               | internet.doh.state.fl.us/MQASearchSer                 |                |
|                                           |                         | vices/Home                                            |                |
|                                           |                         | Provide copy of license issued through                |                |
| Handar Aid On a salation                  | ELD L                   | the FL Dept. of Health.                               | F.O 404.044    |
| Hearing Aid Specialist                    | FL Board of             | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer | F.S. s 484.041 |
|                                           | Hearing Aid Specialists | vices/Home                                            |                |
|                                           | Opecialists             | Provide copy of license issued through                |                |
|                                           |                         | the FL Dept. of Health.                               |                |
| Hearing Aid Specialist                    | FL Board of             | https://floridashearingaidspecialists.gov             |                |
| Trainee                                   | Hearing Aid             | /licensing/                                           |                |
|                                           | Specialists             | Hearing Aid Trainee is not required to                |                |
|                                           |                         | hold a license or certification. Provide              |                |
|                                           |                         | copy of VOE or letter from employer                   |                |
|                                           |                         | validating supervisor is a Licensed                   |                |
|                                           |                         | Hearing Aid Specialist. <i>Include "N/A"</i>          |                |
|                                           |                         | in the license and certification                      |                |
| - Dhysical Theresist                      | Cl Deand of             | section of Attestation Form.                          | F.C 406 004    |
| Physical Therapist     Physical Therapist | FL Board of             | https://mqa-<br>internet.doh.state.fl.us/MQASearchSer | F.S. s 486.021 |
| Physical Therapist     Assistant          | Physical<br>Therapy     | vices/Home                                            |                |
| Assistant                                 | Пістару                 | Provide copy of license issued through                |                |
|                                           |                         | the FL Dept. of Health.                               |                |
| ●Psychologist                             | FL Board of             | https://mga-                                          | F.S. s 490.003 |
| •School Psychologist                      | Psychology              | internet.doh.state.fl.us/MQASearchSer                 |                |
|                                           | ]                       | vices/Home                                            |                |
|                                           |                         | Provide copy of license issued through                |                |
|                                           |                         | FL Dept. of Health                                    | _              |
| Clinical Social                           | FL Board of             | https://mqa-                                          | F.S. s 491.003 |
| Worker                                    | Clinical Social         | internet.doh.state.fl.us/MQASearchSer                 |                |
| Marriage & Family     Therepist           | Work, Marriage          | vices/Home                                            |                |
| Therapist  •Mental Health                 | & Family                | Provide copy of license issued through                |                |
| Counselor                                 | Therapy & Mental Health | FL Dept. of Health.                                   |                |
| Counseior                                 | Counseling              |                                                       |                |
| ●Child Protective                         | FL Department           | Child Protective Services' Enforcement                | F.S. s 402.402 |
| Services'                                 | of Children &           | & Adult Protective Services'                          | (N/A)          |
| Enforcement                               | or ormaton a            | Enforcement employees with DCF are                    | ( " " " )      |
|                                           | 1                       | and an            | l .            |

| Adult Protective                                                                              | Family                                     | not required to hold a State of FL                                                                                                                                                                                                                                                                                                                                                   | F.S. s 415.102                                   |
|-----------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Services' Enforcement                                                                         | Services                                   | license or certification. Provide copy of VOE or letter from employer validating employment with DCF. <i>Include "N/A"</i> in the license and certification section of Attestation Form.                                                                                                                                                                                             | (N/A)                                            |
| Veterinarian                                                                                  | FL Board of<br>Veterinary<br>Medicine      | https://www.myfloridalicense.com/wl11.<br>asp?mode=0&SID=<br>Provide copy of license issued through<br>the FL Department of Business and<br>Professional Regulation.                                                                                                                                                                                                                 | F.S. s 474.202<br>F.S. s 474.207                 |
| Veterinarian Assistant or Technician *(employed by a permanent or mobile veterinary practice) | FL Board of<br>Veterinary<br>Medicine      | http://www.myfloridalicense.com/DBPR /veterinary-medicine/board-information/  Veterinarian Assistants and Technicians are not required to hold a State of FL license or certification. Provide copy of VOE or letter from employer validating employment with a permanent or mobile veterinary practice. Include "N/A" in the license and certification section of Attestation Form. | F.S. s 474.202<br>(N/A)                          |
| Assistant Public Defender                                                                     | FL Justice<br>Administration<br>Commission | Provide copy of VOE or letter from employer validating employment. License/certification for Assistant Public Defender is not required. (Include "N/A" in the license and certification section of Attestation Form).                                                                                                                                                                | F.S. s. 27.53<br>(N/A)<br>F.S. s 790.25<br>(N/A) |
| Assistant State<br>Attorney                                                                   | Attorney<br>General                        | Provide copy of VOE or letter from employer validating employment. License/certification for Assistant State Attorney is not required. (Include "N/A" in the license and certification section of Attestation Form).                                                                                                                                                                 | F.S. 27.18<br>(N/A)<br>F.S. 27.181<br>(N/A)      |
| Assisted Living Facility Administrator                                                        | Agency for<br>Healthcare<br>Administration | https://www.floridahealthfinder.gov/facilitylocator/facloc.aspx  https://alfmacdonald-research.com/SuccessfullExamineesList.aspx  Provide copy of verification of employer's (Assisted Living Facility's) registration confirming Administrator's name through ACHA's website above.                                                                                                 | F.S. 429.02<br>F.S.429.07                        |

|                      | · ·                                                                      | ovide confirmation of receipt of     |                |  |
|----------------------|--------------------------------------------------------------------------|--------------------------------------|----------------|--|
|                      | ALF G                                                                    | old-Leaf Certificate of              |                |  |
|                      | Achiev                                                                   | ement from The MacDonald             |                |  |
|                      | Resea                                                                    | ch Institute (TMRI) website          |                |  |
|                      | above.                                                                   |                                      |                |  |
|                      | Active Military Per                                                      | sonnel & Veterans                    |                |  |
|                      | (formerly the Salute (                                                   | Our Soldiers Program)                |                |  |
| Active-Duty Military | and Veterans are NOT re                                                  | quired to qualify with an eligible   | e occupation   |  |
| above. Active-Dut    | / Military and Veterans o                                                | ualify based on their military se    | ervice only.   |  |
| Active Military      | <ul> <li>Active-duty personnel f</li> </ul>                              | om the military (Air Force, Army,    | Coast Guard,   |  |
| Personnel            | Marine Corps, National (                                                 | Buard, Space Force or the Reserv     | es) are exempt |  |
|                      | from the First Time Homebuyer Requirement.                               |                                      |                |  |
|                      | ●Must provide a copy of his/her LES or copy of their SRCA to validate    |                                      |                |  |
|                      | eligibility.                                                             |                                      |                |  |
|                      | •(Include "N/A" in the license and certification section of Attestation  |                                      |                |  |
|                      | Form).                                                                   |                                      |                |  |
| Veterans             | <ul> <li>Veterans are exempted</li> </ul>                                | from the First Time Homebuyer F      | Requirement    |  |
|                      | when they provide a valid DD-214 that reflects discharge status as other |                                      |                |  |
|                      | than dishonorable.                                                       |                                      |                |  |
|                      | <ul><li>Surviving spouse may  </li></ul>                                 | oarticipate in a VA first mortgage ( | ONLY when      |  |
|                      | providing a valid Certification                                          | te of Eligibility (COE).             |                |  |
|                      | ●(Include "N/A" in the                                                   | icense and certification section     | of Attestation |  |
|                      | Form).                                                                   |                                      |                |  |