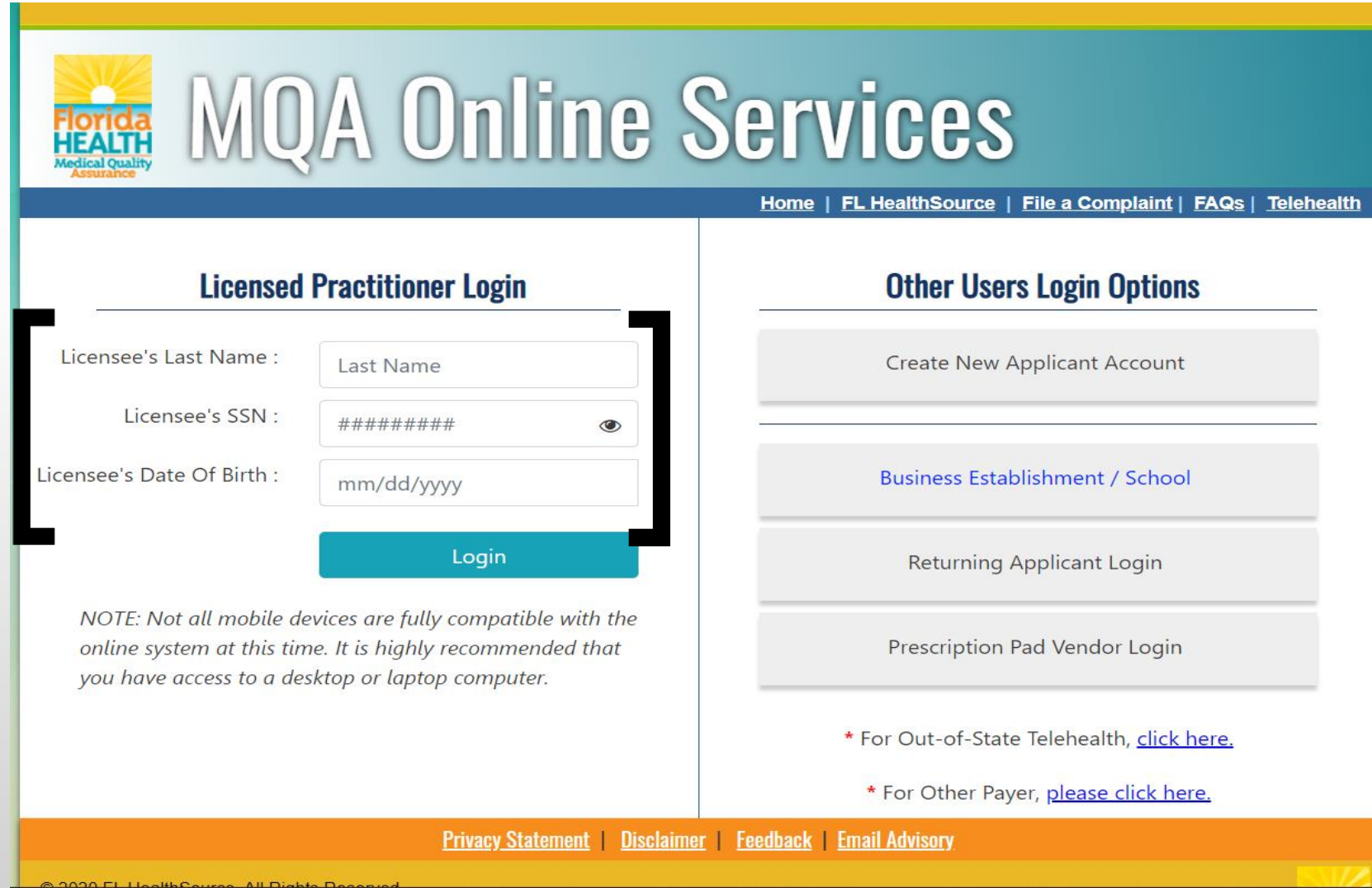


# HOW TO APPLY FOR AUTONOMOUS PRACTICE REGISTRATION (STEP BY STEP INSTRUCTIONS)

First go to the FL DOH MQA Online Services website where licenses are managed and log in with your Last Name, SSN, and D.O.B ]


<https://mqa-vo.doh.state.fl.us/datamart/voservicesportal/>



The screenshot displays the MQA Online Services website. The header features the Florida Health Medical Quality Assurance logo and the title "MQA Online Services". A navigation bar includes links for Home, FL HealthSource, File a Complaint, FAQs, and Telehealth. The main content area is divided into two sections: "Licensed Practitioner Login" and "Other Users Login Options".

**Licensed Practitioner Login**

Licensee's Last Name :

Licensee's SSN :  

Licensee's Date Of Birth :

*NOTE: Not all mobile devices are fully compatible with the online system at this time. It is highly recommended that you have access to a desktop or laptop computer.*

**Other Users Login Options**

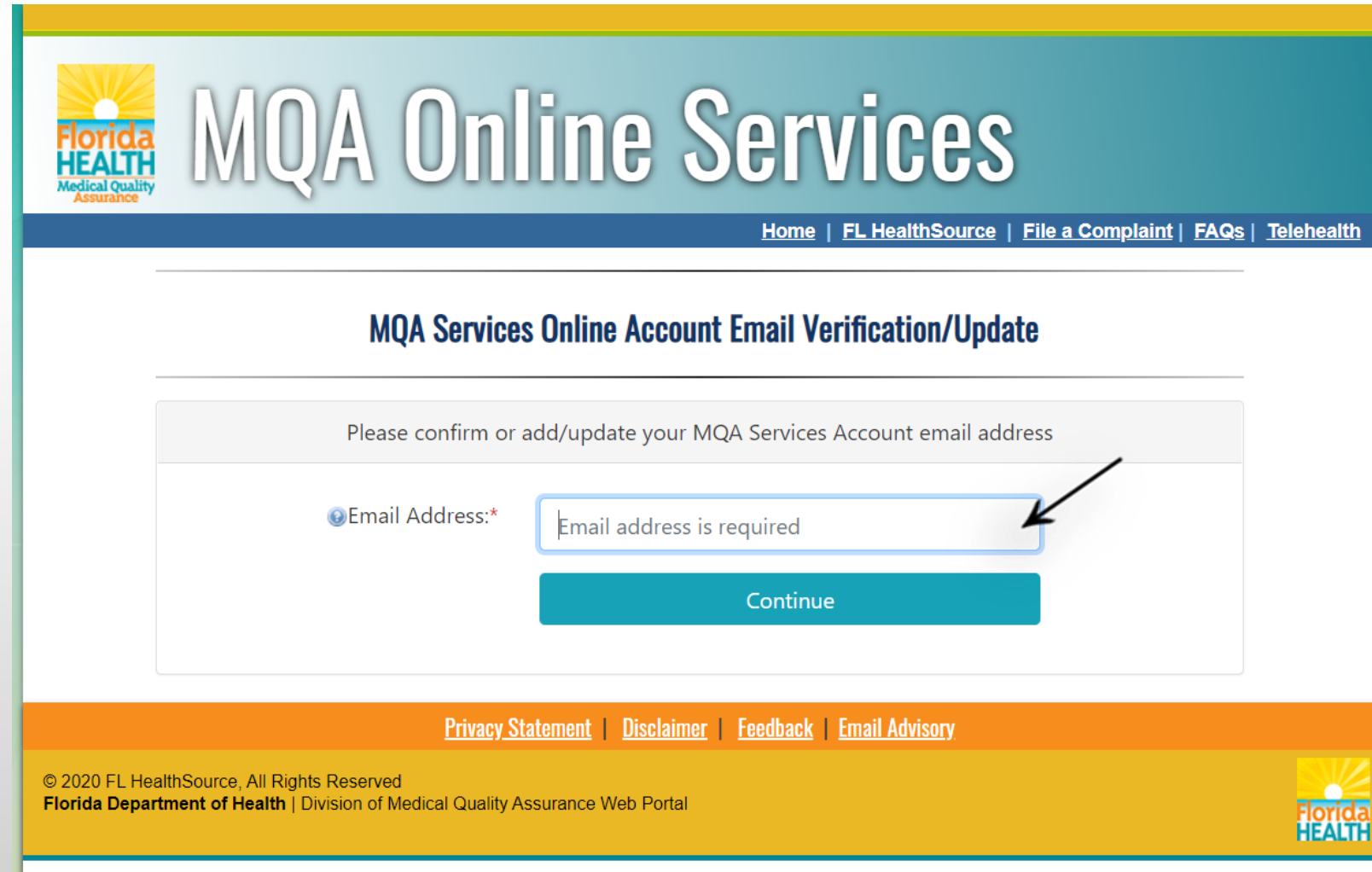
\* For Out-of-State Telehealth, [click here.](#)

\* For Other Payer, [please click here.](#)

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Once logged in, the system will ask you to confirm or update your email address. If your MQA information is up to date, this should auto-populate your provided email. Click **Continue**



The screenshot shows the 'MQA Online Services' web portal. The header includes the Florida Health Medical Quality Assurance logo and the title 'MQA Online Services'. A navigation bar contains links for Home, FL HealthSource, File a Complaint, FAQs, and Telehealth. The main heading is 'MQA Services Online Account Email Verification/Update'. Below this, a message states: 'Please confirm or add/update your MQA Services Account email address'. The form contains a label 'Email Address: \*' next to a text input field. The input field has a placeholder text 'Email address is required' and a blue arrow pointing to it. Below the input field is a blue 'Continue' button. The footer includes links for Privacy Statement, Disclaimer, Feedback, and Email Advisory, along with the copyright notice '© 2020 FL HealthSource, All Rights Reserved' and 'Florida Department of Health | Division of Medical Quality Assurance Web Portal'.

Florida HEALTH Medical Quality Assurance

# MQA Online Services

[Home](#) | [FL HealthSource](#) | [File a Complaint](#) | [FAQs](#) | [Telehealth](#)

## MQA Services Online Account Email Verification/Update

Please confirm or add/update your MQA Services Account email address

Email Address: \*

Continue

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Florida HEALTH



# MQA Online Services

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## My Dashboard

Important information about your dashboard:

- When your profession opens for renewal a **"Renew My License"** option will become available no later than 90 days prior to your license expiration date. If you do not see the **"Renew My License"** option, please check back later.
- If you are trying to **reactivate from an inactive or a retired status**, this cannot be completed online unless you are eligible to reactivate your inactive license during a public health emergency pursuant to s. 381.00315(1)(c)3., Florida Statutes. Please contact your board office for more information.
- If your profession is not in renewal and you need a duplicate license, to request a name change or perform any other license maintenance activity, please choose your option under **"Manage My License"**.
- If you have not yet added your license to your account, you can do this by selecting the **"Add My License or Previous Application"** option under the **"Additional Activities"** section below.

To begin, choose an option then hit the **"Select"** button. You will return to this dashboard after you have finished.

### Manage My License

Advanced Practice Registered Nurse  
#9322191

Choose an Application

Select

Registered Nurse #9322191

Choose an Application

Select

### My Application

To start a new application or resume a previously saved application.

Choose a Board/Council

Choose a Profession

Choose an Application

Select

#### License Information

Show Details

License Number: **#9322191**

License Type: **Advanced Practice  
Registered Nurse**

#### License Information

Show Details

License Number: **#9322191**

License Type: **Registered Nurse**

When the email is confirmed, you will enter the dashboard. This is where you should be familiar with license renewals online.

**You will be clicking on the "Choose an Application" drop down menu for your APRN license.**



# MQA

Choose an Application

Add/Change DEA Registration

Addition of Dispensing Qualification to License at Renewal

**Autonomous Advanced Practice Registered Nurse Registration**

Change of Active APRN License to Inactive Outside of Renewal

Change of Active APRN License to Inactive at Renewal

Duplicate License Request Application

Electronic Prescribing

Request Address Change

Request Name Change

Retire APRN License Outside of Renewal

Retire APRN License at Renewal

Review, Update and Confirm Profile

Update Controlled Substance Prescribing

Choose an Application

Select

Choose an Application

Select

Logged in as **Langford, Vernon Matthew**

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## My Dashboard

Important information about your dashboard

- When your profession opens for renewal the **"Renew My License"** option, please
- If you are trying to **reactivate from an inactive** public health emergency pursuant to s. 3
- If your profession is not in renewal and your option under **"Manage My License"**.
- If you have not yet added your license to **Activities"** section below.

To begin, choose an option then hit the "Sel

## Manage My License

Advanced Practice Registered Nurse  
#9322191

Registered Nurse #9322191

Choose an Application

Select

## My Application

To start a new application or resume a previously saved application.

Choose a Board/Council

Choose a Profession

Choose an Application

Select

The option you will need to choose is entitled,

**“Autonomous Advanced Practice Registered Nurse Registration”**



# MQA Online Services

Logged in as **Langford, Vernon Matthew**

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## My Dashboard

Important information about your dashboard:

- When your profession opens for renewal a **"Renew My License"** option will become available no later than 90 days prior to your license expiration date. If you do not see the **"Renew My License"** option, please check back later.
- If you are trying to **reactivate from an inactive or a retired status**, this cannot be completed online unless you are eligible to reactivate your inactive license during a public health emergency pursuant to s. 381.00315(1)(c)3., Florida Statutes. Please contact your board office for more information.
- If your profession is not in renewal and you need a duplicate license, to request a name change or perform any other license maintenance activity, please choose your option under **"Manage My License"**.
- If you have not yet added your license to your account, you can do this by selecting the **"Add My License or Previous Application"** option under the **"Additional Activities"** section below.

To begin, choose an option then hit the **"Select"** button. You will return to this dashboard after you have finished.

## Manage My License

Advanced Practice Registered Nurse  
#9322191

Autonomous Advanced Practice Registered Nurse Registration ▼

Select

Registered Nurse #9322191

Choose an Application ▼

Select

## My Application

To start a new application or resume a previously saved application.

Choose a Board/Council ▼

Choose a Profession ▼

Choose an Application ▼

Select

### License Information

Show Details

License Number: **#9322191**

License Type: **Advanced Practice  
Registered Nurse**

### License Information

Show Details

License Number: **#9322191**

License Type: **Registered Nurse**

Once you have highlighted/chosen the correct option, click **"Select"** beside the chosen option.



# MQA Online Services

Advanced Practice Registered Nurse License #9322191

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### Autonomous Advanced Practice Registered Nurse Registration - Introduction

**NOTE:** YOU MAY NOT PRACTICE AUTONOMOUSLY UNTIL THIS REGISTRATION HAS BEEN APPROVED.

**Autonomous Practice-** means advanced nursing practice by an advanced practice registered nurse who is registered under Section 464.0123 F.S. and who is not subject to supervision by a physician or a supervisory protocol.

**Registration fee** - There is **NO** registration fee for this application.

A registrant may not have been subject to disciplinary action as specified in Section 456.072 F.S. or Section 464.018 F.S., or any similar disciplinary action in any state or jurisdiction within the past 5 years.

Must have completed at least 3,000 clinical practice hours under the supervision of an allopathic or osteopathic physician within the past 5 years. These hours may include clinical instructional hours. See Section 464.0123(1)(c) F.S. for complete requirements.

Will need to submit proof of 3 graduate-level semester hours, or the equivalent, in differential diagnosis and 3 graduate-level semester hours, or the equivalent, in pharmacology completed within the past 5 years. Please click [here](#) for information on courses that are equivalent

Press "Next" to continue.

Press "Cancel" to cancel this application and return to the main menu.

Next

Cancel

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PLEASE READ THE  
INSTRUCTIONS  
THOROUGHLY.

**IF YOU DO NOT**  
**QUALIFY,**  
**DO NOT APPLY**

After reviewing the  
introduction, click "Next"



# MQA Online Services

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## Autonomous Advanced Practice Registered Nurse Registration - Function Suitability

Answer the questions and press "Next".

Press "Back" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

Question	Answer
1. Have you been subject to disciplinary action as specified in s. 456.072, F.S., or s. 464.018, F.S., or any similar disciplinary action in any state or jurisdiction within the past five years?	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. Have you completed at least 3,000 clinical practice hours under the supervision of an allopathic or osteopathic physician within the past five years? These hours may include clinical instructional hours. See s. 464.0123(1)(c), F.S., for complete requirements.	<input checked="" type="radio"/> Yes <input type="radio"/> No
3. Can you submit proof of three graduate-level semester hours (or the equivalent) in differential diagnosis, and three graduate-level semester hours (or the equivalent) in pharmacology completed within the last five years?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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Answer the 3 questions in  
the Suitability Section

**IF YOU DO NOT**  
**QUALIFY,**  
**DO NOT APPLY**

After answering the  
questions, click "Next"



# MQA Online Services

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## Autonomous Advanced Practice Registered Nurse Registration - Get Started

Answer the question(s) and press "Next" to continue.

Press "Back" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

I am applying for autonomous practice registration.

Back Next Cancel

Yes No

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1. Select the drop down menu

2. Select "Yes" that you WANT to apply for autonomous practice registration

3. Click "Next"



# MQA Online Services

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### Autonomous Advanced Practice Registered Nurse Registration - Name and Personal Details

Items with an asterisk \* are required for the online application.

Enter your personal details and press "Next" to continue.

Press "Back" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

Title:

First Name:

VERNON

Middle Name:

MATTHEW

Last Name:

LANGFORD

Date of Birth:

 (mm/dd/yyyy)

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1. Confirm your name and D.O.B

2. Click "Next"



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## Autonomous Advanced Practice Registered Nurse Registration - Contact Information

Press "Add" to add a mandatory or optional address (if applicable).

Press "Back" to return to the previous section.

Press "Next" when finished adding/changing addresses.

To save and exit this application, click on the "Cancel" button.

☐ Main Address

Copy From:

Copy

House/Building  
Number:

\* Address:

\* Zip Code:

\* City:

\* State:

\* County:

\* Country:

Phone Number:

(999) 999-9999 or 999-999-9999

Extension:

\* E-mail:

Confirm your Main  
Address and modify as  
needed

Home

Fax

Practice Location

Copy From:

Copy

House/Building Number:

\* Address:

\* Zip Code:

\* City:

\* State:

\* County:

\* Country:

United States

Phone Number:

(999) 999-9999 or 999-999-9999

Extension:

Add Another Contact

Contact Type:

Add

Back

Next

Cancel

1. Confirm  
your  
Practice  
Address  
and modify  
as needed

2. Click  
“Next”  
when done

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## Autonomous Advanced Practice Registered Nurse Registration - Autonomous Practice

### Autonomous Practice

- \* Been subject to disciplinary action as specified in Section 456.072 F.S. or Section 464.018 F.S., or any similar disciplinary action in any state or jurisdiction within the past 5 years. ☐ Yes ☒ No ←
- \* Completed at least 3,000 clinical practice hours under the supervision of an allopathic or osteopathic physician within the past 5 years. These hours may include clinical instructional hours. See Section 464.0123(1)(c) F.S. for complete requirements. ☒ Yes ☐ No ←
- \* Submitted proof of 3 graduate-level semester hours, or the equivalent, in differential diagnosis and 3 graduate-level semester hours, or the equivalent, in pharmacology completed within the past 5 years. ☒ Yes ☐ No ←

Please click [here](#) for information on courses that are equivalent

**What CE do I need?**

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Answer the 3 questions in the  
Autonomous Practice Section.  
It is illegal to answer  
fraudulently.

**IF YOU DO NOT  
QUALIFY,  
DO NOT APPLY**

If you wanted to know what  
CE is considered equivalent,  
click the “[here](#)” link

After answering the questions,  
click “[Next](#)”



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Knowingly giving  
false information is a  
felony.



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## Autonomous Advanced Practice Registered Nurse Registration - Financial Responsibility/Exemption

### Financial Responsibility/Exemption

Indicate your financial responsibility. If you have an exemption, select FINANCIAL EXEMPTION and then select the appropriate option.

Department staff is unable to advise you on which option to choose. If you have questions regarding choosing an option, consult your personal legal counsel, insurance company or financial institution for advice.

**Section 456.067 F.S., Penalty for giving false information-** In addition to, or in lieu of, any other discipline imposed pursuant to s. 456.072 F.S., the act of knowingly giving false information in the course of applying for or obtaining a license from the department, or any board thereunder with intent to mislead a public servant in the performance of his or her official duties, or the act of attempting to obtain or obtaining a license from the department, or any board thereunder, to practice a profession by knowingly misleading statements or knowing misrepresentations constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.08, F.S.

For more information regarding Financial Responsibility/Exemption, please click [here](#).

### FINANCIAL RESPONSIBILITY COVERAGE

1. I have obtained and will maintain Professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer under Section 624.09, F.S., a surplus lines insurer under Section 626.914(2), F.S., a joint underwriting association under Section 627.351(4), F.S., a self-insurance plan under Section 627.357, F.S., or a risk retention group under Section 627.942, F.S.
2. I have obtained and will maintain an unexpired irrevocable letter of credit as defined by Chapter 675, F.S. which is in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000 and which is payable to the APRN as beneficiary.

Financial Responsibility:

LIABILITY NOT LESS THAN \$100,000

Back

Next

Cancel

1. Here you will need to check and confirm what qualifying option you meet for financial responsibility by clicking the drop down menu..

The options are an irrevocable letter of credit >\$100K, a liability coverage policy >\$100K/claim, or a financial exemption.

2. If you wanted to know what financial exemptions are and if you qualify (not likely), click the ["here"](#) link

3. After answering the questions, click ["Next"](#)

## FINANCIAL RESPONSIBILITY COVERAGE

1. I have obtained and will maintain Professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer under Section 624.09, F.S., a surplus lines insurer under Section 626.914(2), F.S., a joint underwriting association under Section 627.351(4), F.S., a self-insurance plan under Section 627.357, F.S., or a risk retention group under Section 627.942, F.S.
2. I have obtained and will maintain an unexpired irrevocable letter of credit as defined by Chapter 675, F.S. which is in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000 and which is payable to the ARNP as beneficiary.

## EXEMPTION CATEGORIES OF FINANCIAL RESPONSIBILITY COVERAGE:

3. I practice exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions.
4. I hold a limited license issued pursuant to s. 456.015, F.S. and practice only under the scope of the limited license.
5. My Florida license is inactive and I do not practice in the State of Florida.
6. I practice only in conjunction with my teaching duties at an accredited school or in its main teaching hospitals.
7. My Florida license is active, but I do not practice in the State of Florida. (Does not apply to Autonomous APRN Licenses)
8. I have just completed my Advanced Registered Nurse Practitioner Program and/or I am not yet practicing in Florida. (Does not apply to Autonomous APRN Licenses)
9. My Florida license is active, but I am not engaged in autonomous practice in the State of Florida. (Autonomous APRN Licensees Only)

If you clicked on the  
“For more information  
regarding Financial  
Responsibility/Exemption,  
please click [here](#).” link,  
this is what you will see



# MQA Online Services

Advanced Practice Registered Nurse License #9322191

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## File Attachments

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### Autonomous Advanced Practice Registered Nurse Registration - Attachments

Will need to submit proof of 3 graduate-level semester hours, or the equivalent, in differential diagnosis and 3 graduate-level semester hours, or the equivalent, in pharmacology completed within the past 5 years. Please click [here](#) for information on courses that are equivalent

Locate a file with the "Choose File" button and press "Attach" or "Remove" as is required.

Press "Next" when there are no more files to attach.

Press "Back" to return to the previous screen.

Press "Cancel" to cancel this application and return to the main menu.

**Please allow three to five business days for review of the uploaded documentation.**

\* Document Type:

Education Documents

File Name:

Choose File No file chosen

Notes:

2

Attach

Back

Next

Cancel

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You must now provide proof that you have met the Education requirements by attaching documents.

1. There is only one option in the drop down to select and that is "Education Documents." Select it.

2. Attach supporting files by clicking the "choose file" button.



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**Summary (pre-fees)**

## Autonomous Advanced Practice Registered Nurse Registration - Application Summary

Review the data and press "Continue" to submit this application.

Press "Back" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

### Application Details

License Type: Advanced Practice Registered Nurse  
Application Date: 10/19/2020

### Suitability Question(s)

1. Have you been subject to disciplinary action as specified in s. 456.072, F.S., or s. 464.018, F.S., or any similar disciplinary action in any state or jurisdiction within the past five years? No
2. Have you completed at least 3,000 clinical practice hours under the supervision of an allopathic or osteopathic physician within the past five years? These hours may include clinical instructional hours. See s. 464.0123(1)(c), F.S., for complete requirements. Yes
3. Can you submit proof of three graduate-level semester hours (or the equivalent) in differential diagnosis, and three graduate-level semester hours (or the equivalent) in pharmacology completed within the last five years? Yes

Edit

The last page is a review of all of the information entered. You can go back and modify any section if needed by clicking the "Edit" button.

disciplinary action in any state or jurisdiction within the past 5 years. No

Completed at least 3,000 clinical practice hours under the supervision of an allopathic or osteopathic physician within the past 5 years. These hours may include clinical instructional hours. See Section 464.0123(1)(c) F.S. for complete requirements. Yes

Submitted proof of 3 graduate-level semester hours, or the equivalent, in differential diagnosis and 3 graduate-level semester hours, or the equivalent, in pharmacology completed within the past 5 years. Yes

Please click [here](#) for information on courses that are equivalent

---

Financial Responsibility/Exempt

FINANCIAL RESPONSIBILITY COVERAGE

1. I have obtained and will maintain Professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer under Section 624.09, F.S., a surplus lines insurer under Section 626.914(2), F.S., a joint underwriting association under Section 627.351(4), F.S., a self-insurance plan under Section 627.357, F.S., or a risk retention group under Section 627.942, F.S.

2. I have obtained and will maintain an unexpired irrevocable letter of credit as defined by Chapter 675, F.S. which is in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000 and which is payable to the APRN as beneficiary.

LIABILITY NOT LESS THAN

Financial Responsibility: \$100,000

Edit

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Continue

Cancel

If everything is completed and no modifications are needed, you can click “Continue” to submit.

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