



FLORIDA BOARD OF NURSING

<http://www.doh.state.fl.us/mqa/nursing>
LICENSURE APPLICATION
AND INSTRUCTIONS

ENDORSEMENT

Registered Nurse (RN) or
Licensed Practical Nurse (LPN)
October 2011



Regarding Prior Criminal History and Disciplinary Actions

The Florida Board of Nursing receives numerous questions from applicants regarding prior criminal offenses. The following are the most frequently asked questions:

Question: What crimes or license discipline must be reported on the application?

Answer: All convictions, guilty pleas and nolo contendere pleas must be reported, except for minor traffic violations not related to the use of drugs or alcohol. This includes misdemeanors, felonies, "driving while intoxicated (DWI)" and "driving under the influence "(DUI)." Crimes must be reported even if they receive a suspended sentence. All prior or current disciplinary action against another professional license must be reported, whether it occurred in Florida or in another state or territory.

Question: Can a person obtain a license as a nurse if they have a misdemeanor or felony crime on their record?

Answer: Each application is evaluated on a case-by-case basis. The Board of Nursing considers the nature, severity, and recency of offenses, rehabilitation and other factors. The Board cannot make a determination for approval or denial of licensure without evaluating the entire application and the supporting documentation.

Question: Do I have to report charges if I completed a period of probation and the charges were dismissed or closed?

Answer: Yes. Offenses must be reported to the Board even if you received a suspended sentence and the record is now considered closed.

Applicants with previous arrest or disciplinary action on a license will not be authorized to practice nursing until all documentation is cleared by staff or reviewed by the Board.

Endorsement Application Checklist

Keep a copy of your completed application for your records.

We encourage you to submit your requests for license verifications prior to submitting your application. (see address information on request form). This will avoid processing delays caused by submission of a deficient application.

- In order to provide ethical and efficient customer service applications are only processed in date order received. You will be notified in writing about the status of your application within 30 days of receipt. **Changes in your address must be submitted to the Board in writing. The United States Postal Service does not forward mail from State of Florida.**
- Read all application guidelines and the Florida laws and rules governing the practice of nursing before completing your application. You may obtain a copy of the laws and rules through the Board website at www.doh.state.fl.us/mqa/nursing.
- All sections must be completed in full. If an item does not apply, indicate with N/A. N/A is not an acceptable answer for Yes or No questions. Failure to submit a complete application will result in a processing delay. If you provide false information, the Board of Nursing may deny your application.
- Applicants wishing to apply as an Advanced Registered Nurse Practitioner (ARNP) should use the dual ARNP application available on our website at www.doh.state.fl.us/mqa/nursing/nur_applicant.html or by calling (850) 488-0595.

Eligibility Requirements: *For licensure requirements, refer to sections 464.008 and 464.009, Florida Statutes (F.S.) and Rules 64B.9-3.002 & 3.008, Florida Administrative Code (F.A.C.).*

(1) The department shall issue the appropriate license by endorsement to practice professional or practical nursing to an applicant who, upon applying to the department . . . , demonstrates to the board that he or she:

(a) Holds a valid license to practice professional or practical nursing in another state or territory of the United States, provided that, when the applicant secured his or her original license, the requirements for licensure were substantially equivalent to or more stringent than those existing in Florida at that time;

(b) Meets the qualifications for licensure in s. [464.008](#) and has successfully completed a state, regional, or national examination which is substantially equivalent to or more stringent than the examination given by the department; or

(c) Has actively practiced nursing in another state, jurisdiction, or territory of the United States for 2 of the preceding 3 years without having his or her license acted against by the licensing authority of any jurisdiction. Applicants who become licensed pursuant to this paragraph must complete within 6 months after licensure a Florida laws and rules course that is approved by the board. Once the department has received the results of the national criminal history check and has determined that the applicant has no criminal history, the appropriate license by endorsement shall be issued to the applicant.

- Canadian Registered Nurses who took the Canadian Nurses Association Testing Service (CNATS) Examination after August 8, 1995 must take the NCLEX Examination unless licensed in another state or territory. If test scores are in an acceptable range, Canadian Registered Nurse applicants who took the CNATS prior to August 8, 1995 may be eligible for endorsement. Unless licensed in another U.S. state or territory, Canadian Licensed Practical Nurses are required to apply by examination.

Use the following checklist to make sure your application is complete. **Final approval can not be granted until your application is complete.**

(Section 1)

_____ **PERSONAL INFORMATION:** Refer to important note above section 1 on the application. Applications will be processed in the complete name provided in this section. Be sure to use the same name and address on all documentation.

Physical Location: Section 456.0.35, F.S. requires that all licensees have a Physical Address/Practice Location on file with the Florida licensure Board. In this section you must list your Physical location or the address where you intend to work. **If your mailing address is a P.O. Box you must provide another address. The Physical address will be listed on the Department of Health website. A Florida address is not required. We are unable to issue a license without this address.**

_____ **EQUAL OPPORTUNITY DATA:** Please complete the equal opportunity data.

(Section 2)

_____ **NURSING EDUCATION HISTORY:** Complete all nursing education history.

Applicants with questions regarding Visas or work permits should contact the:

Bureau of Immigration and Customs Enforcement

4255 "I" Street N.W.

Washington D.C. 20536, USA

Phone: (202) 514-3946

Web: www.immigration-bureau.org

For Visa Screening contact the:

Commission on Graduates of Foreign Nursing Schools (CGFNS)

3600 Market Street

Philadelphia, PA 19104, USA

Phone: (215) 349-8767

Web: www.cgfns.org

(Section 3)

_____ **APPLICANT BACKGROUND:** All items must be completed in full. On item 3 A, B, and C list all names by which you have been known. In section J, you must list all current and previous nursing licenses. If you answer "Yes" to question K in this section you must submit a self explanation as to why you are answering "Yes" to this question.

(Section 4)

_____ **MANDATORY CONTINUING EDUCATION REQUIREMENT:** If you have completed a 2 hour course in the Prevention of Medical Errors please attest to this by placing a check in the box in this section. If you have not completed a 2 hour course in the Prevention of Medical Errors a license cannot be issued until proof of completion has been submitted. You may search for courses to satisfy this requirement through CE Broker at www.cebroke.com. CE courses are subject to audit. Licensees are required to maintain certificates for a period 4 years. Certificates should not be sent to the Board office unless requested.

(Section 5)

_____ **CRIMINAL HISTORY:** “Yes” responses to questions in this section require the following documentation:

_____ **Self-Report:** Applicants who have listed offenses on the application must submit a letter in her/his own words describing the circumstances of the offense.

_____ **Final Dispositions/Arrest Records:** The applicant must obtain and submit arrest and final disposition records for all offenses listed from the Clerk of the Court in the arresting jurisdiction. If the records are not available, you must have a letter on court letterhead sent from the Clerk of the Court attesting to their unavailability.

_____ **Completion of Sentence Documents:** Provide written documentation that you have completed your probation/sentence requirements. You may obtain probation documents by contacting your probation office or the Department of Corrections. The report must include the start date, end date and that conditions were met.

_____ **Letters of Recommendation:** Submit three letters of professional recommendation on official letterhead from employers, nursing program administrators, nursing instructors, health professionals, professional counselors, support group sponsors, parole or probation officers, or other individuals in positions of authority who are familiar with your past and present character. Letters should be current within the last year.

(Section 6)

_____ **DISCIPLINARY HISTORY:** Any applicant who has ever had disciplinary action or surrendered a license to practice in any healthcare profession, in any state, jurisdiction, or country must provide a self explanation of all occurrences of disciplinary action or surrendering of a license. The State Board(s) of Nursing involved must also submit copies of the Administrative Complaint and Final Order directly to the Florida Board. Applicants are responsible to ensure that the proper documentation is sent to the Florida Board. Any action taken against your license by a state licensing board must be reported on this application.

_____ **Self-Report:** Applicants who have listed discipline on the application must submit a letter in her/his own words describing the circumstances behind the discipline.

(Section 7)

_____ **CRIMINAL AND MEDICAID/MEDICARE FRAUD**

IMPORTANT NOTICE: Effective July 1, 2009, section 456.0635, Florida Statutes, provides that healthcare boards or the department boards or the department shall refuse to issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant has been:

1. Convicted or plead guilty or nolo contendere to a felony violation of: chapters 409, 817, or 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss 1395-1396, unless the sentence and any probation or pleas ended more than 15 years prior to the application.
2. Terminated for cause from Florida Medicaid Program (unless the applicant has been in good standing for the most recent five years).
3. Terminated for cause by any other State Medicaid Program or the Medicare Program (unless the termination was at least 20 years prior to the date of the application and the applicant has been in good standing with the program for the most recent five years).

(Section 8)

_____ **AVAILABILITY FOR DISASTER:** Please check YES or NO.

_____ **Florida Center for Nursing:** The Florida Center for Nursing is the definitive source for information, research, and strategies addressing the dynamic nurse workforce needs in Florida. The Center conducts multiple annual and biennial research projects, including nurse employer and nursing program surveys, to provide a comprehensive look at Florida's nurse population.

Based on this research, the Center projects a severe nursing shortage in Florida – a shortage that could have a devastating impact on healthcare quality and access for Florida's residents. The Florida Center for Nursing also uses the research it produces to address issues of supply and demand and utilization of scarce nurse workforce resources throughout the state.

In addition to nurse workforce research, the Florida Center for Nursing aims to improve the retention and recruitment of nurses in Florida through funding small grants and also by collecting and disseminating information on best practices and innovative strategies for nurse retention and recruitment. Increasing production of new nurses alone will not resolve the shortage. Efforts must be taken to retain the experiential knowledge of our existing nurses.

To learn more about Florida's nursing shortage and suggested solutions, for more information about the Center, and to understand how your contribution will be put to work, please visit the Center's website at www.FLCenterForNursing.org/donors.

The Florida Center for Nursing's operating revenues are derived in part from your donation. In order for the Florida Center for Nursing to continue its work on behalf of nurses, please donate by going to their web site or by adding your donation to the fee sheet enclosed in this application.

If you wish to donate you can do so in one of two ways:

- Log on to the Florida Center for Nursing's website and donate <http://www.flcenterfornursing.org/donors/>
- Include your donation with your application fee and indicate your donation on the fee sheet.

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE SECTION

(Section 9)

_____ **Social Security Page:** All applicants are required to complete this page. If you do not have a United States Social Security Number, you are required to obtain one prior to the issuance of a permanent license.

(Section 10)

_____ **EXAMINATION HISTORY:** You must list all exams previously taken including those failed. Jurisdiction means the State in which you applied for licensure by exam.

(Section 11)

_____ **HEALTH HISTORY:** All applicants for licensure must complete this section on the application. Supporting documentation (See application for further instructions) related to any "Yes" answer must be submitted to the Board of Nursing, 4052 Bald Cypress Way, Bin C-02, Tallahassee, FL 32399-3252.

(Section 12)

_____ **APPLICANT SIGNATURE:** The application must be signed by the applicant before submission. Failure to do so will result in a delay in processing of your application. Be sure the same name used on your application is on each document.

(Forms)

_____ **Fingerprint Cards:** All applicants must complete two (2) fingerprint cards, per Florida Statutes 464.009(3). Failure to submit fingerprint cards will delay your application. Your local law enforcement agency will roll your fingerprints, and may charge you a fee. When you contact your local law enforcement agency, confirm that they have the FD-258 fingerprint cards. If the cards are unavailable, you may order blank fingerprint cards for a fee at www.fldoh.sofn.net.

All applicants are required to log on to the internet site: www.fldoh.sofn.net to enter profile information. Print out the resulting barcode sheet, and mail it with your completed fingerprint cards to our office at:

Florida Board of Nursing
4052 Bald Cypress Way, Bin C-02
Tallahassee, FL 32399-3252

Entering your profile information is free and will ensure that your personal data is correctly entered. If you do not have access to the internet at home or work, you can use a computer at your local public library. Handle your fingerprint cards with the utmost care and mail them to our address in a flat envelope. Smudged, folded, or bent cards may result in rejected results making resubmission necessary.

License Verification: The Florida Board of Nursing requires verification of licensure from your original state of licensure and from a state in which you have a current active license. Only (1) verification is required if your original state is current (active). You may need to use one or both of the verification methods listed below to have your license verification sent to Florida.

NURSYS: An electronic verification system that includes nurse license and discipline information provided by boards of nursing in the United States and its territories. NURSYS™ receives regular updates of nurses' personal (name, address, etc.) and license information from participating boards of nursing. Florida is a participating member of NURSYS™. Request forms may be filled out online at <https://www.nursys.com/>.

NURSING LICENSE VERIFICATION FORM: Use this form only if your state is not listed in NURSYS. Complete Part I of this form and send it to your original and active state(s) of licensure. Contact the appropriate State Board(s) of Nursing through the National Council of State Board of Nursing website (www.ncsbn.org) to determine the fee for verification of licensure. The state verifying the licensure must send the license verification directly to the Florida Board of Nursing.

EMPLOYMENT VERIFICATION FORM: This form is required for applicants who have not previously taken the SBTPE or NCLEX exam. An original verification is required from your employer.

Applicants applying under this method must show proof of work in a U.S. State or Territory for two (2) of the last three (3) years at the level (Licensed Practical Nurse/Registered Nurse) of licensure as it relates to your application type. Employment must be under permanent licensure; temporary or provisional licensure does not meet this requirement.

If you are granted licensure under section 464.009(1)(c), F.S. you must complete a Florida laws and rules continuing education (CE) course from a Florida approved provider within 6-months of licensure. Search for courses to satisfy this requirement at www.cebroker.com. Continuing education courses are subject to audit. Licensees are required to maintain certificates for a period 4 years. Certificates should not be sent to the Board Office unless requested.

APPLICATION FOR NURSING LICENSURE BY ENDORSEMENT

APPLICATIONS ARE PROCESSED IN DATE ORDER RECEIVED. PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

(FOR REVENUE RECEIPTING ONLY)
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
FLORIDA BOARD OF NURSING
Post Office Box 6330
Tallahassee, FL 32314
(850) 245-4125
www.doh.state.fl.us/mqa/nursing

FAILURE TO SUBMIT FEES (SEE INSTRUCTIONS), TO COMPLETE THIS APPLICATION, OR TO ATTACH ANY REQUIRED DOCUMENTATION WILL RESULT IN AN INCOMPLETE APPLICATION. YOUR APPLICATION WILL NOT BE CONSIDERED FOR EXAM APPROVAL UNTIL IT IS COMPLETE.

APPLICATION TYPE: (Check one only)

Indicate below the type of license you wish to use to qualify for licensure in the State of Florida. See instructions for eligibility requirements.

- Registered Nurse (RN) **Endorsement (1701) \$218.00**
- License Practical Nurse (LPN) **Endorsement (1702) \$218.00**

1. PERSONAL INFORMATION

NAME: Last/Surname _____ First _____ Middle _____

DATE OF BIRTH (MM/DD/YY) _____ **E-MAIL ADDRESS** _____

MAILING ADDRESS: _____ Apt. No. _____

City _____ State _____ Zip _____ Country _____

PHYSICAL LOCATION: _____ Apt. No. _____

(Required if mailing address is a P.O. Box-See Checklist)

City _____ State _____ Zip _____ Country _____

HOME TELEPHONE: _____ **WORK TELEPHONE:** _____

PLACE OF BIRTH: _____ **MOTHER'S MAIDEN NAME:** _____

EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

SEX: Male Female RACE: White Black Asian/Pacific Islander Hispanic Other _____

NAME _____

2. NURSING EDUCATION HISTORY

A. NURSING SCHOOL ATTENDED: _____

Address _____

City _____ State _____ Zip _____ Country _____

B. Type of Program (LPN, DIPL, ADN, BSN) _____ C. Date Graduated or Anticipated Graduation _____

D. ADDITIONAL NURSING PROGRAM ATTENDED: _____

E. Type of Program (LPN, DIPL, ADN, BSN) _____ F. Date Graduated or Anticipated Graduation _____

3. APPLICANT BACKGROUND Attach additional sheets, if necessary

A. List any other name(s) by which you have been known in the past. _____

B. What name(s) did you use when you received your nursing education? _____

C. What name did you use when you were first licensed? _____

D. Yes No Date _____ Have you ever applied for RN licensure by examination in Florida?

E. Yes No Date _____ Have you ever applied for LPN licensure by examination in Florida?

F. Yes No Date _____ Have you ever applied for RN licensure by endorsement in Florida?

G. Yes No Date _____ Have you ever applied for LPN licensure by endorsement in Florida?

H. Yes No Date _____ Have you ever been licensed in Florida as an RN?

I. Yes No Date _____ Have you ever been licensed in Florida as an LPN?

J. List all nursing licenses (**active, inactive or lapsed**). Submit a License Verification Form to your original and an active state of licensure. (ATTACH ADDITIONAL SHEET, IF NECESSARY)

<u>State/Country</u>	<u>License No.</u>	<u>RN or LPN</u>	<u>Date Of Licensure</u>	<u>If no longer licensed, state why & when</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

K. Yes No Have you ever been denied or is there now any proceeding to deny your application for any healthcare license to practice in Florida or any other state, jurisdiction or country?

4. MANDATORY CONTINUING EDUCATION REQUIREMENT

Completion of a two-hour course on Prevention of Medical Errors is required prior to licensure. This course must be from an approved Florida Board of Nursing provider.

I attest I have completed a 2 hour course in the Prevention of Medical Errors as required by Florida Statute.

I have NOT completed a 2 hour course in the Prevention of Medical Errors as required by Florida Statute and I understand that I will not receive my license until I submit proof of completion.

Note: Additional continuing education requirements affect your renewal. See Chapter 64B9-5, F.A.C.

5. **CRIMINAL HISTORY** (Review Questions & Answers section in instructions)

- A. Yes No Have you **EVER** been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld.
Driving under the influence (DUI) or driving while impaired (DWI) is not a minor traffic offense for purposes of this question.

If you answered "YES", you are required to send a letter in your own words describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results. You must submit documentation for the county Clerk of Courts in the jurisdiction (state/county) in which the offense occurred, including disposition/final results. **Your application will not be considered complete until these records are received.** If the records are no longer available, you must obtain a letter of their unavailability from the county Clerk of the Court.

Please review the questions regarding criminal history carefully. If you are unable to determine how to answer the questions you will need to review the court documents from the Clerk of the Court. If you no longer have copies of the court documents, you should request them from the Clerk of the Court in the county in which the offense(s) occurred.

6. **DISCIPLINARY HISTORY** *Attach additional sheets, if necessary*

- A. Yes No Have you ever had disciplinary action taken against your license to practice any healthcare related profession by the licensing authority in Florida or in any other state, jurisdiction or country?
- B. Yes No Have you ever surrendered a license to practice any healthcare related profession in Florida or in any other state, jurisdiction or country while any such disciplinary charges were pending against you?
- C. Yes No Do you have any disciplinary action pending against your license?

If you answered "Yes" to any of the above questions, please send a written letter of self explanation. You must contact the Board(s) in the State(s) in which you were disciplined. You must request official copies of the Administrative Complaint and Final Order be sent directly to the Florida Board of Nursing.

7. CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS

Pursuant to Section 456.0635 (2), Florida Statutes, the following questions are being asked. If you answer "Yes" to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documentation.

1. Yes No a. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? (If "No", do not answer 1b.)
- Yes No b. Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for such conviction?
2. Yes No a. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 2b.)
- Yes No b. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?
3. Yes No a. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? (If "No", do not answer 3b and 3c.)
- Yes No b. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?
- Yes No c. Did the termination occur at least 20 years prior to the date of this application?
-

8. ADDITIONAL INFORMATION

Availability for Disaster: Yes No Will you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?

Do you want to donate to the Florida Center for Nursing? Yes No
(You will find directions in the application instructions on how to do so.)



CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE*

* The following pages are exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USC § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

Board of Nursing

Name: _____
Last
First
Middle

Social Security Number: _____

Social Security Information - * Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Section 456.013(1), 409.2577 and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub.L. Section 317) Clarification of the SSA process may be reviewed at www.ssa.gov or by calling 1-800-772-1213.

Mission Statement: To promote and protect the health, safety, and wellness of all people in Florida.

4052 Bald Cypress Way, Bin # C02

Tallahassee, Florida 32399-3252

Phone: (850) 245-4125 Fax: (850) 245-4172

Website: www.doh.state.fl.us/mqa/nursing

10. EXAMINATION HISTORY

A. YES NO Have you ever taken an examination for RN or LPN licensure?

B. If YES, list the **jurisdiction (state/territory) for which the** examination was taken and passed.

<u>Examination</u>	<u>State/Country</u>	<u>Month/Year</u>	<u>Results</u>
<input type="checkbox"/> RN <input type="checkbox"/> PN _____	_____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> RN <input type="checkbox"/> PN _____	_____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> RN <input type="checkbox"/> PN _____	_____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> RN <input type="checkbox"/> PN _____	_____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

11. HEALTH HISTORY (Supporting documentation should be sent directly to the Board Office)

Supporting documentation must include a letter from the applicant explaining the medical condition(s) or occurrence(s) and current status; letter(s) from licensed professional summarizing diagnosis, treatment and prognosis; or any other official documentation as it relates to any "Yes" answer. Documentation should be current within the last year.

- A. Yes No In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?
- B. Yes No In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?
- C. Yes No During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice nursing within the past five years?
- D. Yes No During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice nursing?
- E. Yes No In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?
- F. Yes No During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice nursing within the past five years?

12. APPLICANT SIGNATURE

I, the undersigned, state that I am the person referred to in this application for licensure in the State of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.083 and 775.084, Florida Statutes.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. Should I furnish any false information in this application I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Registered Nurse or Licensed Practical Nurse in the State of Florida.

I further state that I have read and understand Chapter 464, Florida Statutes, and Rule Chapter 64B9, Florida Administrative Code as they pertain to the practice of nursing (Note: A current copy of Ch 464 and Rule Chapter 64B9 may be obtained via the internet at <http://www.doh.state.fl.us/mqa/nursing>).

Florida Law requires you to immediately inform the Board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

I will comply with all requirements for licensure renewal including continuing education credits.

Applicant's Signature _____ **Date** _____

Nursing Application Fee Sheet

Name _____

FEES	Endorsement
Processing Fee	\$90.00
Initial Licensure Fee	\$75.00
Criminal Background Check	\$40.50
Student Loan Forgiveness Fund	\$5.00
Unlicensed Activity Fee	\$5.00
Administrative Costs	\$2.50
Subtotal	\$218.00
Voluntary Contribution to support the Florida Center for Nursing	
TOTAL ENCLOSED	\$

Refunds

An applicant, who is denied licensure, or withdraws the application prior to licensure, is entitled to a refund of \$85.00 (initial licensure, student loan forgiveness and unlicensed activity fees). Requests for a refund of the \$85.00 must be made in writing to the Board office within three years of fee receipt. **Retake fees are non-refundable.**

Withdrawal of Applications

If you decide to withdraw your application, you must make the request in writing. The request must be received prior to the Board's granting of licensure. Withdrawal of the application prior to completion entitles an applicant to a refund of \$85.00 (initial licensure, student loan forgiveness and unlicensed activity fees). Requests should include a statement asking for a refund of the appropriate fees. **Do not stop payment on your cashier's check or money order;** this could result in a "bad check charge" being filed against you. Applicants with confirmed arrest or disciplinary histories cannot withdraw without permission of the Board.

Mailing Instructions

Send a cashier's check or money order payable to: DOH Florida Board of Nursing. You may send one cashier's check or money order to cover the total fees above. **Sending the fees to an address other than the P.O. Box listed below will delay your application.** All applications and correspondence with fees enclosed must be sent to:

Department of Health
Post Office Box 6330
Tallahassee, FL 32314

Telephone Number: 850-245-4125
Fax Number: 850-245-4172
Web Site: www.doh.state.fl.us/mqa/nursing



NURSING LICENSE VERIFICATION REQUEST

****Important- Please DO NOT use this form if your state is listed on NURSYS, visit www.nursys.com. If your state is not on NURSYS find your state's contact information at <https://www.ncsbn.org/515.htm>****

PART I: TO BE COMPLETED BY APPLICANT

Send to your original and current state(s) of licensure (not Florida). Make Copies as necessary.

Applicant Name _____ SS# _____

Address _____

Name original license was issued under _____

License Number _____ State of _____

I hereby authorize release of any information regarding my licensure status to the Florida Board of Nursing.

Applicant Signature _____ Date _____

PART II: All verifications shall be completed in English and mailed or sent electronically directly from the state(s) or jurisdiction(s) and must include the following criteria:

- * Typed on an official state form or letterhead
- * Include an official Board seal
- * Signature and title of state Board official

The following information must be included in all verifications:

- * Licensee name
- * License number
- * State or jurisdiction of licensure
- * Level of licensure (RN/LPN)
- * Dates of issuance/expiration
- * Licensure method (state exam, national exam, endorsement, reciprocity)
- * Licensure status
- * Is license in good standing?
- * Has this license ever been encumbered (denied, revoked, suspended surrendered, limited, placed on probation)?

***Complete verifications must be mailed or sent electronically directly from the official state licensure Board to:**

**Florida Board of Nursing
4052 Bald Cypress Way
Bin # C02
Tallahassee, FL 32399-3252.**

*If this license has ever been encumbered please forward all orders to the Florida Board of Nursing with this form.

