



FLORIDA BOARD OF NURSING

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

EXAMINATION

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.

Examination Application Checklist

Keep a copy of your completed application for your records.

- 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 the State of Florida.**
- Read all application guidelines and the Florida laws and rules governing the practice of nursing before completing your application. You may review the laws and rules on the Board website at <http://www.doh.state.fl.us/mqa/nursing>.
- All sections of this application 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.

Eligibility Requirements : *refer to sections 464.008 and 464.009, Florida Statutes (F.S.) and Rules 64B9-3.002 and 3.008, Florida Administrative Code (F.A.C.).*

- Graduate of a practical nursing program or a registered nursing program. A degree from a generic MSN or higher program may be acceptable if the education is deemed equivalent.
- Successfully complete courses, equivalent to practical nursing education in a registered nursing program. Practical Nurse examination based on practical nursing equivalency (PNEQ).

Graduates of Approved (Florida or National Council of State Boards of Nursing (NCSBN)) or Accredited (National League for Nursing Accrediting Commission (NLNAC) or Commission on Collegiate Nursing Education (CCNE)) Programs:

- 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.
- Military nursing programs must be recognized by the National Council of State Boards of Nursing (NCSBN) to qualify to sit for the examination. Other military health related programs are not equivalent to professional nursing programs in Florida.
- Programs completed to qualify as a hospital corpsman, technician, physician or a physician's assistant are not classified as registered or practical nursing programs and are not equivalent.

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:** The name on this application **must match the name** on your NCLEX application to Pearson VUE exactly. Your name not matching exactly as it appears on **your identification** will result in you not being allowed to take the exam at your scheduled time and cause a substantial **increase in costs** for re-application to this Board and to Pearson VUE.

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. Information listed in this section must match with your Pearson Vue registration. If you have indicated that you are applying for NCLEX-PN based on **practical nursing equivalency** (PNEQ), please use one of the following codes when registering with Pearson Vue. PNEQ 70-997; RN failure taking LPN Exam 70-999.

Applicants Applying for the Practical Nurse Exam (NCLEX-PN) Based on Practical Nursing Education Equivalency (PNEQ): Applicants who have successfully completed courses, equivalent to practical nursing education in a professional nursing program, may qualify for NCLEX-PN based on practical nursing equivalency (PNEQ). All professional courses taken must have been successfully completed with a grade of "C" or better and must have included theory and clinical instruction. The professional or practical nursing curriculum documents clinical experience and theoretical instruction in medical, surgical, obstetric, pediatric and geriatric nursing. Each curriculum plan must document clinical training experience in appropriate settings that include, but are not limited to acute care, long-term care and community settings.

The professional or practical nursing education program provides theoretical instruction and clinical application in personal, family, and community health concepts; nutrition, human growth and development throughout the life span; body structure and function; interpersonal relationship skills; mental health concepts; pharmacology and administration of medications; and legal aspects of practice.

PNEQ Applicants must have the Practical Nurse Equivalency (PNEQ) Application Letter (form found in forms section of the application) submitted directly from the director of the professional program stating that all necessary requirements to sit for the practical nursing NLCEX are met, an official current transcript and course descriptions for all nursing courses in the curriculum must be submitted directly to the Florida Board of Nursing by the school(s) attended.

Graduates of Foreign Nursing Programs or graduates from U.S. Territories whose Regulatory Nursing Board is not a member of the National Council of State Boards of Nursing (NCSBN):

You are required to have a full education credentials review by a Florida approved credentialing agency. An original copy of the report must be sent electronically to the Board of Nursing directly from the agency. As of October 1, 2009 the Board will no longer accept paper copies of the report. You are responsible to pay all fees the agency charges for these services. After your application for licensure is processed and has been deemed complete, the Board of Nursing will review your educational evaluation and contact you with the status of your application in writing. Please ensure that your mailing address is up to date throughout the application process.

Educational Records Evaluation Service, Inc.
601 University Avenue, Suite 127
Sacramento, CA 95825-6738, USA
Phone: (916) 921-0790 or 866-411-3737
866-411-ERES (Toll Free)
Fax: (916) 921-0793
Email: edu@eres.com
Web: www.eres.com

Josef Silny & Associates, Inc.
International Education Consultants
7101 SW 102 Avenue
Miami, FL 33173, USA
Phone: (305) 273-1616
Fax: (305) 273-1338
Email: info@jsilny.com
Web: www.jsilny.com

International Education Research
Foundation, Inc.
Post Office Box 3665
Culver City, CA 90231-3665, USA
Phone: (310) 258-9451
Fax: (310) 342-7086
Email: information@ierf.org
Web: www.ierf.org

Commission on Graduates of
Foreign Nursing Schools
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651, USA
Applicant Inquires: (215) 662-0425
Customer Service Fax: (215) 622-0425
Automated Phone System (to check
status): (215) 599-6200
Email: info@cgfns.org
Web: www.cgfns.org

English Requirements

Rule 64B9-3.002 (1) (e) F.A.C., requires that English competency be demonstrated. The list of methods approved by this rule can be found on our website at http://www.doh.state.fl.us/mqa/nursing/info_Foreign_Applicant_Info.pdf.

* **Important Note:** English as a Second Language (ESOL) was **removed from the accepted list** on January 31, 2007.

For examination information, contact:

IELTS Cambridge/IELTS International

100 East Corson Street, Suite 200
Pasadena, CA 91103, USA
Phone: (626) 564-2954
(1.866.696.3522)
Fax: 626 564 2981
Email: ielts@ceii.org
Web: www.ielts.org

MELAB English Language Institute

500 East Washington Street
Ann, Arbor, MI 48104-2028, USA
Phone: (734) 764-2416, (toll free)
Fax: 734.615.6586
Web: www.lsa.umich.edu/eli/melab.htm

Educational Testing Services (TOEFL & TOEIC)

Rosedale Road, MS 10-P
Princeton, NJ 08541, USA
Phone: (609) 734-1540
Fax: (609) 734-1560
Email: toeic@ets.org
Web: www.ets.org

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. . 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, approval for the examination will not 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. Examination applicants will be allowed to take the NCLEX licensing examination once requirements are met; however, a copy of your social security card is required prior to the issuance of a license number.

(Section 10)

_____ **EXAMINATION HISTORY:** List all exams previously taken including those you have not passed. 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 related to any "Yes" answer must be submitted to the Board of Nursing, 4052 Bald Cypress Way, Bin C-02, Tallahassee, FL 32399-3252. 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(s) 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.

(Section 12)

_____ **SPECIAL ACCOMMODATIONS:** In order to apply for special accommodations you must have a qualifying medical condition. Download the information booklet at <http://www.doh.state.fl.us/mqa/Exam/spectest.htm> or contact the Testing Services Unit at (850) 245-4252.

(Section 13)

_____ **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)

_____ **Request for Transcript:** Applicants for examination who are graduates from a nursing program in the United States, but outside of Florida, must send this form to the school of nursing from which they graduated. The form, along with a transcript of nursing education including the date of graduation and degree received, must be sent directly to the Florida Board of Nursing by the school(s). **Note:** For graduates of nursing programs in Florida, the program director will send written verification of their nursing education completion and graduation.

_____ **Practical Nurse Equivalency (PNEQ) Application Letter:** Applicants applying to take the Practical Nurse Equivalency (PNEQ) Exam are required to have a letter submitted to the Board office from the director of their nursing program. This form has been designed to replace the letter. Please have your director complete this form and send it directly to the Board of Nursing.

DH-MQA 1094, 10/11, Rule 64B9-3.002 FAC

NCLEX Information: In addition to applying for licensure with the Board of Nursing all applicants by exam are required to register with Pearson VUE. Do not register twice, **Pearson VUE will not refund** any money sent by mistake. You may register by telephone at 1-866-496-2539 or via the internet at www.vue.com/nclex by using a valid credit card. You may also register by mailing a cashier's check or money order for \$200.00 in U.S. currency along with the NCLEX Examination Registration form to this address:

NCLEX Operations
P.O. Box 64950
Saint Paul, MN 55164-0950

All fees paid to Pearson VUE are nonrefundable. **Failure to register for the examination with Pearson VUE will delay issuance of your Authorization to Test (ATT).** Applicants educated outside the U.S. should not register with Pearson VUE until written approval is received from the Board Office. You may access the candidate bulletin via the internet at www.pearsonvue.com/nclex/. Applicants needing the Pearson Vue registration form may request it by mail at:

Department of Health
Communication Services
4052 Bald Cypress Way, Bin C-01
Tallahassee, FL 32399-3251
Phone: (850) 488-0595
Web: www.doh.state.fl.us/mqa

Retake Applicants and Subsequent Examinations: Per Florida Statute 464.008(3): Any applicant who has failed a licensing examination three consecutive times, regardless of the jurisdiction in which the examination is taken, shall be required to complete a board approved remedial course http://www.doh.state.fl.us/mqa/nursing/lst_remedial.doc. An applicant who fails the examination must submit a Retake Application that meets current requirements outlined in the Board of Nursing Laws and Rules to the Board of Nursing in order to reschedule an examination. http://www.doh.state.fl.us/mqa/nursing/ap_re-exam.pdf. You must also re-register for the examination directly with Pearson VUE by submitting an additional registration form and fee. Florida requires that an applicant wait a minimum of 45 days between each examination.

Any applicant who does not take their scheduled examination within 90 days of the ATT being issued must re-register with Pearson VUE and notify the Board office.

Graduate Nurse Status: Applicants for licensure must take the examination within 6 months of graduation to be eligible for GN/GPN status. They may practice as a Graduate Nurse (GN) or Graduate Practical Nurse (GPN) for up to 90 days pending the results of the first NCLEX examination or until the expiration date of the ATT, whichever occurs first. Applicants who do not pass the first examination will lose their GN or GPN status and are no longer eligible for employment in that capacity.

Applicants with GN or GPN status must practice nursing under the direct supervision of a registered nurse. Direct supervision is defined as the physical presence within the patient care unit of a registered professional nurse who assumes legal responsibility for the nursing practice of graduate nurses or graduate practical nurses.

APPLICATION FOR NURSING LICENSURE BY EXAMINATION

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), COMPLETE THIS APPLICATION, OR 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) (This is not a Re-examination application)
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) **Examination (1701) \$204.00**

License Practical Nurse (LPN) **Examination (1702) \$204.00**

IMPORTANT- The name on this application **must match the name** on your NCLEX application to Pearson VUE exactly. Your name not matching exactly as it appears on **your identification** will result in you not being allowed to take the exam at your scheduled time and cause a substantial **increase in costs** for re-application to this Board and to Pearson VUE

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 _____
(MM/YYYY)

D. ADDITIONAL NURSING PROGRAM ATTENDED: _____

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

Please place a check here if you did not graduate from the program you attended and are applying for NCLEX-PN based on practical nursing equivalency. (See Checklist)

3. APPLICANT BACKGROUND Attach additional sheets, if necessary

A. List all 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**) (attach an 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 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 approval for the examination. 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 be made eligible to take the exam until I submit proof of completion.

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

DH-MQA 1094, 10/11, Rule 64B9-3.002 FAC

NAME _____

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.)

NAME _____

10. EXAMINATION HISTORY

All applicants applying for the NCLEX exam through the state of Florida for the first time are considered initial applicants. This is regardless of whether they have previously taken the exam in a different state.

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

B. If YES, list each jurisdiction (state/territory) for which the examination was taken. Attach additional sheets, if necessary

| <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 |

Refer to Chapter 464.008(3) F.S., regarding remedial requirements for applicants who have taken the exam 3 times and have **not** passed. An applicant who has **not** passed the examination must submit a re-examination application with the appropriate fee to the Board. The applicant must also re-register with Pearson by submitting an additional registration form and the required fee.

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. Special Testing Accommodations

Yes No

In order to apply for special accommodations you must download the information booklet at www.doh.state.fl.us/mqa/Exam/spectest.htm or contact the Testing Services Unit at 850-245-4252.

13. 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 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 | First Time Examination |
|--|------------------------|
| Processing Fee | \$90.00 |
| Initial Licensure Fee | \$75.00 |
| Criminal Background Check | \$24.00 |
| Student Loan Forgiveness Fund | \$5.00 |
| Unlicensed Activity Fee | \$5.00 |
| Administrative Costs | \$5.00 |
| Subtotal | \$204.00 |
| Voluntary Contribution to support the Florida Center for Nursing | |
| TOTAL ENCLOSED | \$ |

Refunds

An applicant, who is denied licensure, does not take a scheduled examination within 90 days of authorization, fails and does not plan to retake the examination, 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

DH-MQA 1094, 10/11, Rule 64B9-3.002 FAC



**Florida Board of Nursing
Transcript Request Form
For Exam Applicants Graduating from
A United States School outside of Florida**

Please forward an official copy of my transcripts to:

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

Name: _____ Social Security Number ____-____-_____

Street address: _____ Apt # _____

City: _____ State: _____ Zip _____

Graduation Date: _____

Name in school if different from above: _____

Please place a check here if you did not graduate from the program and are applying for NCLEX-PN based on practical nursing equivalency.*

I authorize the school to release the information requested below to the Florida Board of Nursing

Signature of Student: _____

Official transcripts should be in English and include the following information:

- All general education and nursing courses with semester credit hours or contact and grades reported
- Beginning and ending dates of study
- Graduation or withdrawal date
- Degree, certificate or diploma conferred, if applicable

* If the applicant has checked this box please include course descriptions for each nursing course in the curriculum, even if the applicant did not take or complete all courses.

Please return this form along with the transcript.

Practical Nurse Equivalency (PNEQ) Application Letter
Rule 64B9-3.002 (1)(d), F.A.C.

Applicants seeking licensure by examination using the practical nurse equivalency route must have successfully completed courses in a professional nursing program which are at least equivalent to a practical nursing program in order to be used to satisfy the education requirements for licensure as a licensed practical nurse [Section 464.008(c) F.S.].

The practical nurse equivalency (PNEQ) requirements include the following:

The professional or practical nursing curriculum plan documents clinical experience and theoretical instruction in medical, surgical, obstetric, pediatric, and geriatric nursing. Each curriculum plan must document clinical training experience in appropriate settings that include, but are not limited to, acute care, long-term care, and community settings [Section 464.019 (2)(f) F.S.].

The professional or practical nursing program provides theoretical instruction and clinical application in personal, family, and community health concepts; nutrition; human growth and development throughout the life span; body structure and function; interpersonal relationship skills; mental health concepts; pharmacology and administration of medications; and legal aspects of practice [Section 464.019(2) (g) F.S.].

PNEQ Applicants must have: this form submitted directly from the director of the professional nursing program stating that all necessary requirements to sit for the Practical Nurse exam have been met, an official current transcript and course descriptions for all nursing courses in the curriculum must be submitted directly to the Florida Board of Nursing by the school(s) attended.

Applicant Name

Dates of Attendance

School/Program

Address

City

Dean/Director

E-mail Address

Phone Number

My signature on this form verifies that the above named applicant meets the requirements to sit for the National Council Licensure Examination-Practical Nurse (NCLEX-PN).

Signature of Program Director

Date