



FLORIDA BOARD OF NURSING

<http://www.doh.state.fl.us/Mqa/nursing>
LICENSURE APPLICATION & INSTRUCTIONS

For Re-Examination

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





APPLICATION FOR RE-EXAMINATION Instructions

Florida statutes mandate that applicants who did not take or pass the first examination will lose the Graduate Nurse or Graduate Practical Nurse status and are no longer eligible for employment in that capacity. Applicants who have not passed the examination three consecutive times, regardless of the jurisdiction(s) in which the examination was taken, are required to complete a board-approved remedial course before they will be approved for re-examination. A list of the approved courses can be found on our website at http://www.doh.state.fl.us/mqa/nursing/lst_remedial_cor.pdf

If you wish to retake the NCLEX examination for licensure in Florida, complete the re-examination application in its entirety and submit the required fee, which is non-refundable, to:
Department of Health
P.O. Box 6330
Tallahassee, Florida 32314

If you have **never taken the examination for the state of Florida**, you will need to submit an examination application, not the re-examination application.

Your re-examination application must be complete and the fees received before you will be made eligible to retake the examination. Your previous application fees cannot be used toward a new application.

All applicants are required to register with Pearson Vue at (866) 496-2539 or via the internet at www.vue.nclex. When your application is approved, you will be made eligible for the NCLEX and receive your Authorization to Test letter from Pearson Vue. While you may apply at any time, you may not schedule at test date until 45 days have passed since your last attempt.

If you have any questions, please call the Board office at 850-245-4125 or visit our website at www.doh.state.fl.us/mqa.

Florida Board of Nursing
4052 Bald Cypress Way, BIN C02, Tallahassee, FL 32399-3252
(850) 245-4125 FAX (850) 245-4172
Web address: www.doh.state.fl.us/mqa/nursing
E-mail: mqa_nursing@doh.state.fl.us

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 in 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).

Nurses Educated outside of the United States or in non-NCSBN jurisdictions

Please be aware that, if one of the following two situations apply to you, you will be required to submit a Course-by-Course Credentials Evaluation Report from a Board approved credentials agency as well as proof of Board approved English Competency upon your next application for examination with the Florida Board of Nursing. For detailed information on this process see our website: http://www.doh.state.fl.us/Mqa/nursing/nur_foreign.html

- (1) Previously, it was acceptable for a foreign educated applicant to submit a translation of education credentials, usually transcripts, for review with the original application. After further review of the statute and upon advice from board counsel, it has been determined that credentials translations do not meet the statutory requirements of 464.008, Florida Statutes or Rule Chapter 64B9-3.014(2)(c) and (4) (a), Florida Administrative Code, for demonstration of education credentials.
- (2) If it has been more than two years since you last applied to the Florida Board of Nursing to take the NCLEX Examination, and your previous Education Credentials Report is no longer available because it has exceeded the Department of Health retention schedule; or no longer meets the minimum requirements set forth in Rule Chapter 64B9-3.014(2)(c) and (4) (a), Florida Administrative Code.

Please be advised that this requirement applies to all applicants whether the application submitted is the original application, or the application submitted is for re-examination.

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 course-by-course 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

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

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

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
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) (1.866.696.3522)
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

You can find information on Board approved **Remedial Courses** on our website at http://www.doh.state.fl.us/mqa/nursing/lst_remedial_cor.pdf

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.

APPLICATION FOR NURSING LICENSURE BY RE-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)		
Indicate below the type of license you wish to use to qualify for licensure in the State of Florida. See instructions for eligibility requirements.		
<input type="checkbox"/> Registered Nurse (RN)	Re-Examination (1701)	\$119.00 (1011)
<input type="checkbox"/> License Practical Nurse (LPN)	Re-Examination (1702)	\$119.00 (1011)

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: <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/>
Other _____	

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 _____

NAME _____

3. REMEDIAL COURSE (Necessary if NCLEX examination has been failed 3 times)

You can find information on Board approved Remedial Courses on our website at http://www.doh.state.fl.us/mqa/nursing/lst_remedial_cor.pdf

School _____ Date Completed _____

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.

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.

Failure to notify the Board office of **any changes** in any responses on your application could result in the delay of application processing, denial of your application or revocation of licensure. **Examples:** change of name, address, telephone number, arrest or convictions, licensure status or disciplinary action in another state or an incorrect answer to a question.

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

- A. 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?
- B. 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?
- C. 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?
- D. 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 to, regardless of adjudication, 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

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

Exact name used on previous applications _____

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?

NAME _____

12. Special Testing Accommodations:

Yes No

In order to apply for special accommodations you must download the information booklet for special accommodations 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 64B9, Florida Administrative Code as they pertain to the practice of nursing (Note: A current copy of Ch 464 and Rule 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	Re-Examination
Processing Fee	\$90.00
Initial Licensure Fee	
Criminal Background Check	\$24.00
Student Loan Forgiveness Fund	
Unlicensed Activity Fee	
Administrative Costs	\$5.00
Subtotal	\$119.00
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