



Rick Scott
Governor

H. Frank Farmer, Jr., M.D., Ph.D.
State Surgeon General

DISPENSING APPLICATION FOR ARNP'S

SEND FEES (\$100.00) AND APPLICATION TO:

Department of Health
Board of Nursing/ARNP
P. O. Box 6330
Tallahassee, FL 32399

Dispensing – is defined as selling medicinal drugs to patients in the office. A practitioner who writes prescriptions or provides complimentary samples is not a “dispensing practitioner,” and therefore does not need to register with the department.

1. Full Name: _____
(Last) (First) (Middle) (Maiden)

2. Home Address: _____
(Box or Street) (City) (State) (Zip Code)

3. Telephone Numbers: _____
(Home) (Work)

4. Practice Location Address: _____
(Street) (City) (State) (Zip Code)

(This address should be where you will be/are dispensing. If dispensing at more than one location please attach an additional sheet with other locations).

5. Have you ever been convicted or found guilty, regardless of adjudication, or pled guilty or nolo contendere (no contest) a criminal misdemeanor or felony in any jurisdiction? Yes _____ No _____.
(If yes, please submit the arrest and court records along with a disposition of the case to the Board of Nursing)

6. Have you ever had a disciplinary action taken against your license to practice nursing by the licensing authority in Florida or any other state or jurisdiction? Yes _____ No _____.
(If yes, please indicate all state(s) or jurisdictions involved in such disciplinary action.)

7. Florida ARNP# _____ Specialty _____

I certify that the information on this form is true and correct. I dispense medicinal drugs for a fee from my practice location and I understand an annual inspection of my dispensing records will be conducted.

Practitioner’s Signature Date

Do you have an additional page attached? Yes _____ No _____