



FLORIDA BOARD OF NURSING

http://www.doh.state.fl.us/mqa/nursing/nur_home.html

LICENSURE APPLICATION AND INSTRUCTIONS

ENDORSEMENT

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

June 2008



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<http://forum.doh.state.fl.us/~MQANursing>



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

Dear Applicant for Nursing Licensure in Florida,

Thank you for applying for licensure as a nurse in Florida. This packet has been provided to help you complete your application. You will receive written notification about the status of your application within 30 days from the date it is received. You are encouraged to apply as early as possible.

You should use the checklist to ensure that all sections of the application are complete and that the required forms are submitted. Read the instructions carefully before filling out the application. Keep a copy of the completed application and all other materials you are sending to the board office. Mail the completed application and your cashier's check or money order to the address noted on the fee sheet in the application. You may also apply online with a credit card at <https://ww2.doh.state.fl.us/initialapp/Controller/Default.asp>

When your application arrives, your fees will be deposited and verified before the staff review can begin. The staff will notify you within 30 days if any materials are incomplete. Usually, verifications of licensure from other states and transcripts from schools may take some time in arriving at the board office. Background screening is completed on both examination and endorsement applicants. In addition, endorsement applicants must submit a fingerprint card.

If you need to communicate with the board staff, use our automated telephone system at 850-245-4125 to route your call or you may email the board staff at mqa_nursing@doh.state.fl.us. Phone calls are returned within 24 hours and emails responded to within 48 hours. Our staff is committed to providing prompt and reliable information. We welcome your comments on how our services may be improved.

Sincerely,

Rick García, MS, RN, CCM
Executive Director
Florida Board of Nursing

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 are 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 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.

Question: What types of documentation do I need to submit in support of my application if I have a prior criminal record or license discipline?

Answer:

- Official court document(s) regarding each of your criminal offenses, showing the date(s) and circumstance(s) surrounding your arrest(s), sections of the law violated, and disposition of the case. This includes the complaint or indictment, the judgment, order of probation, docket sheet or other documents showing the disposition of your case(s). You may obtain these documents at the clerk of court where the offense(s) occurred.
- Copies of documents regarding disciplinary action taken against any healthcare license. The documents must come from the agency that took the disciplinary action.
- A detailed description in your own words of the circumstances surrounding your criminal record or disciplinary action. Include a description of the changes in your lifestyle since the time of the offense(s) which would enable you to avoid future incidents. List factors in your life, which you feel, may have contributed to your crime or disciplinary action and what you have learned.

Note: The burden of proof lies with the applicant to demonstrate evidence of positive lifestyle changes. Examples include, but are not limited to:

- Documented evidence of professional treatment and counseling you have completed. Provide a discharge summary, if available.
- 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.
- Proof of community service, education and self-improvement.
- Court-issued certificate(s) of expungement, proof of compliance with criminal probation or parole.

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 not submit your application for licensure by endorsement before you request license verifications from your original and one active state of licensure (see address information on request form). This will avoid processing delays caused by submission of a deficient application.

- Applications are reviewed in the date order received. In order to provide ethical and efficient customer service, we are unable to process applications out of date order. You will receive written notification about the status of your application within 30 days from the date it is received. **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 <http://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 http://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.).*

- Apply for licensure by endorsement if you meet the educational and licensure requirements for endorsement in Florida as stated in Rule 64B9-3.008 F.A.C., and you currently hold an **active** license in another state or territory of the United States pursuant to F.S. 464-.009(1)(a).
- Graduates of Excelsior (formerly Regents) College who entered the program prior to August 10, 1994, or who were LPNs at the time of admission and had integrated theory and clinical in the PN program will be considered for licensure.
- 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.** Faxed applications will not be accepted.

(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: Florida Sunshine Law requires that all licensees have a Physical Address/Practice Location on file with the Florida licensure Board. You may list your Physical location in this section or the address where you intend to work. **If your mailing address is a P.O. Box you must provide another address. This address is required by law to be listed on the Department of Health website. We are unable to issue a license without this address.**

Name Change Documentation: To request a name change, you must submit legal documentation. We are unable to accept a driver's license or a social security card as proof of a name change. Acceptable forms of documentation are a copy of a marriage license, divorce decree that indicates the restoration of your maiden name, or a court order.

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

_____ **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: <http://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.

(Section 4)

_____ **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 5)

_____ **MANDATORY CONTINUING EDUCATION REQUIREMENT:** If you have completed a 2 hour course in 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 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. HIV/AIDS is a one-time, 1-hour CE requirement to be completed prior to first renewal.

(Section 6)

_____ **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 7)

_____ **CRIMINAL HISTORY: (See Question & Answers Regarding Prior Criminal History & Disciplinary Actions)**

Failure to disclose criminal history may result in denial of your application. Any applicant who has ever been found guilty of, or pled guilty or no contest /nolo contendere, to any charge other than a minor traffic offense must list each offense on the application and submit the following information:

_____ **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.

_____ **Self-Report**

Applicants who have listed offenses on the application must submit a letter in their own words describing the circumstances of the offense.

_____ **Letter of Recommendation**

Recommendation Letters: Three to five 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.

(Section 8)

DISCIPLINARY HISTORY: : Any applicant who has ever been denied, 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 denial, 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.

(Section 9)

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.

Social Security Page: All applicants are required to complete this page. The information you provide us on this page is confidential. 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.

Fingerprint Card: 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 card available. If the FD-258 is 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 the barcode sheet 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. The information is stored in our database and will complete your biometric data when we scan your fingerprint card. 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 card with the utmost care and mail it 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 (they can be the same state). You may need to use one or both of the verification methods listed below to have your license verification sent to Florida.

NURSYS™ (Nurse System) - A computer system that contains nurse license and license discipline information that is 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/> or register toll free by phone at (866) 293-9600.

NURSING LICENSE VERIFICATION FORM- Use this form only if your state is not listed on the NURSYS system. 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 form(s) should be returned directly to the Florida Board of Nursing at the address listed in Part II of this form by the state verifying the licensure.

EMPLOYMENT VERIFICATION FORM: This form is required for applicants who have not previously taken the SBTPE or NCLEX exam. An **originally signed** form is required from your employer. Applicants applying under the Nursing Shortage Solutions Act must show proof of work for two (2) of the last three (3) years in the profession as an LPN or RN as it relates to your application type. Employment must be under permanent licensure; temporary or provisional licensure does not meet requirements.

Note: If you are granted licensure under this provision you must complete a Florida laws and rules continuing education (CE) course from a Florida approved provider within 6-months of licensure pursuant to the special endorsement provisions of the Nursing Shortage Solutions Act of 2002. You may search for courses on the Nurse Practice Act to satisfy this requirement through CE Broker 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.

Florida Center for Nursing: The Florida Center for Nursing was created by the Legislature in 2001 with the statutory purpose (464.0195 F.S.) to address issues of supply and demand for nursing, including issues of recruitment, retention, and utilization of nurse workforce resources. Information about the Center may be obtained at www.flcenterfornursing.org, email to nursectr@mail.ucf.edu, or phone (407) 823-0981.

The primary goals of the Center are to:

1. Develop a strategic statewide plan for nursing manpower in the state;
2. Convene various groups representatives of nurses, other healthcares provides, business and industry, consumers, legislators, and educators; and
3. Enhance and promote recognition, reward, and renewal activities for nurses in the state.

In 2002, the Legislature created the Florida Center for Nursing Trust Fund to provide support for the activities of the Center.

If your wish to contribute to the Florida Center for Nursing Trust Fund, please complete the section on the Fee Sheet and include your contribution with your application fees made payable to the Department of Health.

APPLICATION FOR NURSING LICENSURE BY ENDORSEMENT

APPLICATIONS ARE PROCESSED IN TIME 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: TYPE OF LICENSE (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) \$223.00**
 License Practical Nurse (LPN) **Endorsement (1702) \$223.00**

1. PERSONAL INFORMATION

NAME: Last/Surname _____ First _____ Middle _____

DATE OF BIRTH (M/D/Y) _____

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:** _____ **E-MAIL ADDRESS** _____

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

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?

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 _____

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 _____

NAME _____

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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. 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

NAME

5. 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.

6. 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?

7. 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.

NAME _____

8. DISCIPLINARY 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 health-care 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 health care 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 health care 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 typed or printed description of the discipline. You must contact the Board(s) in the States in which you were disciplined and request official copies of the administrative complaint and final order be sent directly to the Florida Board of Nursing.

9. APPLICANT SIGNATURE

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

I affirm these statements are true and correct and 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, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. 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 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 by calling 850-488-0595 or via the internet at <http://www.doh.state.fl.us/mqa/>).

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

Applicant's Signature _____ **Date** _____

DH-MQA 1095, 6/08 (Obsoletes previous versions)

**** IMPORTANT ****

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.

PLEASE COMPLETE THE ATTACHED PAGE



CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS
DISCLOSURE*

Florida Department of Health
Board of Nursing

Name: _____
 Last **First** **Middle**

Social Security Number: _____

* This page is 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 USCS § 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.

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

Nursing Application Fee Sheet

Name _____

FEES	Endorsement
Processing Fee	\$90.00
Initial Licensure Fee	\$75.00
*Criminal Background Check	\$43.25
Student Loan Forgiveness Fund	\$5.00
Unlicensed Activity Fee	\$5.00
Administrative Costs	\$4.75
Subtotal	\$223.00
Voluntary Contribution to support the Florida Center for Nursing	\$
TOTAL ENCLOSED	\$

Refunds

An applicant, who is denied licensure by examination, 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). Included in the request should be a request for 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

Verification of licensure via Nursys

1. Only boards of nursing within the United States have access to Nursys. If you need verification of a license for a foreign country or to an agency other than a state board of nursing, please contact your state board of nursing.
2. You **MUST CONTACT** the state where you are seeking licensure to determine which state(s) they require verification from, as boards of nursing have different requirements.

Contact Nursys only if the state where you are seeking licensure requires verification from one of the states listed below.

Alaska (AK)	Kentucky (KY)	New Hampshire (NH)	Tennessee (TN)
Arizona (AZ)	Maine (ME)	New Jersey (NJ)	Texas (TX)
Arkansas (AR)	Maryland (MD)	New Mexico (NM)	Utah (UT)
Colorado (CO)	Massachusetts (MA)	North Carolina (NC)	Vermont (VT)
Delaware (DE)	Minnesota (MN)	North Dakota (ND)	Virginia (VA)
Florida (FL)	Mississippi (MS)	Ohio (OH)	Washington (WA)
Idaho (ID)	Missouri (MO)	Oregon (OR)	West Virginia – PN (WV)
Indiana (IN)	Montana (MT)	South Carolina (SC)	Wisconsin (WI)
Iowa (IA)	Nebraska (NE)	South Dakota (SD)	

3. Verifications are entered into Nursys in the order in which they are received at National Council of State Boards of Nursing (NCSBN). **The verification report will remain in Nursys for 90 days, after which it expires.** When the Board of Nursing receives your Endorsement application, the board will access Nursys to verify any licenses held in the state listed in number 2 above. No paper reports are sent from NCSBN.
4. **EXPIRED REPORTS:** If your verification has expired, you must pay an additional \$30 and submit a new verification request to NCSBN.
5. Nursys information is updated from the participating nursing boards listed in number 2 above. A nurse who recently received a license may have to wait until the next update before the information is available in Nursys for license verification.

If you have questions regarding Nursys verification or need to have your license verified through Nursys please log on to <https://www.nursys.com> or by phone at (312) 525-3780 or toll free (866)819-1700



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

NURSING LICENSE VERIFICATION REQUEST

****Important- Please DO NOT use this form if your state is listed on NURSYS, visit www.nursys.com****

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 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.
DH-MQA 1075, 04/08

