

Completed Annual Reports and Affidavits must be sent via email to [MQA.NursingEducationCorrespondence@flhealth.gov](mailto:MQA.NursingEducationCorrespondence@flhealth.gov), or mailed to:

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



## Annual Report for Programs in Nursing

### Page 1 of 3

The "Annual Report for Programs in Nursing" is to be completed and submitted by nursing school faculty to the Florida Board of Nursing as required by section (s.) 464.019, Florida Statutes. When completing this report use data from the preceding academic year, July 1 - June 30. **Complete a separate "Annual Report for Programs in Nursing" for each unique NCLEX code.**

The "Annual Report for Programs in Nursing" is due to the Florida Board of Nursing office by November 1<sup>st</sup> annually pursuant to s. 464.019(3), Florida Statutes.

### 1. NURSING PROGRAM INFORMATION

Name of School of Nursing:		NCLEX Code:		
Address:				
Type of Nursing Program for this Report:	BSN	ADN	Diploma	PN
Owner Name:				
Nursing Program Phone #:		Fax #:		

### 2. DEAN / DIRECTOR OF NURSING PROGRAM

Name and Credentials:	
Title:	Email Address*:

\*Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

### 3. STUDENT / APPLICANT DATA

To the extent applicable, responses in this section should be based on the previous academic year (July 1 - June 30) pursuant to s. 464.019(3), Florida Statutes.

1. Number of student applications received	
2. Number of qualified applicants	
3. Number of applicants accepted	
4. Number of accepted applicants newly enrolled in the program	
5. Total number of students enrolled in the program	
6. Number of program graduates	
7. The program's retention rates for students tracked from program entry to graduation	
8. The program's accreditation status, including identification of the accrediting agencies not described in s. 464.003(1), Florida Statutes	

**4. PROGRAM COMPLIANCE SUMMARY**

Provide a summary/description of the program's compliance with s. 464.019(1)(a)-(g), Florida Statutes.


**Complete the "Affidavit of Compliance" on the following page**, certifying continued compliance with s. 464.019(3), Florida Statutes. Submit the "Affidavit of Compliance" with the "Annual Report for Programs in Nursing" to the Board of Nursing office by November 1<sup>st</sup>.

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## Nursing Education Program Affidavit of Compliance

State of Florida

County of \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_,

who is the nursing program director at \_\_\_\_\_,

after being duly sworn, deposes and states as follows:

I certify continued compliance with s. 464.019, Florida Statutes.

Nursing Program Name: \_\_\_\_\_

Further affiant sayeth naught.

Program Director: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

by \_\_\_\_\_ who is personally known to me or has provided identification

in the form of \_\_\_\_\_.

Notary Public \_\_\_\_\_

Commission Number \_\_\_\_\_

[SEAL]