

## Compact State Information

Florida is a member of the enhanced Nurse Licensure Compact (eNLC). The eNLC allows a registered nurse or licensed practical nurse licensed in a Compact State to practice across state lines in another Compact State without having to obtain a license in the other state unless the nurse moves and declares the new Compact State as his/her new primary state of residence. It is important to remember that the eNLC requires nurses to adhere to the nursing practice laws and rules of the state in which he/she practices under his/her compact license. Please note that this does not include Advanced Registered Nurse Practitioners. If a nurse moves from one state to another and establishes residency, the nurse must apply for licensure in that state. Please visit the National Council of State Boards of Nursing (NCSBN) Web site (<https://www.ncsbn.org/nurse-licensure-compact.htm>) for a list of states that have implemented the Compact.

**“Primary state of residence”** as defined by the Compact means the “person’s declared fixed permanent and principal home for legal purposes; domicile.” Proof of primary residence may include but is not limited to:

- 1)) Driver's license with a home address
- 2)) Voter registration card displaying a home address
- 3) Federal income tax return declaring the primary state of residence; or
- 4) W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.

If your declared primary state of residence is another Compact State, you are not eligible for a multi-state license; however, you may apply for a single-state license.

## Requirements for a Multi-State License

In addition to Florida being your primary state of residence, the following requirements must be met to qualify for a multi-state license:

- 1) You must meet Florida's requirements for initial licensure
- 2) You must have passed the NCLEX or the SBTPE
- 3) Your license status must be clear and unencumbered (“Encumbrance” means a revocation or suspension of, or any limitation on, the full and unrestricted practice of nursing imposed by a licensing board)
- 4) You must not have a felony conviction
- 5) You must not be enrolled with IPN or any other treatment program for impaired practitioners
- 6) You must have a social security number

## Application Re-examination Application Instructions

Individuals submitting a re-examination application are **not eligible** for Graduate Nurse or Graduate Practical Nurse status and are no longer eligible for employment in that capacity.

All applicants are required to register with Pearson VUE at (866) 496-2539 or via the internet at [www.vue.com/nclex](http://www.vue.com/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 a test date until **45 days** have passed **since your last attempt**.

For instructions on each section of the application you can view the Examination Application on the web at: <http://www.floridasnursing.gov/applications/lpn-rn-exam-app.pdf>

Please ensure that your mailing address is up to date throughout the application process.

### **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.floridasnursing.gov/forms/licensure-info-edu-outside-us.pdf>

- (1) 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 or no longer meets the minimum requirements.
- (2) Translations of education credentials do not meet statutory requirements and will not be accepted.

**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.**

### **English Competency Requirements**

Rule 64B9-3.002(4), 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.floridasnursing.gov/forms/licensure-info-edu-outside-us.pdf>

### **Approved English Competency Exams**

#### **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](mailto:ielts@ceii.org)  
Web: [www.ielts.org](http://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: <http://www.cambridgemichigan.org/melab>

#### **TOEFL Services**

Educational Testing Service  
P.O. Box 6151  
Princeton, NJ 08541-61511, USA  
Phone: (609) 771-7100  
Fax: (609) 734-1560  
Email: [Toefl@ets.org](mailto:Toefl@ets.org)  
Web: [www.ets.org](http://www.ets.org)

#### **Pearson Test of English Academic**

(PTE Academic)  
Phone: (800) 901-0229  
Web: [www.Pearsonpte.com](http://www.Pearsonpte.com)

#### **TOEIC Testing Program**

Educational Testing Service  
Rosedale Road  
Princeton, NJ 08541 USA  
Phone: (609) 771-7170  
Email: [Toeic@ets.org](mailto:Toeic@ets.org)  
Web: [www.ets.org](http://www.ets.org)

**Applicants Educated Outside the United States 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. Applicants are responsible for paying all fees the agency charges for these services.

**Credentials reports received from credentialing agencies not listed below will not be accepted.**

### **Florida Board Approved Evaluators**

**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](mailto:edu@eres.com)  
Web: [www.eres.com](http://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](mailto:information@ierf.org)  
Web: [www.ierf.org](http://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](mailto:info@jsilny.com)  
Web: [www.jsilny.com](http://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](mailto:info@cgfns.org)  
Web: [www.cgfns.org](http://www.cgfns.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: 1-800-375-5283  
Web: [www.uscis.gov/portal/site/uscis](http://www.uscis.gov/portal/site/uscis)

**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](http://www.cgfns.org)

Florida Board of Nursing  
PO Box 6330  
Tallahassee, FL 32314  
Phone: (850) 245-4125  
Fax: (850) 617-6460

# Nursing Licensure by Re-examination Application

Website: [www.floridasnursing.gov](http://www.floridasnursing.gov)  
Email: [MQA.NursingAppstatus@flhealth.gov](mailto:MQA.NursingAppstatus@flhealth.gov)  
Please complete this application in  
its entirety prior to printing.

Do Not Write in this Space  
For Revenue Receiving Only

If you have never taken the examination for the State of Florida, you will need to submit an examination application. You can find the examination application on the web at: [www.floridasnursing.gov](http://www.floridasnursing.gov) under the Resources Tab.

Fees must be paid in the form of a cashier's check or money order, made payable to: DOH Florida Board of Nursing. An applicant who is denied licensure or withdraws their application is entitled to \$60.00 (initial licensure, student loan forgiveness, and unlicensed activity fees). A signed request to withdraw or for a refund must be made in writing. Fees are refundable for up to 3 years from the date of receipt.

## Choose your application type:

Registered Nurse (RN) 1701- \$50.00

Licensed Practical Nurse (LPN) 1702- \$50.00

Applicants processed for initial licensure will automatically receive a Multi-State License unless they are not eligible or request to have a Single-State License instead. If you do not wish to have a Multi-State License, please check this box.

Total fee includes the following:

Processing Fee \$50.00

Your previous application fees cannot be used for a new application.

## 1. PERSONAL INFORMATION

**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.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (Give the address where mail and your license should be sent)

Street/ P.O. Box Apt. No. City

State Zip Country Home/Cell Telephone (Input with dashes)

Physical Location:(Required if mailing address is a P.O. Box-See Checklist)

Street Apt. No. City

State Zip Country Work/Cell Telephone (Input with dashes)

### 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 CFR 38295 and 38296 (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 or African American  
 Hispanic  
 American Indian or Alaska Native  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 Two or More Races

NAME \_\_\_\_\_

**Email Notification:** If you want to be notified of the status of your application by email please check the "Yes" box and write your email address on the line provided below. If you choose this form of notification, you will receive information regarding your application file through email. You will be responsible for checking your email regularly and updating your email address with the Board office at: [mqa.nursingappstatus@flhealth.gov](mailto:mqa.nursingappstatus@flhealth.gov)

I want to be notified by email:  Yes  No

Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your e-mail 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.

**2. NURSING EDUCATION HISTORY**

A. NURSING SCHOOL ATTENDED: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

B. Program Type:  DIPL  LPN  ADN  BSN C. Date Graduated \_\_\_\_\_  
(MM/YYYY)

**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. Have you ever applied for licensure by examination in Florida, as a  RN  LPN ? Date \_\_\_\_\_

E. Have you ever been licensed in Florida as a  RN  LPN ? Date \_\_\_\_\_

F.  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?

\*If you answer "Yes" to question F in this section you must submit a self explanation as to why you are answering "Yes" to this question.

G. List all nursing licenses ( <b>active, inactive or lapsed</b> ) (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>Status of License and Expiry Date</u>

4. **REMEDIAL COURSE**

Applicants who have not passed the examination three consecutive times, regardless of the jurisdiction(s) for 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.floridasnursing.gov/education-and-training-programs/florida-board-of-nursing-approved-remedial-courses/>

Course Provider: \_\_\_\_\_ Completion Date: \_\_\_\_\_

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5. **CRIMINAL HISTORY** Answers to commonly asked questions can be found on our website at: <http://www.floridasnursing.gov/frequently-asked-questions-faqs/>

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.**

**Reckless driving, driving while license suspended or revoked (DWLSR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.**

B.  Yes  No Have you **EVER** had any records sealed pursuant to section 943.059, F.S., or other states applicable statute?

**Failure to disclose information in this section may result in a denial of your application.**

**If you answered "Yes" to either of the questions below you are required to send the following items:**

- Self Explanation** describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results.
- Final Dispositions and Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.
- Completion of Sentence Documents.** You may obtain document from the Department of Corrections. The report must include the start date, end date and that the conditions were met.
- Three (3) current (written within the last year) professional **Letters of Recommendation.**

6. LIVESCAN PRIVACY STATEMENT

NAME \_\_\_\_\_

I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation. (Found behind this application.)The Board will not receive your Livescan results if you do not affirm the above statement by checking this box.

**Electronic Fingerprinting: (Required for ALL applicants)**

All applicants, including out-of-state and out-of-country applicants, are required to submit their fingerprints electronically. The Department of Health accepts electronic fingerprinting offered by Livescan device providers that are approved by the Florida Department of Law Enforcement. For a list of approved Livescan vendors, please visit our website at : <http://www.floridahealth.gov/licensing-and-regulation/background-screening/index.html>;

**Applicants who completed Livescan for your original Examination Application or previous Re-examination application:** Results are valid for 1 year from the date the scanning is complete. If your previous results are older than 1 year you must be rescreened.

Typically background results submitted by Livescan are received by the Board within 24-72 hours of being processed. The Board of Nursing's ORI number is: **EDOH2550Z. The Board cannot accept hard fingerprint cards or results.** All results must be submitted electronically by the Livescan service provider. Livescan results sent to the Agency for Health Care Administration (AHCA) will delay the application process.

Livescan screenings done by a Florida Police or Sheriff's Department require that you login to the FDLE Civil Applicant Payment System (CAPS) at <https://caps.fdle.state.fl.us> and pay a fee before results will be released to our office.

Applicants who reside in an area where no Livescan service providers are available or because of state laws prohibiting transmission of fingerprints electronically across state lines should contact a Florida Livescan service provider who has the capability to convert a traditional card (hard card) into an electronic fingerprint card. See the list below.

Because the Florida Department of Health retains fingerprints on any applicant who is required to undergo a criminal history screening as of January 1, 2013, those prints are retained in the Care Provider Clearinghouse. This Clearinghouse allows for the sharing of criminal history information among specified agencies.

One of the requirements for your Livescan to be retained in the Clearinghouse is a photograph taken by the Livescan service provider at time of fingerprinting. If your Livescan is completed without a photograph, you may have to undergo additional fingerprinting in the future.

**Applicants needing hard fingerprint cards can request them via email at:** [Mqa.NursingAppstatus@flhealth.gov](mailto:Mqa.NursingAppstatus@flhealth.gov)

- Please include your current mailing address in your request for fingerprint cards.
- **The Board cannot accept hard fingerprint cards or results.**

For Frequently Asked Questions about Livescan see our website at: <http://www.floridahealth.gov/licensing-and-regulation/background-screening/index.html>;

To find providers who offer this service go to: <http://www.floridahealth.gov/licensing-andregulation/background-screening/livescan-service-providers.html>

Once you are on this page, click on the **"Sort by County or Out of State"** drop down menu and select **"Out of State"**.

Some Livescan service providers can provide electronic fingerprint submission to out of state applicants and mailing hard fingerprint cards will not be necessary. It is the responsibility of the applicant to verify that non-Florida vendors have the capacity and legal authority to send the results to Florida.

**7. DISCIPLINARY HISTORY**

- A.  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?
- B.  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?
- C.  Yes  No Do you have disciplinary action pending against any license?

**Failure to disclose information in this section may result in a denial of your application.**

**If you answered "Yes" to any of the questions in this section, you are required to send the following items:**

- Self Explanation**, describing in detail the circumstances surrounding the disciplinary action.
- A copy of the **Administrative Complaint and Final Order**.
- Three (3) current (written within the last year) professional **Letters of Recommendation**.

**8. CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS**

**IMPORTANT NOTICE:** Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer "Yes" to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court dispositions or agency orders where applicable.

1.  Yes  No Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction?

**If you responded "No" to the question above, skip to question 2.**

- a.  Yes  No If "Yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?
- b.  Yes  No If "Yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).



NAME \_\_\_\_\_

c.  Yes  No If "Yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?

d.  Yes  No If "Yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "Yes", please provide supporting documentation).

2.  Yes  No Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?

**If you responded "No" to the question above, skip to question 3.**

a.  Yes  No If "Yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?

3.  Yes  No Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?

**If you responded "No" to the question above, skip to question 4.**

a.  Yes  No If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

4.  Yes  No Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?

**If you responded "No" to the question above, skip to question 5.**

a.  Yes  No Have you been in good standing with a state Medicaid program for the most recent five years?

b.  Yes  No Did the termination occur at least 20 years before the date of this application?

5.  Yes  No Are you currently listed on the United States Department of Health and Human Services' Office of Inspector General's List of Excluded Individuals and Entities?

## Confidential and Exempt from Public Records Disclosure

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Pursuant to 42 U.S.C. § 666(a)(13), the department is required and authorized to collect Social Security Numbers relating to applications for professional licensure. Additionally, section 456.013(1)(a), Florida Statutes, authorizes the collection of Social Security Numbers as part of the general licensing provisions. This information is exempt from public records disclosure.

**Last Name:**

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**First Name:**

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**Middle Name:**

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**Social Security Number:**

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(Input with dashes)

**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](http://www.ssa.gov) or by calling 1-800-772-1213.

Board of Nursing  
4052 Bald Cypress Way, Bin # C02  
Tallahassee, Florida 32399-3252  
Phone: (850) 245-4125 Fax: (850) 617-6460  
Website: [www.floridasnursing.gov](http://www.floridasnursing.gov)

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.

*Failure to disclose information in this section may result in a denial of your application.*

A.  Yes  No Have you ever taken an examination for  LPN or  RN licensure?

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

Examination		State/Country	Month/Year	Results	
<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 Section 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 VUE by submitting an additional registration form and the required fee.

**11. HEALTH HISTORY (Supporting documentation should be sent directly to the board office.)**

- 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 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?
- E.  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?

If you answered "Yes" to any of the questions in this section, you are required to send the following items:

- Self Explanation**, 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 must be current within the last year.

NAME \_\_\_\_\_

**12. 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?

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**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 health care 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:

<http://www.flcenterfornursing.org/Donations/HowyourdonationshelptheFCN.aspx>

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 website or by adding your donation with your application fee.

**Do you want to donate to the Florida Center for Nursing?**

Yes  No

If you chose to include a donation with your application fee please indicate the amount. \$ \_\_\_\_\_

Donations are voluntary and do not impact the processing of your application. Donations made through the Florida Center for Nursing's website are tax deductible.

13. SPECIAL TESTING ACCOMMODATIONS

Yes

No

- You must have a **qualifying medical condition** in order to receive special accommodations.
- Applicants who require Special Accommodations should be aware that the process to have accommodations approved is quite lengthy, usually taking a minimum of 60 days.
- Applicants requiring Special Accommodations **should verify that the accommodations are available prior to scheduling their examination.**

In order to apply for special accommodations you must download the information booklet at <http://www.floridasnursing.gov/special-testing-accommodations/> or contact the Testing Services Unit at 850-245-4252.

14. 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, 775.082, 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: Ch 464 and Rule Chapter 64B9 may be obtained via the internet at [www.floridasnursing.gov](http://www.floridasnursing.gov)).

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 \_\_\_\_\_  
 This field cannot be typed. You must print out the application and sign it. MM/DD/YYYY

**All applications filed with the department are valid for one (1) year from the date of receipt or until the examination scores are received by the department, which ever comes first.**

# Electronic Fingerprinting

Take this form with you to the Livescan service provider. Please check the service provider's requirements to see if you need to bring any additional items.

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting to a fingerprint scan using the Livescan method;
- You can find a Livescan service provider at:  
<http://www.floridahealth.gov/licensing-and-regulation/background-screening/index.html>;
- Livescan screenings done by a Florida Police or Sheriff's Department require that you login to the FDLE Civil Applicant Payment System (CAPS) at <https://caps.fdle.state.fl.us> and pay a fee before results will be released to our office.
- Out of State/Country Livescan directions are included in the electronic fingerprinting section of this application.
- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider the Board office will not receive your background screening results;
- You must provide accurate demographic information to the Livescan service provider at the time your fingerprints are taken, **including your Social Security number (SSN)**;
- The ORI number for the Board of Nursing is: **EDOH2550Z**.
- Typically background screening results submitted through a Livescan service provider are received by the Board within 24-72 hours of being processed.
- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: \_\_\_\_\_

Aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Citizenship: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(W-White/Latino(a); B-Black; A-Asian; NA-Native American; U-Unknown)

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
(M=Male; F=Female)

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Transaction Control Number (TCN#): \_\_\_\_\_  
(This number will be provided to you by the Live Scan Vendor.)

*You will need to keep this form for your records. Do not send this form to the Board Office.*

## FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

### NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

**Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.**

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

**The FBI's Privacy Statement follows on a separate page and contains additional information.**

US Department of Justice  
Federal Bureau of Investigation  
Criminal Justice Information Services Division

### PRIVACY STATEMENT

**Authority:** The FBI's acquisition, preservation and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L.92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L.94-29; Pub.L.101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion of approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal Agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, security, licensing and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI( may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:** The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as many be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice,FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law , treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing the application, they may have additional routine uses.

**Additional Information:** The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice.



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



**Florida Board of Nursing**  
**DECLARATION OF PRIMARY STATE OF RESIDENCE**  
**For Multi-State Licensure Use Only**

*Florida has entered into the Nurse Licensure Compact which allows nurses the privilege to practice in other participating Compact states. As part of this process, all applicants for licensure must declare their primary state of residence (and all states where you are practicing or intend to practice).*

This form serves as a supporting document for the initial LPN/RN licensure application or Multi-State Upgrade Application only.

Name: \_\_\_\_\_  
Last/Surname First Middle

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_ FL license # \_\_\_\_\_  
MM/DD/YYYY (Input without dashes) If Applicable

Mailing Address:

\_\_\_\_\_  
Street / P.O.Box Apt. No. City

\_\_\_\_\_  
State Zip Code Home/Cell Telephone Number (Input with dashes)

YES  NO Are you currently active duty military?

I declare my primary state of residence is: \_\_\_\_\_

I intend to primarily practice in the state of : \_\_\_\_\_

I intend to practice in the state(s) of: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MM/DD/YYYY