Florida Board of Nursing

OFFICIAL NURSING PROGRAM GRADUATION LIST

Revised 4/4/2017

Note: Submission of this school list signifies that students have completed all requirements for graduation from an approved nursing program This document is confidential and may not be released as a public record.

This form is used exclusively for RN and LPN programs.

When complete, please send to MQA.BONGraduateNurse@flhealth.gov

Do not modify the format of this document.

School Information

School Name		**Campus Address**	
Degree: LPN, ADN, or BSN		**Graduation Date**	
NCLEX Code			

Contact Information

Report Date		**Contact Person**	
Verifying Signature		**Contact Phone**	

Graduate Names (please list in alphabetical order)

Last Name	First/Middle Name	Social Security Number	BON Office Use Only
	Use Tab key to insert additional rows		