

STATE OF FLORIDA)
)
COUNTY OF _____)

AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared _____,
who, after being duly sworn, deposes and states as follows:

1. I meet the qualifications for licensure as a Clinical Nurse Specialist under Florida Statutes 464.0115.

2. My clinical master's degree is in the specialty area of _____,
for which there is no national certification exam available within the clinical nurse specialist role.

3. I have at least 1000 hours of clinical experience in my area of clinical specialty and at least 500 of these hours have been completed post graduation.

FURTHER AFFIANT SAYETH NAUGHT.

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

(Typed name of notary public)

Commission number _____