ANNUAL REPORT
FOR
PROGRAMS IN NURSING

GUIDELINES: An Annual Report to be prepared and submitted by the faculty of the school of nursing will provide the Florida Board of Nursing information as required by section 464.019, F.S.

PURPOSE: To provide a mechanism to monitor components essential to the maintenance of an approved nursing education program in Florida.

DIRECTIONS: To complete the annual report form attached, use data from the preceding academic year (July 1-June 30). **Complete a separate Annual Report for each unique NCLEX code.**

The annual report is due to the Florida Board of Nursing office by November 1st annually pursuant to section 464.019 (4), F.S.

Name of School of Nursing _____

Address _____

_____

NCLEX Code: _____

Type of Nursing Program for this Report: **BSN** ☐ **ADN** ☐ **DIPLOMA** ☐ **PN** ☐

Dean/Director of Nursing Program

Name and credentials _____

Title _____ Email _____

Nursing Program Phone #: _____ Fax _____

NCLEX CODE _____

SECTION I: These questions should be answered to the extent applicable for the previous academic year pursuant to s. 464.019(4), F.S.

1) The number of student applications received _____

2) The number of qualified applicants _____

3) The number of applicants accepted _____

4) The number of accepted applicants who enroll in the program _____

5) The number of students enrolled in the program _____

6) The 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), F.S . _____

SECTION II: Provide a summary description of the program's compliance with s. 464.019(1)(a)-(g), F.S.

SECTION III: Affidavit

Please complete an Affidavit certifying continued compliance with s. 464.019(1), F.S. Mail the Affidavit with the Annual Report to the Board of Nursing. These documents should be received in the Board of Nursing office by November 1st.

NCLEX CODE _____

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: