

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

Exception to Nurse Practice Act and Notification Requirements to Accompany and Care for a Patient Temporarily Residing in Florida

The Florida Legislature granted an exception to Chapter 464, Florida Statutes, the Florida Nurse Practice Act for a legally qualified nurse of another state whose employment requires the nurse to accompany and care for a patient temporarily residing in Florida. Florida Statutes, Section 464.022(12), reads as follows:

“The practice of nursing by an legally qualified nurse of another state whose employment requires the nurse to accompany and care for a patient temporarily residing in this state for not more than 30 consecutive days, provided the patient is not in an inpatient setting, the board is notified prior to arrival of the patient and nurse, the nurse has the standing physician orders and current medical status of the patient available, and prearrangements with the appropriate licensed health care providers in this state have been made in case the patient needs placement in an inpatient setting.”

The nurse must provide notification to the Division of Medical Quality Assurance, Board of Nursing prior to arrival in Florida. The notification must include the nurse’s name (as it appears on the license), jurisdiction in which licensed is held, and license number and the address of the nurse. Also, the notification must include an affirmation that the nurse has the standing physician orders and current medical status of the patient and that prearrangements with the appropriate licensed health care providers in Florida have been made in case the patient needs placement in an inpatient setting. We encourage you to use the enclosed letter of notification.

Notification letters should be sent to:

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

Or by fax to: (850) 617-6460

If you have any questions or need additional information, you may email us at:

MQA.Nursing@flhealth.gov

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Date _____

To: Division of Medical Quality Assurance
Florida Board of Nursing
4052 Bald Cypress Way, Bin #C02
Tallahassee, FL 32399-3252

This is to notify you that I, _____,
(Please Type or Print First, Middle and Last Name)

licensed as a _____ in the State of _____,
(LPN, RN, ARNP)

License Number _____,

will be accompanying and caring for _____,
(Please Type or Print Patients First, Middle and Last Name)

in the State of Florida from _____ through _____.
(MM/DD/YYYY) (MM/DD/YYYY)

I am aware of and in compliance with ALL of the below listed requirements of the Florida Nurse Practice Act. **Please initial each requirement.**

____ Patient is not in an inpatient setting.

____ Visit is for no more than 30 consecutive days.

____ I am in possession of the patient's standing physician orders and current medical status.

____ I have made pre-arrangements with the appropriate health care providers in Florida should the patient require placement in an inpatient setting. I am aware of the location of the appropriate health care provider/facility in the area being visited by the patient under my care.

Signature Email Address

Street Address Agency Name (if applicable)

City, State and Zip Code Agency Telephone Number (if applicable)

Daytime Telephone Number Agency Fax Number (if applicable)