Dispensing Application for Advanced Practice Registered Nurse



Board of Nursing P.O. Box 6330

Tallahassee, FL 32314-6330

Website: www.floridasnursing.gov

Email: Mqa.Nursingappstatus@flhealth.gov Phone: (850) 245-4125

Fax: (850) 617-6460





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Do Not Write in this Space For Revenue Receipting Only

Dispensing is defined as selling medicinal drugs to patients in the office. A practitioner who writes prescriptions or provides complimentary samples is not a "dispensing practitioner," and therefore does not need to register with the department.

Dispensing Fee

\$100.00

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. Application fees are non-refundable.

1. PERSONAL INFORMATION

Name:				Date of Birth:
Last/Surname	First		Middle	MM/DD/YYYY
Mailing Address: (The addre	ess where mail and your l	icense should b	e sent)	
Street/P.O. Box			Apt. No.	City
State	ZIP	Country		Home/Cell Telephone (Input without dashes)
Physical Location: (Required	d if mailing address is a F	P.O. Box- This a	address will b	ne posted on the Department of Health's website.)
Street			Suite No.	City
State	ZIP	Country		Work/Cell Telephone (Input without dashes)
	ed of the status of your are notified via email you w	oplication by en ill be responsib	nail, check the	e "Yes" box and fill in your email address on the ng your email regularly and updating your email
	ses are public records. If	you do not wan	t your email	address released in response to a public records d contact the office by phone or in writing.
certify that the information on the nderstand an annual inspection				for a fee from my practice location and I