

Florida Board of Nursing  
PO Box 6330  
Tallahassee, FL 32314  
Phone: (850) 245-4125  
Fax: (850) 617-6460

## Dispensing Application for Advanced Registered Nurse Practitioners (ARNP)

Please complete this application in  
its entirety prior to printing.

Do Not Write in this Space  
For Revenue Receiving 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.

The fee of \$100.00 must be paid in the form of a cashier's check or money order, made payable to: DOH Florida Board of Nursing

1.

<b>Name:</b>			
_____	_____	_____	_____
Last/Surname	First	Middle	Florida License #
<b>Mailing Address: (Give the address where mail and your license should be sent)</b>			
_____			
Street/ P.O. Box	Apt. No.	City	
_____			
State	Zip	Country	Home/Cell Telephone (Input with dashes)
<b>Physical Location: This address should be where you will be/are dispensing. If dispensing at more than one location please attach an additional sheet with other locations.</b>			
_____			
Street	Apt. No.	City	
_____			
State	Zip	Country	Work/Cell Telephone (Input with dashes)

2.  Yes  No Have you ever been convicted or found guilty, regardless of adjudication, or pled guilty or nolo contendere (no contest) a criminal misdemeanor or felony in any jurisdiction? (If "Yes", submit the arrest and court records along with a disposition of the case to the Board.)
3.  Yes  No Have you ever had disciplinary action taken against your license to practice nursing by the licensing authority in Florida or in any other state or jurisdiction? (If "Yes", indicate all state(s) or jurisdictions involved in such disciplinary action.)
4.  Yes  No Do you have any additional pages attached?

I certify that the information on this form is true and correct. I dispense medicinal drugs for a fee from my practice location and I understand an annual inspection of my dispensing records will be conducted.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
This field cannot be typed. You must print out the application and sign it. MM/DD/YYYY