

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

Dispensing Application for Advanced Practice Registered Nurse (APRN)

Please complete this application in
its entirety prior to printing.

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.

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.

Name: _____
Last/Surname First Middle Florida License #

Mailing Address: (Give the address where mail and your license should be sent)

Street/ P.O. Box Apt. No. City

State Zip Country Home/Cell Telephone (Input with dashes)

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.

Street Apt. No. City

State Zip Country Work/Cell Telephone (Input with dashes)

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