FLORIDA BOARD OF NURSING

Retired Volunteer Nurse Application

Board of Nursing
PO Box 6330
Tallahassee, FL 32314
850-488-0595

Email: Mqa_Nursing@doh.state.fl.us

Website: www.doh.state.fl.us/mqa/nursing

January 2013

Who is eligible to apply for a retired volunteer nurse certification?

Any retired practical or registered nurse desiring to serve indigent, underserved, or critical need populations in Florida may apply to the Department of Health for a retired volunteer nurse certificate by providing:

1. A complete application.

2. Livescan Results – Florida Statute 464.009(3) requires a Level II Background Check on all nurses in Florida.

3. Verification that the applicant has been licensed to practice nursing in any jurisdiction in the United States for at least 10 years. If licensed in states other than Florida, please have license verifications provided to confirm 10 years of practice.

4. Has retired or plans to retire.

5. Intends to practice nursing only pursuant to the limitations provided by the retired volunteer nurse certificate. Letter from the hiring agency stating what position the Retired Volunteer Nurse will hold or has been offered.

6. Has not committed any act that would constitute a violation of the nurse practice act. If you have had disciplinary action taken against your license or if you have had a license denied, you must submit documentation that explains the reasons for such action(s). This would include copies of the administrative complaint and final order of the Board involved.

Practice Constraints

A retired volunteer nurse **must**:

1. Work under the direct supervision of a Florida licensed physician; advanced registered nurse practitioner or registered nurse

2. Comply with minimum standards of practice for nurses and be subject to disciplinary action for violations of the nurse practice act

3. Limit practice to primary and preventive health care

4. Work only in settings for which there are provisions for professional liability coverage for acts or omissions

5. Provide services in settings for indigent, underserved, or critical need populations.

Retired Volunteer Nurse Application Checklist

Use the following checklist to make sure your application is complete. **Final approval cannot be granted until your application is complete**.

(Section 1)

☑ **PERSONAL INFORMATION**: Applications will be processed in the complete name provided in this section. Be sure to use the same name and address on all documentation.

Physical Location: Section 456.035, F.S., requires that all licensees have a Physical Address/Practice Location on file with the Florida licensure Board. In this section you must list your Physical location or the address where you intend to work. If your mailing address is a P.O. Box you must provide another address. **The Physical address will be listed on the Department of Health website. A Florida address is not required.** We are unable to issue a license without this address.

(Section 2)

☐ **NURSING LICENSE VERIFICATION:** List all nursing licenses (**active, inactive, or lapsed**). Submit a License Verification Form to your original state of licensure.

(Section 3)

☐ **REQUIREMENTS OF RETIRED VOLUNTEER NURSE CERTIFICATE** All items must be completed in full.

(Section 4)

☐ **MANDATORY CONTINUING EDUCATION REQUIREMENT**: If you have completed a 2 hour course in the Prevention of Medical Errors and a 1 hour course in HIV/Aids, **please attest to this by placing a check in the box in this section. Certificates should not be sent to the**

If you have not completed a 2 hour course in the Prevention of Medical Errors a license cannot be issued until proof of completion has been submitted.

You may search for courses to satisfy this requirement through CE Broker at www.cebroker.com. CE courses are subject to audit. Licensees are required to maintain certificates for a period 4 years.

(Section 5)

☐ **APPLICANT BACKGROUND:** All items must be completed in full. On item 3 A, B, and C list all names by which you have been known.

If you answer **"Yes" to question J** in this section you **must submit a self explanation as to why you are answering "Yes" to this question.** In section K, you must list all current and previous nursing licenses.

Retired Volunteer Nurse Application

Please complete this application in its entirety prior to printing.

Florida Board of Nursing
PO Box 6330
Tallahassee, FL 32314
(850) 245-4125
www.Floridasnursing.gov

1. PERSONAL INFORMATION

Name: _____ _____ _____ **Date of Birth:** _____
Last/Surname First Middle MM/DD/YYYY

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

_____ _____ _____
Street Apt. No. City

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

Physical Location: (Required if mailing address is a P.O. Box- This addresss will be posed on the Department's website.)

_____ _____ _____
Street Apt./Suite No. City

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

_____ _____
Place of Birth **Mother's Maiden (Surname) Name**

2. LICENSE VERIFICATION

K. List all nursing licenses (**active, inactive or lapsed**). Submit a License Verification Form to your original and an active state of licensure (ATTACH ADDITIONAL SHEET, IF NECESSARY)

State/Country	License No.	RN or LPN	Date of Licensure	Status of License and Expiry Date

3. REQUIREMENTS OF RETIRED VOLUNTEER NURSE CERTIFICATION

A. ☐ Yes ☐ No — I have been licensed to practice nursing for at least 10 years and will practice nursing only pursuant to limitations provided by the retired volunteer nurse certificate.

B. ☐ Yes ☐ No — I plan to retire or have retired and intend to practice with indigent, underserved or critical needs patients for no compensation.

C. ☐ Yes ☐ No — I agree to work under the direct supervision of a physician, ARNP, or RN.

D. ☐ Yes ☐ No — I agree to work only in settings for which there are provisions for professional liability coverage for acts or omissions of the retired volunteer nurse.

E. ☐ Yes ☐ No — I agree that I will not: a. administer controlled substances; b. supervise other nurses; or c. receive monetary compensation.

F. ☐ Yes ☐ No — I am in good mental and physical health and able to practice nursing safely.

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4. MANDATORY CONTINUING EDUCATION REQUIREMENT

Per sections 456.013(7), 456.604 and 456.597, Florida Statutes, all applicants must submit evidence of completion of mandatory continuing education courses from an approved provider within the past 24 months:

☐ I attest, I have completed a 2 hour course in the Prevention of Medical Errors as required by Florida Statute.

☐ I attest, I have completed a 1 hour course in the HIV/AIDs as required by Florida Statute.

Applicants who have not completed these courses will not receive a license until proof of completion has been submitted.

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5. DISCIPLINARY HISTORY

(*Attach additional sheets, if necessary.)*

A. ☐ Yes ☐ No — Have you ever had disciplinary action taken against your license to practice any healthcare related profession by the licensing authority in Florida or in any other state, jurisdiction or country?

B. ☐ Yes ☐ No — Have you ever surrendered a license to practice any healthcare related profession in Florida or in any other state, jurisdiction or country while any such disciplinary charges were pending against you?

C. ☐ Yes ☐ No — Do you have any disciplinary action pending against your license?

If you answered "Yes" to any of the above questions, please send a written letter of self explanation. You must contact the Board(s) in the State(s) in which you were disciplined and request official copies of the Administrative Complaint and Final Order be sent directly to the Florida Board of Nursing.

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE*

* The following pages are exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USC § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

Board of Nursing

Name: _____

Last **First** **Middle**

Social Security Number: _____

(Input with dashes)

Social Security Information - * Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Section 456.013(1), 409.2577 and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub.L. Section 317) Clarification of the SSA process may be reviewed at www.ssa.gov or by calling 1-800-772-1213.

4052 Bald Cypress Way, Bin # C02
Tallahassee, Florida 32399-3252
Phone: (850) 245-4125 Fax: (850) 617-6460
Website: www.Floridasnursing.gov

6. APPLICANT SIGNATURE

I, the undersigned, state that I am the person referred to in this application for licensure in the State of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.083 and 775.084, Florida Statutes.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. Should I furnish any false information in this application I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Registered Nurse or Licensed Practical Nurse in the State of Florida.

I further state that I have read and understand Chapter 464, Florida Statutes, and Rule Chapter 64B9, Florida Administrative Code as they pertain to the practice of nursing (Note: A current copy of Ch 464 and Rule Chapter 64B9 may be obtained via the internet at http://www.Floridasnursing.gov).

Florida Law requires you to immediately inform the Board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

I will comply with all requirements for licensure renewal including continuing education credits.

Applicant's Signature_____ **Date** _____

This field cannot be typed. You must print out the application and sign it. MM/DD/YYYY

MAILING INSTRUCTIONS

The application and fee should be mailed to:

Department of Health
Board of Nursing
Post Office Box 6330
Tallahassee, Florida 32314-6330

CERTIFICATION LETTER

As proof of certification, you will receive a letter from the Board stating you have met eligibility requirements. **It will be embossed with the Board's seal to insure its authenticity.** The letter will allow you to work as a retired volunteer nurse. You are permitted to work only under the restrictions established by Florida law.

You will be notified within 30 days if additional information is needed to process your application.

Florida Board of Nursing, 4052 Bald Cypress Way, BIN C02, Tallahassee, Florida 32399
Telephone: (850) 245-4125 FAX Number: (850) 617-6460
E-mail: MQA.Nursing@flhealth.gov
www.Floridasnursing.gov

FORMS

☐ **Electronic Fingerprinting: (Required for ALL applicants)**

On July 1, 2012 Section 456.0135, Florida Statute (F.S.) was revised to require an initial application to include electronically submitted fingerprints.

The Department of Health accepts electronic fingerprinting offered by Livescan service providers that are approved by the Florida Department of Law Enforcement.

For a list of approved Livescan service providers and Frequently Asked questions please visit our website at:

http://www.floridahealth.gov/licensing-and-regulation/background-screening/index.html

Typically fingerprints submitted by a Livescan service provider are received by the Board within 24-72 hours of being processed.

The Board of Nursing's ORI number is: EDOH4420Z.

☐ **License Verification:** The Florida Board of Nursing requires verification of licensure from your original state of licensure and from a state in which you have a current active license. Only (1) verification is required if your original state is current (active). You may need to use one or both of the verification methods listed below to have your license verification sent to Florida.

- **NURSYS:** An electronic verification system that includes nurse license and discipline information provided by boards of nursing in the United States and its territories. NURSYS™ receives regular updates of nurses' personal (name, address, etc.) and license information from participating boards of nursing. Florida is a participating member of NURSYS™. Request forms may be filled out online at https://www.nursys.com/.
- **NURSING LICENSE VERIFICATION FORM:** Use this form only if your state is not listed in NURSYS. Complete Part I of this form and send it to your original and active state(s) of licensure. Contact the appropriate State Board(s) of Nursing through the National Council of State Board of Nursing website (www.ncsbn.org) to determine the fee for verification of licensure. The state verifying the licensure must send the license verification directly to the Florida Board of Nursing.

☐ **EMPLOYMENT VERIFICATION LETTER:** Letter from the hiring agency stating what position the Retired Volunteer Nurse will hold or has been offered.

Electronic Fingerprinting

Take this form with you to the Livescan service provider. Please check the service provider's requirements to see if you need to bring any additional items.

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting to a fingerprint scan using the Livescan method;
- You can find a Livescan service provider at: http://www.floridahealth.gov/licensing-and-regulation/background-screening/index.html;
- Failure to submit background screening will delay your application;
- Applicants may use any Livescan service provider approved by the Florida Department of Law Enforcement to submit their background screening to the department;
- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider the Board office will not receive your background screening results;
- You must provide accurate demographic information to the Livescan service provider at the time your fingerprints are taken, ***including your Social Security number (SSN)***;
- The ORI number for the Board of Nursing is: EDOH4420Z.
- Typically background screening results submitted through a Livescan service provider are received by the Board within 24-72 hours of being processed.
- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: _____

Aliases: _____

Date of Birth: _____ (MM/DD/YYYY)

Place of Birth: _____

Social Security Number: _____

Citizenship: _____

Race: _____ (W-White/Latino(a); B-Black; A-Asian; NA-Native American; U-Unknown)

Sex: _____ (M=Male; F=Female)

Weight: _____

Height: _____

Eye Color: _____

Hair Color: _____

Address: _____

Apt. Number: _____

City: _____

State: _____

Zip Code: _____

Transaction Control Number (TCN#): _____
(This will be provided to you by the Livescan service provider.)

You will need to keep this form for your records.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Y**our Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.**
Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11-C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

US Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division

PRIVACY STATEMENT

Authority: The FBI's acquisition, preservation and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L.92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L.94-29; Pub. L.101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion of approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal Agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as my be relevant to the activity for which this application is being submitted, the FBI(may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as many be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice, FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law , treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing the application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice.

License Verification Request

Important- Please DO NOT use this form if your state is listed on NURSYS, visit www.nursys.com. If your state is not on NURSYS find your state's contact information at https://www.ncsbn.org/515.htm. Please be aware that most states charge a fee for license verification. This fee is not included in your Florida application fee.

PART I: TO BE COMPLETED BY APPLICANT (*Send to your original and current state(s) of licensure (not Florida). Make Copies as necessary.)*

Applicant Name: _____ SS#:_____

Address:_____

Name original license was issued under: _____

License Number: _____ State of: _____

I hereby authorize release of any information regarding my licensure status to the Florida Board of Nursing.

Applicant Signature: _____ Date: _____

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PART II: TO BE COMPLETED BY YOUR STATE BOARD OF NURSING

All verifications must include the following criteria:

* Typed on an official state form or letterhead
* Include an official Board seal
* Signature and title of state Board official

The following information must be included in all verifications:

* Licensee name
* License number
* State or jurisdiction of licensure
* Level of licensure (RN/LPN)
* Dates of issuance/expiration
* Licensure method (state exam, national exam, endorsement, reciprocity)
* Licensure status
* Is license in good standing?
* Has this license ever been encumbered (denied, revoked, suspended surrendered, limited, placed on probation)?

*If this license has ever been encumbered please forward all orders to the Florida Board of Nursing with this form.

Complete verifications must be completed in English and mailed or sent electronically directly from the official state of licensure directly to the Florida Board of Nursing.