



## ANNUAL REPORT FOR PROGRAMS IN NURSING

**GUIDELINES:** An Annual Report to be prepared and submitted by the faculty of the school of nursing will provide the Florida Board of Nursing information as required by section 464.019, F.S.

**PURPOSE:** To provide a mechanism to monitor components essential to the maintenance of an approved nursing education program in Florida.

**DIRECTIONS:** To complete the annual report form attached, use data from the preceding academic year (July 1-June 30). **Complete a separate Annual Report for each unique NCLEX code.**

**The annual report is due to the Florida Board of Nursing office by November 1st annually pursuant to section 464.019 (4), F.S.**

Name of School of Nursing \_\_\_\_\_

Address \_\_\_\_\_

NCLEX Code: \_\_\_\_\_

Type of Nursing Program for this Report: **BSN**  **ADN**  **DIPLOMA**  **PN**

Owner Name \_\_\_\_\_

Dean/Director of Nursing Program

Name and credentials \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Nursing Program Phone #: \_\_\_\_\_ Fax \_\_\_\_\_

Board of Nursing, Annual Report  
DH-MQA 1096, 07/18 (Rule 64B9-2.016, F.A.C.)

**SECTION I:** These questions should be answered to the extent applicable for the previous academic year pursuant to s. 464.019(4), F.S.

- 1) The number of student applications received \_\_\_\_\_
- 2) The number of qualified applicants \_\_\_\_\_
- 3) The number of applicants accepted \_\_\_\_\_
- 4) The number of accepted applicants who enroll in the program \_\_\_\_\_
- 5) The number of students enrolled in the program \_\_\_\_\_
- 6) The number of program graduates \_\_\_\_\_
- 7) The program's retention rates for students tracked from program entry to graduation \_\_\_\_\_
- 8) The program's accreditation status, including identification of the accrediting agencies not described in s. 464.003(1), F.S. \_\_\_\_\_

**SECTION II:** Provide a summary description of the program's compliance with s. 464.019(1)(a)-(g), F.S.

**SECTION III: Affidavit**

Please complete an Affidavit certifying continued compliance with s. 464.019(1), F.S. Mail the Affidavit with the Annual Report to the Board of Nursing. These documents should be received in the Board of Nursing office by November 1<sup>st</sup>.

**Nursing Education Program Affidavit of Compliance**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_,

who is the nursing program director at \_\_\_\_\_,

after being duly sworn, deposes and states as follows:

I certify continued compliance with s. 464.019, Florida Statutes

Nursing Program Name \_\_\_\_\_

FURTHER AFFIANT SAYETH NAUGHT.

\_\_\_\_\_  
Program Director

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_,

by \_\_\_\_\_ who is personally known to me or has provided identification

in the form of \_\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_

Commission number \_\_\_\_\_

Seal: