

STATE OF FLORIDA        )  
  )  
COUNTY OF \_\_\_\_\_)

**AFFIDAVIT**

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_,  
who, after being duly sworn, deposes and states as follows:

1. I meet the qualifications for licensure as a Clinical Nurse Specialist under Florida Statutes 464.0115.

2. My clinical master's degree is in the specialty area of \_\_\_\_\_,  
for which there is no national certification exam available within the clinical nurse specialist role.

3. I have at least 1000 hours of clinical experience in my area of clinical specialty and at least 500 of these hours have been completed post graduation.

FURTHER AFFIANT SAYETH NAUGHT.

\_\_\_\_\_

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

\_\_\_\_\_  
(Typed name of notary public)

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