

**FINANCIAL RESPONSIBILITY**  
**Advanced Practice Registered Nurse**

Name: \_\_\_\_\_

License Number or Applicant ID: \_\_\_\_\_

The Financial Responsibility options are divided into two categories, coverage and exemptions. Choose only **ONE** option that best describes your situation. If you provided financial responsibility information to a hospital or elsewhere, please be consistent when choosing an option below.

Please be advised, failing to choose an option or choosing more than one option will delay your licensure. Department staff is unable to advise you on which option to choose. If you have questions regarding choosing an option, consult your personal legal counsel, insurance company or financial institution for advice.

**FINANCIAL RESPONSIBILITY COVERAGE**

1.  I have obtained and will maintain Professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer under Section 624.09, F.S., a surplus lines insurer under Section 626.914(2), F.S., a joint underwriting association under Section 627.351(4), F.S., a self-insurance plan under Section 627.357, F.S., or a risk retention group under Section 627.942, F.S.
2.  I have obtained and will maintain an unexpired irrevocable letter of credit as defined by Chapter 675, F.S. which is in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000 and which is payable to the APRN as beneficiary.

**EXEMPTION CATEGORIES OF FINANCIAL RESPONSIBILITY COVERAGE:**

1.  I practice exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions.
2.  I hold a limited license issued pursuant to s. 456.015, F.S. and practice only under the scope of the limited license.
3.  My Florida license is inactive and I do not practice in the State of Florida.
4.  I practice only in conjunction with my teaching duties at an accredited school or in its main teaching hospitals.
5.  My Florida license is active, but I do not practice in the State of Florida.
6.  I have just completed my Advanced Practice Registered Nurse Program and/or I am not yet practicing in Florida.

456.067 Penalty for giving false information.—In addition to, or in lieu of, any other discipline imposed pursuant to s. 456.072, the act of knowingly giving false information in the course of applying for or obtaining a license from the department, or any board thereunder, with intent to mislead a public servant in the performance of his or her official duties, or the act of attempting to obtain or obtaining a license from the department, or any board thereunder, to practice a profession by knowingly misleading statements or knowing misrepresentations constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.08.

Signature of Licensee: \_\_\_\_\_