

This form is required for all applicants.

Board of Nursing Financial Responsibility



Name: _____

Florida License Number (if applicable): _____

The Financial Responsibility options are divided into two categories: coverage and exemptions.

Choose only ONE option that best describes your situation, unless you choose **option 3** in the “**Financial Responsibility Coverage**” section. Not making a choice or choosing more than one option will make this form invalid. Staff is unable to advise you on which option to choose. If you have questions regarding an option, consult your legal counsel, insurance company or financial institution.

FINANCIAL RESPONSIBILITY COVERAGE

1. I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F.S., from a surplus lines insurer as defined under s. 626.914(2), F.S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F.S., or through a plan of self-insurance as provided in s. 627.357, F.S., or a risk retention group under s. 627.942, F.S.
2. I have obtained and will maintain an unexpired irrevocable letter of credit as defined by ch. 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.
3. I am exempt from financial responsibility coverage (*if you choose this option you must choose one option from the exemption category on the following page.*)

EXEMPTION CATEGORIES OF FINANCIAL RESPONSIBILITY COVERAGE

1. I practice medicine 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 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.

Section 456.067, F.S., Penalty for giving false information. - In addition to, or in lieu of, any other discipline imposed pursuant to s. 456.072, F.S., the act of knowingly giving false information in the course of applying for or obtaining a license for the department, or any board thereunder, with intent to mislead a public servant in the performance of his or her 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 in s. 775.082, s.775.083, or s. 775.08, F.S.

Applicant Signature _____ Date _____

You may print this application and sign it or sign digitally.

MM/DD/YYYY

Board of Nursing
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