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 (3), 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, 08/18 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(3), 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(3), 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 1st.

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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:

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