



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**

Dean/Director of Nursing Program

Name and credentials

Title

Email

Nursing Program Phone #:

Fax

Board of Nursing, Annual Report
DH-MQA 1096, 05/10 (Rule 64B9-2.016, F.A.C.)

NCLEX CODE

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 1st.

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: