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# Florida Board of Nursing

## Third-Party Authorization

If you would like someone other than yourself to act as your representative in the licensure process for this application, please complete this form and have your signature notarized. Discard this form if you are submitting the application for yourself and do not want another person to act on your behalf.

I, \_\_\_\_\_, the undersigned, do hereby

authorize \_\_\_\_\_, whose address is

\_\_\_\_\_, his/her agents, or employees, to act for me and in my name with respect to my application for licensure with the Florida Board of Nursing, with the exception of withdrawing my application or requesting a refund.

Date \_\_\_\_\_ Signature \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_/\_\_\_\_/\_\_\_\_ by

\_\_\_\_\_  
SEAL

Notary Public

To withdraw your authorization of a third party representing you, please submit a written request to the board office at the address below.