

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

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**As of January 19, 2018, RNs/LPNs with a multi-state license no longer need a visiting nurse permit to temporarily practice in Florida due to Florida joining the eNLC. The Nurse Practice Act, Section 464.0095, FS, article 3, allows RNs/LPNs multi-state licensure privileges, without a required nurse permit. Please fill out the following application if you do not have a current, active multi-state license.**

### **Exception to Nurse Practice Act and Notification Requirements to Accompany and Care for a Patient Temporarily Residing in Florida**

The Florida Legislature granted an exception to Chapter 464, Florida Statutes, the Florida Nurse Practice Act for a legally qualified nurse of another state whose employment requires the nurse to accompany and care for a patient temporarily residing in Florida. Florida Statutes, Section 464.022(12), reads as follows:

“The practice of nursing by an legally qualified nurse of another state whose employment requires the nurse to accompany and care for a patient temporarily residing in this state for not more than 30 consecutive days, provided the patient is not in an inpatient setting, the board is notified prior to arrival of the patient and nurse, the nurse has the standing physician orders and current medical status of the patient available, and prearrangements with the appropriate licensed health care providers in this state have been made in case the patient needs placement in an inpatient setting.”

The nurse must provide notification to the Division of Medical Quality Assurance, Board of Nursing prior to arrival in Florida. The notification must include the nurse’s name (as it appears on the license), jurisdiction in which licensed is held, and license number and the address of the nurse. Also, the notification must include an affirmation that the nurse has the standing physician orders and current medical status of the patient and that prearrangements with the appropriate licensed health care providers in Florida have been made in case the patient needs placement in an inpatient setting. We encourage you to use the enclosed letter of notification.

Notification letters should be sent to:  
Florida Board of Nursing 4052 Bald Cypress Way Bin C-02 Tallahassee, FL 32399  
Or by fax to: (850) 617-6460

If you have any questions or need additional information, you may email us at:  
[MQA.Nursing@flhealth.gov](mailto:MQA.Nursing@flhealth.gov)

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Date \_\_\_\_\_

To: Division of Medical Quality Assurance  
Florida Board of Nursing  
4052 Bald Cypress Way, Bin #C02  
Tallahassee, FL 32399-3252

This is to notify you that I, \_\_\_\_\_,  
(Please Type or Print First, Middle and Last Name)

licensed as a \_\_\_\_\_ in the State of \_\_\_\_\_,  
(LPN, RN, ARNP)

License Number \_\_\_\_\_,

will be accompanying and caring for \_\_\_\_\_,  
(Please Type or Print Patients First, Middle and Last Name)

in the State of Florida from \_\_\_\_\_ through \_\_\_\_\_.  
(MM/DD/YYYY) (MM/DD/YYYY)

I am aware of and in compliance with ALL of the below listed requirements of the Florida Nurse Practice Act. **Please initial each requirement.**

\_\_\_\_ Patient is not in an inpatient setting.

\_\_\_\_ Visit is for no more than 30 consecutive days.

\_\_\_\_ I am in possession of the patient's standing physician orders and current medical status.

\_\_\_\_ I have made pre-arrangements with the appropriate health care providers in Florida should the patient require placement in an inpatient setting. I am aware of the location of the appropriate health care provider/facility in the area being visited by the patient under my care.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Agency Name (if applicable)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Agency Telephone Number (if applicable)

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Agency Fax Number (if applicable)

**Florida Department of Health**  
**Division of Medical Quality Assurance**  
Bureau of Health Care Practitioner Regulation / Board of Nursing  
4052 Bald Cypress Way, Bin C-02 • Tallahassee, FL 32399  
PHONE: 850/245-4125 • FAX: 850/617-6460  
**FloridaHealth.gov**

[www.FloridaHealth.gov](http://www.FloridaHealth.gov) TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth YOUTUBE: fldoh FLICKR:  
HealthyFla PINTEREST: HealthyFla