Nursing Licensure by Re-examination Application

Board of Nursing
P.O. Box 6330
Tallahassee, FL 32314-6330
Website: FloridasNursing.gov
Email: MQA.NursingAppStatus@FLHealth.gov
Phone: 850-245-4125
Fax: 850-617-6460

Florida HEALTH

DH-MQA 1120, Revised 6/2026, Rule 64B9-3.002, F.A.C.

Are you an active-duty member of the United States Armed Services?

Are you a veteran of the United States Armed Services?

Are you the spouse of a veteran of the United States Armed Services?

Are you the spouse of an active member of the United States Armed Services?

If you answered “Yes” to any of these questions, you may qualify for a reduction in your application fees. You can find information about the Florida Department of Health’s commitment to serving members and veterans of the United States Armed Forces and their families online at FLHealthSource.gov/VALOR.

Florida HEALTH

DH-MQA 1120, Revised 6/2026, Rule 64B9-3.002, F.A.C.

Nurse Licensure Compact State Information

Florida is a member of the Nurse Licensure Compact (NLC). The NLC allows a registered nurse or licensed practical nurse licensed in a Compact State to practice across state lines in another Compact State without having to obtain a license in the other state unless the nurse moves and declares the new Compact State as their new primary state of residence. It is important to understand that the NLC requires nurses to adhere to the nursing practice laws and rules of the state in which they practice under their Compact license. The Compact does not include Advanced Practice Registered Nurses. If a nurse moves from one state to another and establishes residency, the nurse must apply for licensure in that state. Visit the National Council of State Boards of Nursing (NCSBN) website NCSBN.org/Nurse-Licensure-Compact.htm for a list of states that have implemented the Compact.

Re-examination Application Instructions

Individuals submitting a re-examination application are not eligible for Graduate Nurse or Graduate Practical Nurse status and are no longer eligible for employment in that capacity.

All applicants are required to register with Pearson VUE at NCLEX.com/ or by telephone at 866-496-2539. Upon approval of your application, you will be made eligible for the NCLEX and receive your Authorization to Test (ATT) letter from Pearson VUE. While you may apply at any time, you may not schedule a test date until 45 days have passed since your last attempt.

Pearson VUE

Applicants should receive their Authorization to Test (ATT) **within 72 hours** after being made eligible by the board, or the date you register with Pearson, **whichever is later**.

Any applicant who does not take their scheduled examination by the end date of their ATT must re-register with Pearson VUE and notify the board office. **The board is not able to grant extensions.**

The **first and last name** listed on your application and provided to Pearson VUE **must match the identification** that you intend to provide on the day of your examination.

When you arrive at the test center, you will be **required to present your ATT Letter** and **Acceptable Identification**.

If you arrive without these materials, or the materials do not match, you will be turned away and will be required to re-register and repay Pearson VUE's examination fee of $200.00.

Several security measures will be enforced during the administration of the examination. Strict candidate identification requirements have been established by NCSBN. Find out more at NCLEX.com/Acceptable-ID.page.

Only the identification listed below will be accepted:

U.S. Driver License	Permanent Residence Card
U.S. Military Identification	Provincial/Territorial or State Identification Card
Passport (The only identification acceptable for testing centers outside the U.S.)	

All identification, including temporary identification*, must:

Be valid	Include a photograph	Not be expired	Contain your name in Roman characters
Include a signature		Be government-issued	

* Examples of temporary identification include limited term IDs and any ID reading "temp" or "temporary."

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Fax: 850-617-6460
Email: MQA.NursingAppStatus@FLHealth.gov

Do Not Write in this Space
For Revenue Receipting Only

If you have previously applied to take the examination in Florida and your application expired, or you have already taken the examination for the state of Florida, submit this application. All other applicants will need to submit the **"Nursing Licensure by Examination Application."** Find the application at: FloridasNursing.gov/Applications/LPN-RN-Exam-App.pdf.

Select application type:

☐ Registered Nurse (RN) 1701- $50.00

☐ Licensed Practical Nurse (LPN) 1702- $50.00

Total fee of $50.00 includes the following:

Processing Fee (non-refundable) $50.00

Previously paid application fees cannot be used to pay for a new application.

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health.

The name on this application must match the name on your NCLEX application to Pearson VUE exactly. Your name not matching exactly as it appears on your identification will result in you not being allowed to take the exam at your scheduled time and cause a substantial increase in costs for re-application to this board and to Pearson VUE.

1. PERSONAL INFORMATION

Name: _____ **Date of Birth:** _____
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)

_____ _____ _____
Street/P.O. Box Apt. No. City

_____ _____ _____ _____
State ZIP Country Home/Cell Telephone

Physical Location: (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website.)

_____ _____ _____
Street Apt. No. City

_____ _____ _____ _____
State ZIP Country Work/Cell Telephone

EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with 41 CFR Part 60-3-Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender: ☐ Male ☐ Female

Race: ☐ Native Hawaiian or Pacific Islander ☐ American Indian or Alaska Native ☐ Two or More Races ☐ Hispanic or Latino ☐ Black or African American ☐ White ☐ Asian

Email Notification: To be notified of the status of your application by email check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

☐ Yes ☐ No Email Address: _____

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

2. SOCIAL SECURITY DISCLOSURE

This information is exempt from public records disclosure.

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section 456.013(1)(a), Florida Statutes, authorizes the collection of Social Security numbers as part of the general licensing provisions.

Last Name: _____

First Name: _____

Middle Name: _____

U.S. Social Security Number: _____

Social Security Information- * Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, § 653 and 654; and sections 456.013(1), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at SSA.gov or by calling 800-772-1213.

You may apply for licensure before obtaining a U.S. Social Security number. However, you will not be issued a license until proof of a U.S. Social Security number is received.

Board *of* Nursing
4052 Bald Cypress Way Bin C-02
Tallahassee, FL 32399-3252

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3. SPECIAL TESTING ACCOMMODATIONS

Applicants must have a qualifying medical condition in order to receive special accommodations. Applicants requiring special accommodations should **verify that the accommodations are available prior to scheduling their examination.**

Do you require special testing accommodations? ☐ Yes ☐ No

Applicants who require special accommodations should be aware that the process to have accommodations approved is quite lengthy, usually taking a minimum of 60 days. To apply for special accommodations, download the instruction booklet from our website under the Resources tab (Nursing Applications), or contact the Special Testing Coordinator at 850-245-4252. **Accommodation requests must be sent to:**

Department of Health, Division of Medical Quality Assurance
Bureau of Operations, Attention: Special Testing Coordinator
4052 Bald Cypress Way, Bin C-90
Tallahassee, FL 32399-3260

4. NURSE LICENSURE COMPACT (NLC)

Requirements that must be met to qualify for a multistate license from Florida:

Florida must be the Primary State of Residence*
Florida's requirements for initial licensure must be met
The status of **all** nursing licenses (CNA, LPN, RN, and APRN) must be clear and unencumbered in all jurisdictions**
Must not have **any** misdemeanor conviction*** related to the practice of nursing, **regardless of adjudication**
Must not have **any** felony conviction***, **regardless of adjudication**
Must not be enrolled with the Intervention Project for Nurses (IPN) or any other treatment program for impaired practitioners
Must have a U.S. Social Security number
Must have completed an LPN or RN program, PNEQ **does not** qualify
Applicants Educated Outside the U.S. or NCSBN Jurisdiction Only
Education must be evaluated by an independent credentials review agency
Education completed in a language other than English will require an English competency examination

Terminology:

***Primary state of residence** is defined by the Compact as the "person's declared fixed permanent and principal home for legal purposes; domicile."

****Encumbrance** means "revocation or suspension of, or any limitation on, the full and unrestricted practice of nursing, imposed by a licensing board."

*****Conviction** is defined as being "convicted or found guilty, or has entered into an agreed disposition other than a disposition that results in nolle prosequi, for an offense under applicable state or federal criminal law."

Proof of primary residence may include but is not limited to:

Driver license with a home address
Voter registration card displaying a home address
Federal income tax return declaring the primary state of residence
W2 from U.S. Government or any bureau, division, or agency thereof indicating the declared state of residence

A. Do you declare Florida to be your primary state of residence for multistate licensure and are you providing a Florida address? ☐ Yes ☐ No

If you **do not have a current Florida mailing address, and wish to have a multistate license, you must provide** one of the documents listed above. If Florida is not your primary state of residence, you are **not eligible** for a Florida multistate license and your application will be processed for a single state license.

B. Do you hold an active NLC multistate license in another state? ☐ Yes ☐ No

A nurse may only hold one multistate license. If your declared primary state of residence is another Compact state and you are not changing your primary residence to Florida, you are **not eligible** for a multistate license in Florida and should **not submit this application,** as your NLC license allows you to practice in Florida.

Name: _____

5. APPLICANT BACKGROUND

A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

_____

B. If you have previously been licensed, what name did you use when you were first licensed?

_____

C. Have you ever applied for nursing licensure in Florida? ☐ Yes ☐ No

If "Yes," complete the following:

Application Method	License Type	Date (MM/DD/YYYY)
☐ Examination ☐ Endorsement	☐ LPN ☐ RN	
☐ Examination ☐ Endorsement	☐ LPN ☐ RN	

D. Have you ever held a nursing license in Florida? ☐ Yes ☐ No

If "Yes," complete the following:

License Type	Date (MM/DD/YYYY)
☐ LPN ☐ RN	
☐ LPN ☐ RN	

E. Do you hold, or have you ever held a license to practice nursing or any other health-related license(s)?
☐ Yes ☐ No

F. List all health-related licenses (active, inactive, or lapsed).

License Type	License #	State/Country	Original Date Issued (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	Status of License

6. AVAILABILITY FOR DISASTER

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster? ☐ Yes ☐ No

If you respond "Yes," your name will be added to a listing that is available to the Department of Health if a disaster is declared. If you live in an area where you may be able to help you will be called on if needed.

Name: _____

7. EDUCATION HISTORY

A. List the nursing school you attended.

School Name:		**School Address** (Street, City, State, ZIP, Country)**:**	
Graduation Date (MM/DD/YYYY):		**Degree Awarded:**	☐ **Diploma** ☐ **LPN** ☐ **ADN** ☐ **BSN**

B. What name(s) did you use when you received your nursing education? _____

_____

Applicants educated outside the U.S., or Graduates from U.S. Territories whose regulatory nursing board is **not a member of the National Council of State Boards of Nursing** (NCSBN) who fall into one of the following situations will be required to submit a Course-by-Course Education Evaluation Report from a board-approved credentialing agency as well as provide proof of English competency if textbooks and instruction were not completed in English. For additional information visit FloridasNursing.gov/Forms/Licensure-Info-Edu-Outside-US.pdf.

- If it has been **more than two years** since you last applied to the Florida Board of Nursing to take the NCLEX Examination and your previous Education Credentials Report or English competency is no longer available or no longer meets the minimum requirements.
- If you have previously submitted a ***translation*** of your education credentials to the board. These do not meet statutory requirements and will not be accepted.

Credentials reports received from a credentialing agency not listed below will not be accepted.

Ashland Educational Services
Foreign Credentials Evaluation Agency
15192 S.W. 137 Street, Suite 10
Miami, FL 33196, USA
Phone: 786-457-4608
Email: Admin@AshlandEducationalServices.com
Web: AshlandEducationalServices.com

Educational Records Evaluation Service, Inc.
2480 Hilborn Road, Suite 106
Fairfield, CA 94534, USA
Phone: 707-759-2866
Email: Edu@ERES.com
Web: ERES.com

SpanTran: The Evaluation Company
Phone: 305-749-0333
Email: Intake@SpanTran.com
Web: SpanTran.com
Houston Office -
2400 Augusta Drive, Suite 451
Houston, TX 77057, USA
Miami Office -
2655 Le Jeune Rd, Suite 602
Coral Gables, FL 33134, USA

Span Tran New York Office -
450 Fashion Ave, Suite 1004
New York, NY 10123, USA

Commission on Graduates of
Foreign Nursing Schools
3600 Market Street, Suite 400
Philadelphia, PA 19104-2641, USA
Applicant Inquiries: 215-349-8767
Customer Service Fax: 215-622-0425
Automated Phone System (to check status): 215-599-6200
Email: Info@CGFNS.org
Web: CGFNS.org

International Education Evaluations, LLC
7900 Matthews-Mint Hill Road, Suite 300
Charlotte, NC 28227, USA
Phone: 615-337-1611
Web: MyIEE.org

Josef Silny & Associates, Inc.
International Education Consultants
7101 S.W. 102 Avenue
Miami, FL 33173, USA
Phone: 305-273-1338
Fax: 305-273-1338
Email: Info@JSilny.org
Web: JSilny.org

Name: _____

Approved English Competency Examinations

IELTS Cambridge/IELTS International
100 East Corson Street, Suite 200
Pasadena, CA 91103, USA
Phone: 626-564-2954
Fax: 626-564-2981
Email: IELTS@CEII.org
Web: IELTS.org

Michigan Language Assessment
Argus 1 Building
535 West William Street, Suite 310
Ann Arbor, MI 48104-4978, USA
Phone: 734-615-9629
Fax: 734-763-0369
Web: MichiganAssessment.org/Michigan-Tests/Met/

Occupational English Test
(OET)
Post Office Box 16136
Collins St. West VIC 8007
Australia
Web: OccupationalEnglishTest.org/

PTE Academic
English Language Learning
221 River Street
Hoboken, NJ 07030, USA
Phone: 903-474-5972
Applicant Inquiries: PearsonPTE.com

TOEFL Services
Educational Testing Service
Post Office Box 6151
Princeton, NJ 08541-61511, USA
Phone: 609-771-7100
Fax: 609-734-1560
Email: TOEFL@ETS.org
Web: ETS.org

Applicants with questions regarding visas or work permits should contact:

Bureau of Immigration and Customs Enforcement
4255 "I" Street N.W.
Washington D.C. 20536, USA
Phone: 800-375-5283
Web: USCIS.gov/Portal/Site/USCIS

For visa screenings contact:

Commission on Graduates of Foreign Nursing Schools (CGFNS)
3600 Market Street
Philadelphia, PA 19104, USA
Phone: 215-349-8767
Web: CGFNS.org

Josef Silny & Associates, Inc.
International Education Consultants
7101 S.W. 102 Avenue
Miami, FL 33173, USA
Phone 305-273-1138
Web: JSilny.org

8. REMEDIAL COURSE

Applicants who have taken the exam three consecutive times and not passed, regardless of the jurisdiction(s) for which the examination was taken, are required to complete a board-approved remedial course before they will be approved for re-examination. A list of approved course providers can be found at: FloridasNursing.gov/Education-And-Training-Programs/Florida-Board-Of-Nursing-Approved-Remedial-Courses.

Course Provider: _____ Completion Date: _____
MM/DD/YYYY

Refer to section 464.008(3), Florida Statutes, regarding requirements for applicants who have taken the exam three times and have not passed.

Name: _____

This information is exempt from public records disclosure.

9. EXAMINATION HISTORY

Failure to disclose information in this section may result in denial of your application.

All applicants applying for the NCLEX examination through Florida for the first time are considered initial applicants, regardless of whether you have previously taken the exam in a different state. If you are a first-time examination taker in Florida, you will need to apply by examination. To locate the examination application visit FloridasNursing.gov/Aplications/LPN-RN-Exam-App.pdf.

Have you ever taken an examination for RN or LPN licensure? ☐ Yes ☐ No

If "Yes," complete the following (attach additional sheets if necessary):

Examination	State/Country	Date (MM/YYYY)	Result
☐ LPN ☐ RN			☐ Pass ☐ Fail
☐ LPN ☐ RN			☐ Pass ☐ Fail
☐ LPN ☐ RN			☐ Pass ☐ Fail
☐ LPN ☐ RN			☐ Pass ☐ Fail

This information is exempt from public records disclosure.

10. HEALTH HISTORY

Failure to disclose information in this section may result in denial of your application.

Physical and Mental Health Disorders Impacting Ability to Practice

A. During the last two years, have you been treated for or had a recurrence of a diagnosed physical or mental disorder that impaired or would impair your ability to practice? ☐ Yes ☐ No

B. In the last two years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental or physical disorder that impaired your ability to practice? ☐ Yes ☐ No

Substance-Related Disorders Impacting Ability to Practice

C. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol or drug) disorder that impaired or would impair your ability to practice? ☐ Yes ☐ No

D. During the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol or drug) disorder or, if you were previously in such a program, did you suffer a relapse? ☐ Yes ☐ No

E. During the last five years, have you been enrolled in, required to enter, or participated in any substance-related (alcohol or drug) recovery program or impaired practitioner program for treatment of drug or alcohol abuse? ☐ Yes ☐ No

F. Are you a current participant in an alternative to discipline program [i.e. Intervention Project for Nurses (IPN)]? ☐ Yes ☐ No

If a "Yes" response was provided to any of the questions in this section, provide the following documents directly to the board office:

☐ **A letter from a Licensed Health Care Practitioner,** who is qualified by skill and training to address the condition identified, which explains the impact the condition may have on the ability to practice the profession with reasonable skill and safety. The letter must specify that the applicant is safe to practice the profession without restrictions or specifically indicate the restrictions that are necessary. Documentation provided must be dated within one year of the application date.

☐ **A written self-explanation,** identifying the medical condition(s) or occurrence(s); and current status.

Name: _____

11. DISCIPLINE HISTORY

A. Have you ever been denied or is there now any proceeding to deny your application for any health care license to practice in Florida or any other state, jurisdiction, or country? ☐ Yes ☐ No

B. Have you ever had any disciplinary action taken against your license to practice any health care related profession by the licensing authority in Florida or in any other state, jurisdiction, or country? ☐ Yes ☐ No

C. Have you ever surrendered a license to practice any health care related profession in Florida or any other state, jurisdiction, or country while any such disciplinary charges were pending against you? ☐ Yes ☐ No

D. Do you have any disciplinary action pending against you? ☐ Yes ☐ No

If you responded "Yes" to any questions in this section, complete the following:

Name of Agency	State	Action Date (MM/DD/YYYY)	Final Action	Under Appeal?
				☐ Y ☐ N
				☐ Y ☐ N
				☐ Y ☐ N

If you responded "Yes" any to questions in this section, you must provide the following:

☐ **A written self-explanation**, describing in detail the circumstances surrounding the disciplinary action.

☐ A copy of the **Administrative Complaint** and **Final Order**.

☐ Three current *(written in the last year)* professional **Letters of Recommendation.**

12. CRIMINAL HISTORY

*For the question below, you **must include** all misdemeanors and felonies, even if adjudication was withheld. Reckless driving, driving while license suspended or revoked (DWLSR), driving under the influence (DUI) or driving while impaired (DWI) are **not** minor traffic offenses for purposes of this question.*

*Pursuant to section 943.0585(6)(b), Florida Statutes, and section 943.059(6)(b), Florida Statutes, an applicant seeking to be licensed by the Department of Health **must disclose** expunged and sealed criminal history records.*

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? ☐ Yes ☐ No

If you responded "Yes" in this section, complete the following:

Offense	Jurisdiction	Date (MM/DD/YYYY)	Final Disposition	Under Appeal?
				☐ Y ☐ N
				☐ Y ☐ N
				☐ Y ☐ N

If you responded "Yes" in this section, you must provide the following:

☐ **Self-Explanation**, describing in detail the circumstances surrounding each offense; including date, city and state, charges, and final results.

☐ **Final Dispositions and Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.

☐ **Completion of Sentence Documents**. You may obtain documents from the Department of Corrections. The report must include the start date, end date, and that the conditions were met.

☐ Three current *(written within the last year)* professional **Letters of Recommendation**.

Name: _____

13. CRIMINAL AND MEDICAID / MEDICARE FRAUD QUESTIONS

IMPORTANT NOTICE: Applicants for licensure, certification, or registration and candidates for examination may be excluded from licensure, certification, or registration if their felony convictions fall into certain timeframes as established in section 456.0635(2), Florida Statutes.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under Chapter 409, Florida Statutes (relating to social and economic assistance), Chapter 817, Florida Statutes (relating to fraudulent practices), Chapter 893, Florida Statutes (relating to drug abuse prevention and control), or a similar felony offense(s) in another state or jurisdiction? ☐ Yes ☐ No

If you responded "No" to the question above, skip to question 2.

   a. If "Yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence, and completion of any subsequent probation? ☐ Yes ☐ No

   b. If "Yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence, and completion of subsequent probation? (This question does not apply to felonies of the third degree under section 893.13(6)(a), Florida Statutes). ☐ Yes ☐ No

   c. If "Yes" to 1, for the felonies of the third degree under section 893.13(6)(a), Florida Statutes, has it been more than five years from the date of the plea, sentence, and completion of any subsequent probation? ☐ Yes ☐ No

   d. If "Yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? ☐ Yes ☐ No

2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? ☐ Yes ☐ No

If you responded "No" to the question above, skip to question 3.

   a. If "Yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended? ☐ Yes ☐ No

3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to section 409.913, Florida Statutes? ☐ Yes ☐ No

If you responded "No" to the question above, skip to question 4.

   a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? ☐ Yes ☐ No

4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? ☐ Yes ☐ No

If you responded "No" to the question above, skip to question 5.

   a. Have you been in good standing with a state Medicaid program for the most recent five years? ☐ Yes ☐ No

   b. Did termination occur at least 20 years before the date of this application? ☐ Yes ☐ No

5. Are you currently listed on the United States Department of Health and Human Services' Office of the Inspector General's List of Excluded Individuals and Entities (LEIE)? ☐ Yes ☐ No

   a. If you responded "Yes" to the question above, are you listed because you defaulted or are delinquent on a student loan? ☐ Yes ☐ No

   b. If you responded "Yes" to question 5.a., is the student loan default or delinquency the only reason you are listed on the LEIE? ☐ Yes ☐ No

If you responded "Yes" to any of the questions in this section, you must provide the following:

☐ **A written explanation** for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation.

☐ **Supporting documentation** including court dispositions or agency orders where applicable.

Documentation for sections 10 and 11 must be sent to the board office at MQA.Nursing@FLHealth.gov or mailed to:

Board *of* Nursing
4052 Bald Cypress Way Bin C-02
Tallahassee, FL 32399-3252

Documentation for sections 12 and 13 must be sent to the Background Screening Unit at MQA.BackgroundScreen@FLHealth.gov or mailed to:

Background Screening Unit
Florida Department of Health
4052 Bald Cypress Way, Bin BSU-01
Tallahassee, FL 32399

14. LIVESCAN PRIVACY STATEMENT

☐ I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation (found in the forms following this application).

The board will not receive your Livescan results if you do not confirm the above statement by checking the box.

☐ **Electronic Fingerprinting:** **(Required for ALL applicants)**

All applicants, including out-of-state applicants, are required to submit their fingerprints electronically. The Department of Health accepts electronic fingerprinting offered by Livescan service providers that are approved by the Florida Department of Law Enforcement. For a list of approved vendors, visit our website at at FLHealthSource.gov/Background-Screening.

Typically background results submitted by Livescan are received by the board within 24-72 hours of being processed. The board's **ORI number is EDOH4420Z**. The board cannot accept hard fingerprint cards or results. All results must be submitted electronically by the Livescan service provider.

Livescan screenings performed by a Florida Police or Sheriff's Department require that you login to the FDLE Civil Applicant Payment System (CAPS) at CAPS.FDLE.State.FL.US and pay a fee before your results will be released to our office.

The Florida Department of Health retains fingerprints on any applicant in the Care Provider Clearinghouse. One of the requirements for your Livescan to be retained in the Care Provider Clearinghouse is a photograph must be taken by the Livescan service provider at the time of fingerprinting. Your background screening results will be retained for five years. Licensees will be notified when their retention date is approaching and will be provided with instructions on how to retain their fingerprints to avoid having to submit a new background screening.

Applicants needing hard fingerprint cards can request them via email at MQA.BackgroundScreen@FLHealth.gov. Request must include the current mailing address you want the cards mailed to. To find providers who offer this service go to FLHealthSource.gov/BGS-Providers. Click on the **"Out of State/International"** link.

15. FLORIDA CENTER FOR NURSING

The Florida Center for Nursing is the definitive source for information, research, and strategies addressing the dynamic nurse workforce needs in Florida. The Center conducts multiple annual and biennial research projects, including nurse employer and nursing program surveys, to provide a comprehensive look at Florida's nurse population.

Based on this research, the Center projects a severe nursing shortage in Florida – a shortage that could have a devastating impact on health care quality and access for Florida's residents. The Florida Center for Nursing also uses the research it produces to address the issues of supply and demand and utilization of scarce nurse workforce resources throughout the state.

In addition to nurse workforce research, the Florida Center for Nursing aims to improve retention and recruitment of nurses in Florida through funding small grants and also by collecting and disseminating information on best practices and innovative strategies for nurse retention and recruitment. Increasing production of new nurses alone will not resolve the shortage. Efforts must be taken to retain the experiential knowledge of our existing nurses.

The Florida Center for Nursing's revenues are derived in part from your donation. In order for the Florida Center for Nursing to continue its work on behalf of nurses, donate by adding your donation with your application fee.

Do you want to donate to the Florida Center for Nursing? ☐ Yes ☐ No

If you choose to include a donation with your application fee, indicate the amount. $_____

Donations are voluntary and do not impact the processing of your application.

16. APPLICANT SIGNATURE

I, the undersigned, state that I am the person referred to in this application for licensure in the state of Florida.

I recognize that providing false information may result in disciplinary action pursuant to section 456.072, Florida Statutes, or criminal penalties pursuant to section 456.067, Florida Statutes.

I further state that I have read and understand Chapter 464, Florida Statutes, and Rule Chapter 64B9, Florida Administrative Code (F.A.C.) as they pertain to the practice of nursing (Note: A current copy of Chapter 464, Florida Statutes, and Rule Chapter 64B9, F.A.C., may be obtained online at FloridasNursing.gov).

Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

I will comply with all requirements for licensure renewal including continuing education.

Section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature _____ Date _____
You may print this application and sign it or sign digitally. MM/DD/YYYY

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR ALL APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORDS RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record to be employed, licensed, work under contract, or serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Person with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of your record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in section 943.056, Florida Statutes, and Rule 11C-8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

US Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division

PRIVACY STATEMENT

Authority: The FBI's acquisition, preservation and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub. L.92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L.94-29; Pub.L.101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion of approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal Agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI (may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as many be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice, FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosure to: appropriate governmental authorities responsible for civil or criminal law enforcement counterintelligence, national security or public safety matters to which the information may be relevant; to State a local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing the application, they may have additional routine uses.

Additional information: The requesting agency and/or the agency conducting the application investigation will provide additional information to the specific circumstances of this application, which may include identification of other authorities, purposes, uses and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice.

Board *of* Nursing
Electronic Fingerprinting

Take this form with you to the Livescan service provider. Check the service provider's requirements to see if you need to bring any additional items.

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting a fingerprint scan using the Livescan method.
- You can find Livescan service providers at FLHealthSource.gov/Background-Screening.
- Failure to submit background screening will delay your application.
- Applicants may use any Livescan service provider approved by the Florida Department of Law Enforcement to submit their background screening to the department.
- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider, the board office will not receive your background screening results.
- You must provide accurate demographic information to the Livescan service provider at the time your fingerprints are taken, **including your Social Security number (SSN)**.
- The ORI number for the Board of Nursing is **EDOH4420Z**,
- Typically background screening results submitted through a Livescan service provider are received by the board within 24-72 hours of being processed.
- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: _____ SSN#: _____

Aliases: _____

Address: _____ Apt. Number: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Place of Birth: _____
MM/DD/YYYY

Weight: _____ Height: _____ Eye Color: _____ Hair Color: _____

Race: - _____
(W-White/Latino(a); B-Black; A- Asian; NA-Native American; U-Unknown)

Sex: - _____
(M= Male; F=Female)

Citizenship: _____

Transaction Control Number (TCN#): _____
(This will be provided to you by the Livescan service provider.)

Keep this document for your records.