



Florida Board of Nursing
DECLARATION OF PRIMARY STATE OF RESIDENCE
For Multi-State Licensure Use Only

Florida has entered into the Nurse Licensure Compact which allows nurses the privilege to practice in other participating Compact states. As part of this process, all applicants for licensure must declare their primary state of residence (and all states where you are practicing or intend to practice).

This form serves as a supporting document for the initial LPN/RN licensure application or Multi-State Upgrade Application only.

Name: _____
Last/Surname First Middle

Date of Birth: _____ Social Security Number _____ FL license # _____
MM/DD/YYYY (Input without dashes) If Applicable

Mailing Address:

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

State Zip Code Home/Cell Telephone Number (Input with dashes)

YES NO Are you currently active duty military?

I declare my primary state of residence is: _____

I intend to primarily practice in the state of: _____

I intend to practice in the state(s) of: _____

Signature: _____ Date: _____
MM/DD/YYYY