



## **FLORIDA BOARD OF NURSING**

<http://www.doh.state.fl.us/mqa/nursing>  
LICENSURE APPLICATION  
AND INSTRUCTIONS

EXAMINATION

Registered Nurse (RN) or  
Licensed Practical Nurse (LPN)  
*June 2012*



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## Top 10 Things Exam Applicants Should Know

10. Applicants who require Special Accommodations should be aware that the process to have accommodations approved is quite lengthy, usually a minimum of 60 days. If you require Special Accommodations submit your application for accommodations early.
9. Applicants should be aware that all communication, including their license, will be mailed to the address on file. Mail forwarding requests filed with the U.S. Postal Service will not result in state mail being forwarded. You must change your address with the Board office to receive updates from our office.
8. If you are aware of a Criminal, Discipline or Health history that may come up during the review process of your application please submit the information required in the application instructions as soon as possible. Some traffic offenses are considered criminal (DUI, Driving While License Suspended or Revoked (DWLSR), etc).
7. Students should know if the required 2 hour Prevention of Medical Errors is included in their curriculum. It is a question on the application. Courses given in Medication Errors are **NOT** the same as the Prevention of Medical Errors course.
6. Mail, even mail sent overnight, is first received by the DOH central mailroom and may take 1-3 business days to reach the Board office.
5. We are unable to accept faxed transcripts.
4. When using the online status check system the "In Process" message usually means that your application has not yet been reviewed.
3. Please allow time to process your application before you call or e-mail our office to check on the status. Applications are processed in date order and usually take a minimum of 14 days to process.
2. The name on your application to the Florida Board of Nursing **must match the name** on your NCLEX application, Pearson VUE (testing vendor) registration and your identification exactly. If your name does not match exactly as it appears on **your identification** it will result in delays in receiving your Authorization to Test (ATT), not being allowed to take the exam at your scheduled time and cause you to have to repay your testing fee to Pearson VUE.
1. Read the entire application before submitting it and **DO NOT** send the instructions with the application.

## Helpful Hints

- Keep a copy of your completed application for your records.
- In order to provide ethical and efficient customer service applications are only processed in date order received. You will be notified in writing about the status of your application within 30 days of receipt.
- Address changes must be submitted to the Board in writing. The United States Postal Service does not forward mail from the State of Florida.
- Read all application guidelines and the Florida laws and rules governing the practice of nursing before completing your application. You may review the laws and rules on the Board website at <http://www.doh.state.fl.us/mqa/nursing>.
- All sections of this application must be completed in full. If an item does not apply, indicate with N/A. N/A is not an acceptable answer for Yes or No questions. Failure to submit a complete application will result in a processing delay. If you provide false information, the Board may deny your application.

## Who is eligible to apply to take the examination?

- Practical nursing or registered nursing graduates of Approved or Accredited Programs:
  - Florida or National Council of State Boards of Nursing (NCSBN)
    - Military nursing programs must be recognized by the National Council of State Boards of Nursing (NCSBN).
  - National League for Nursing Accrediting Commission (NLNAC)
  - Commission on Collegiate Nursing Education (CCNE) Programs.
- Graduates of a degree from a generic Master of Science in Nursing (MSN) or higher program may be acceptable if the education is deemed equivalent.
- Practical Nurse examination based on practical nursing equivalency (PNEQ) - Applicants who have successfully completed courses, equivalent to practical nursing education in a **registered nursing program**.
- Canadian Registered Nurses who took the Canadian Nurses Association Testing Service (CNATS) Examination after August 8, 1995 must take the NCLEX Examination unless licensed in another state or territory. If test scores are in an acceptable range, Canadian Registered Nurse applicants who took the CNATS prior to August 8, 1995 may be eligible for endorsement. Unless licensed in another U.S. state or territory, Canadian Licensed Practical Nurses are required to apply by examination.
- Other military health related programs are not equivalent to professional nursing programs in Florida. Programs completed to qualify as a hospital corpsman, technician, physician or a physician's assistant are not classified as registered or practical nursing programs and are not equivalent.

# Important Information for All Exam Applicants

**NCLEX Information:** In addition to applying for licensure with the Board of Nursing all applicants by exam are required to register with and pay a fee of \$200.00 to Pearson VUE, the testing vendor. **All fees paid to Pearson VUE are nonrefundable.** You may register by telephone at 1-866-496-2539 or via the internet at [www.vue.com/nclex](http://www.vue.com/nclex) by using a valid credit card.

You may access the candidate bulletin via the internet at [www.pearsonvue.com/nclex/](http://www.pearsonvue.com/nclex/). Applicants without computer access may request the Pearson VUE registration form at:

Department of Health/Communication Services  
4052 Bald Cypress Way, Bin C-01  
Tallahassee, FL 32399-3251

Phone: (850) 488-0595

Send the completed registration form and fees made payable to National Council State Boards of Nursing, by a cashier's check or money order, for **\$200.00 in U.S. currency (USD)** to:

NCLEX Operations  
P.O. Box 64950  
Saint Paul, MN 55164-0950

**Failure to register for the examination with Pearson VUE will delay approval of your Authorization to Test (ATT).**

**Note:** Applicants educated outside the U.S. should not register with Pearson VUE until written approval is received from the Board Office.

## **Requirements for Name and Address when Registering to Take the Exam**

You must ensure that the **name and address listed on your identification** you plan to present at the test site **match both applications** when you register with the Florida Board of Nursing and the testing vendor, Pearson VUE.

If your name does not match exactly as it appears on your identification it will result in:

- **delays** in the receiving of your Authorization to Test (ATT)
- **not being allowed** to take the exam at your scheduled time
- **increase in costs** for re-application to this Board and to Pearson VUE

## **Registering with Pearson VUE after Being Made Eligible by the Board**

Applicants who register with Pearson VUE after they are made eligible by the Board office need to contact the Board office to report your registration. This notification is necessary to ensure your approval is sent to Pearson VUE.

Any applicant who **does not take their scheduled examination** within 90 days of the ATT being issued must re-register with Pearson VUE and notify the Board office.

## Pearson VUE Personal Identification Requirements

Applicants **MUST** present the following items at the testing center:

- **Your Authorization to Test (ATT) Letter**
- **Acceptable Identification**

**Only** the identifications listed below will be accepted. Because of the importance of the NCLEX examination, several security measures **will be enforced** during the administration of the examination. Strict candidate identification requirements have been established by the National Council State Boards of Nursing (NCSBN).

When you arrive at the test center, you will be required to present one form of acceptable identification and your valid ATT letter. If you arrive without these materials, you will be turned away and will be required to reregister and repay Pearson VUE's examination fee of \$200.00.

The **only** acceptable forms of identification for test centers in the U.S. are:

- U.S. driver's license (Department of Motor Vehicle-issued) (if expired, a renewal slip that contains a photograph and a signature must be presented in order to be admitted)
- U.S. state identification (Department of Motor Vehicle-issued)
- Passport (The only identification acceptable for test centers outside of the U.S)
- U.S. Military Identification

All identification must be valid and not expired with signature and photograph. **All identification listed above must be in English and signed in English.**

Driver's/learner's permits or temporary identification **are not accepted** for admittance to the NCLEX examination. (See "Important Information for Haitian Nationals Applying for NCLEX" on the following page.)

For information on Identification from a U.S. sanctioned (embargoed) country please view the NCLEX examination candidate bulletin found on the web at [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex).

## Important Information for Haitian Nationals Applying for the NCLEX

Applicants applying for the examination should ensure that they have an approved form of identification to sit for the examination. You can find information about acceptable forms of identification on the web at <http://www.ncsbn.org/1213.htm>.

Please be aware of the following information:

All identification must be valid and not expired, contain a signature and photograph, be in English, and signed in English. Driver's/learner's permit or temporary identification are not accepted for admittance to the NCLEX.

Haitian National Applicants who do not have a passport in English or a non-temporary license will need to file for an exception with the National Council of State Boards of Nursing (NCSBN) by following the procedure outlined below prior to scheduling their exam date:

- Have the first two pages of your passport translated by a certified translator. The translations of these two pages must be notarized.
- Send the notarized translations (original) and a copy of the temporary Florida driver's license to:

Administration Manager, Examinations Department  
National Council of State Boards of Nursing, Inc. (NCSBN)  
111 E. Wacker Drive - Suite 2900  
Chicago, IL 60601-4277

NCSBN will send your translations to the Consultat General de la Republique d'Haiti for verification that the translation is accurate. After the translation is verified as accurate NCSBN will notify Pearson Vue that your passport and temporary Florida driver's license are acceptable forms of identification. These forms of identification will not be accepted without prior authorization from NCSBN.



**Graduate Nurse Status (GN)**: Graduate Nurse Status is only valid within 6 months of graduation. To qualify for GN status you must apply to the Florida Board of Nursing and be approved. Employers will require you to present your eligibility letter from the Board and your Authorization to Test (ATT) from Pearson VUE.

Applicants with GN status must practice nursing under the direct supervision of a registered nurse. Direct supervision is defined as the physical presence within the patient care unit of a registered professional nurse who assumes legal responsibility for the nursing practice of graduate nurses.

- Applicants who graduated 6 months or more prior to submitting their application will not be eligible for GN status.
- Applicants who do not pass the first examination will lose their GN status and are no longer eligible for employment in that capacity.

**Retake Applicants and Subsequent Examinations**: Per Florida Statute 464.008(3): Any applicant who has failed a licensing examination three consecutive times, regardless of the jurisdiction in which the examination is taken, shall be required to complete a board approved remedial course [http://www.doh.state.fl.us/mqa/nursing/lst\\_remedial.doc](http://www.doh.state.fl.us/mqa/nursing/lst_remedial.doc).

An applicant who fails the examination must submit a Retake Application that meets current requirements outlined in the Board of Nursing Laws and Rules to the Board of Nursing in order to reschedule an examination. [http://www.doh.state.fl.us/mqa/nursing/ap\\_re-exam.pdf](http://www.doh.state.fl.us/mqa/nursing/ap_re-exam.pdf).

You must also re-register for the examination directly with Pearson VUE by submitting an additional registration form and fee. Florida requires that an applicant **wait a minimum of 45 days between each examination**.

**Special Accommodations**: You must have a **qualifying medical condition** in order to receive special accommodations. To apply for special accommodations you must download the separate application found at <http://www.doh.state.fl.us/mqa/Exam/spectest.htm> or contact the Testing Services Unit at (850) 245-4252.

- Applicants who require Special Accommodations should be aware that the process to have accommodations approved is quite lengthy, usually a minimum of 60 days.
- Applicants requiring Special Accommodations **should verify that the accommodations are available prior to scheduling their examination**.



# Examination Application Checklist

Use the following checklist to make sure your application is complete. **Final approval can not be granted until your application is complete.**

## (Section 1)

\_\_\_\_\_ **PERSONAL INFORMATION:** 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.

**Physical Location:** Section 456.0.35, F.S. requires that all licensees have a Physical Address/Practice Location on file with the Florida licensure Board. In this section you must list your Physical location or the address where you intend to work. If your mailing address is a P.O. Box you must provide another address. **The Physical address will be listed on the Department of Health website. A Florida address is not required.** We are unable to issue a license without this address.

\_\_\_\_\_ **EQUAL OPPORTUNITY DATA:** Information in this section is required in order to complete the required background check.

## (Section 2)

\_\_\_\_\_ **NURSING EDUCATION HISTORY:** Complete all nursing education history. Information listed in this section must match with your Pearson Vue registration. If you have indicated that you are applying for NCLEX-PN based on **practical nursing equivalency** (PNEQ), please use one of the following codes when registering with Pearson Vue. PNEQ 70-997; RN failure taking LPN Exam 70-999.

**Applicants Applying for the Practical Nurse Exam (NCLEX-PN) Based on Practical Nursing Education Equivalency (PNEQ):** Applicants who have successfully completed courses, equivalent to practical nursing education in a professional nursing program, may qualify for NCLEX-PN based on practical nursing equivalency (PNEQ). All professional courses taken must have been successfully completed with a grade of "C" or better and must have included theory and clinical instruction. The professional or practical nursing curriculum documents clinical experience and theoretical instruction in medical, surgical, obstetric, pediatric and geriatric nursing. Each curriculum plan must document clinical training experience in appropriate settings that include, but are not limited to acute care, long-term care and community settings.

See "Practical Nurse Equivalency (PNEQ) Application Letter" in forms section of the application.

**Applicants Educated Outside the United States or graduates from U.S. Territories who's Regulatory Nursing Board is not a Member of the National Council of State Boards of Nursing (NCSBN):**

You are required to have a full education credentials review by a Florida approved credentialing agency. An original copy of the report must be sent electronically to the Board of Nursing directly from the agency.

As of October 1, 2009, the Board no longer accepts paper copies of the report. You are responsible to pay all fees the agency charges for these services. After your application for licensure is processed and has been deemed complete, the Board of Nursing will review your educational evaluation and contact you with the status of your application in writing. Please ensure that your mailing address is up to date throughout the application process.

Credentials reports received from credentialing agencies not listed below WILL NOT be accepted.

Educational Records Evaluation Service, Inc.  
601 University Avenue, Suite 127  
Sacramento, CA 95825-6738, USA  
Phone: (916) 921-0790 or 866-411-3737  
866-411-ERES (Toll Free)  
Fax: (916) 921-0793  
Email: edu@eres.com  
Web: www.eres.com

International Education Research  
Foundation, Inc.  
Post Office Box 3665  
Culver City, CA 90231-3665, USA  
Phone: (310) 258-9451  
Fax: (310) 342-7086  
Email: information@ierf.org  
Web: www.ierf.org

Josef Silny & Associates, Inc.  
International Education Consultants  
7101 SW 102 Avenue  
Miami, FL 33173, USA  
Phone: (305) 273-1616  
Fax: (305) 273-1338  
Email: info@jsilny.com  
Web: www.jsilny.com

Commission on Graduates of  
Foreign Nursing Schools  
3600 Market Street, Suite 400  
Philadelphia, PA 19104-2651, USA  
Applicant Inquires: (215) 662-0425  
Customer Service Fax: (215) 622-0425  
Automated Phone System (to check  
status): (215) 599-6200  
Email: info@cgfns.org  
Web: www.cgfns.org

## **English Competency Requirements**

Rule 64B9-3.002 (1) (e) F.A.C., requires that English competency be demonstrated. The list of methods approved by this rule can be found on our website at [http://www.doh.state.fl.us/mqa/nursing/info\\_Foreign\\_Applicant\\_Info.pdf](http://www.doh.state.fl.us/mqa/nursing/info_Foreign_Applicant_Info.pdf).

\* **Important Note:** English as a Second Language (ESOL) was **removed from the accepted list** on January 31, 2007.

### **For examination information, contact:**

#### **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](mailto:ielts@ceii.org)  
Web: [www.ielts.org](http://www.ielts.org)

#### **MELAB English Language Institute**

500 East Washington Street  
Ann Arbor, MI 48104-2028, USA  
Phone: (734) 764-2416, (toll free) (1.866.696.3522)  
Fax: 734.615.6586  
Web: [www.lsa.umich.edu/eli/melab.htm](http://www.lsa.umich.edu/eli/melab.htm)

#### **TOEFL Services**

Educational Testing Service  
P.O. Box 6151  
Princeton, NJ 08541-61511, USA  
Phone: (609) 771-7100  
Fax: (609) 734-1560  
Email: [Toefl@ets.org](mailto:Toefl@ets.org)  
Web: [www.ets.org](http://www.ets.org)

#### **TOEIC Testing Program**

Educational Testing Service  
Rosedale Road  
Princeton, NJ 08541 USA  
Phone: (609) 771-7170  
Email: [Toeic@ets.org](mailto:Toeic@ets.org)  
Web: [www.ets.org](http://www.ets.org)

### **Applicants with questions regarding Visas or work permits should contact the:**

Bureau of Immigration and Customs Enforcement  
4255 "I" Street N.W.  
Washington D.C. 20536, USA  
Phone: (202) 514-3946  
Web: [www.immigration-bureau.org](http://www.immigration-bureau.org)

### **For Visa Screening contact the:**

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

(Section 3)

**APPLICANT BACKGROUND:** All items must be completed in full. On item 3 A, B, and C list all names by which you have been known.

If you answer “**Yes**” to question **K** in this section you must submit a self explanation as to why you are answering “**Yes**” to this question.

(Section 4)

**MANDATORY PREVENTION OF MEDICAL ERRORS REQUIREMENT:** If you have completed a 2 hour course in the Prevention of Medical Errors please attest to this by placing a **check in the box**  in this section.

If you have not completed a 2 hour course in the Prevention of Medical Errors, approval for the examination will not be issued until proof of completion has been submitted.

You may search for courses to satisfy this requirement through CE Broker at [www.cebroke.com](http://www.cebroke.com); online courses are available. CE courses are subject to audit. Licensees are required to maintain certificates for a period 4 years. Certificates should not be sent to the Board office unless requested.

(Section 5)

**Frequently Asked Questions about Criminal History**

The Florida Board of Nursing receives numerous questions from applicants regarding prior criminal offenses. The following are the most frequently asked questions:

**Question:** What crimes must be reported on the application?

**Answer:** All convictions, guilty pleas and nolo contendere pleas must be reported, except for minor traffic violations not related to the use of drugs or alcohol. This includes misdemeanors, felonies, “driving while intoxicated (DWI)” and “driving under the influence “(DUI).” Crimes must be reported even if they receive a suspended sentence. All prior or current disciplinary action against another professional license must be reported, whether it occurred in Florida or in another state or territory.

**Question:** Can a person obtain a license as a nurse if they have a misdemeanor or felony crime on their record?

**Answer:** Each application is evaluated on a case-by-case basis. The Board of Nursing considers the nature, severity, and recency of offenses, rehabilitation and other factors. The Board cannot make a determination for approval or denial of licensure without evaluating the entire application and the supporting documentation.

**Question:** Do I have to report charges if I completed a period of probation and the charges were dismissed or closed?

**Answer:** Yes. Offenses must be reported to the Board even if you received a suspended sentence and the record is now considered closed.

**Applicants with previous arrest or disciplinary action on a license will not be authorized to practice nursing until all documentation is cleared by staff or reviewed by the Board.**

**CRIMINAL HISTORY:** Please review the questions regarding criminal history carefully. If you are unable to determine how to answer the questions you will need to review the court documents from the Clerk of the Court. If you no longer have copies of the court documents, you should request them from the Clerk of the Court in the county in which the offense(s) occurred.

“Yes” responses to questions in this section require the following documentation:

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\_\_\_\_\_ **Self Explanation:** Applicants who have listed offenses on the application must submit a letter in her/his own words describing the circumstances of the offense.

\_\_\_\_\_ **Final Dispositions/Arrest Records:** The applicant must obtain and submit the final disposition records for all offenses listed from the Clerk of the Court in the arresting jurisdiction.

If the records are not available, you must have a letter on court letterhead sent from the Clerk of the Court attesting to their unavailability.

\*\*Charges that are sealed or expunged sometimes appear on background check reports. Please note; if this occurs you will be required to submit documentation regarding the status of the case(s).

\_\_\_\_\_ **Completion of Sentence Documents:** Provide written documentation that you have completed your probation/sentence requirements. You may obtain probation documents by contacting your probation office or the Department of Corrections. The report must include the start date, end date and that conditions were met.

\_\_\_\_\_ **Letters of Recommendation:** Submit three current (within the last year) letters of professional recommendation on official letterhead from employers, nursing program administrators, nursing instructors, health professionals, professional counselors, support group sponsors, parole or probation officers, or other individuals in positions of authority who are familiar with your past and present character.

(Section 6)

**Frequently Asked Questions about Discipline History**

The Florida Board of Nursing receives numerous questions from applicants regarding discipline. The following are the most frequently asked questions:

**Question:** What disciplinary action must be reported on the application?

**Answer:** All prior or current disciplinary action against any professional license must be reported, whether it occurred in Florida or in another state, territory or jurisdiction.

**Applicants with disciplinary action on a license will not be authorized to practice nursing until all documentation is cleared by staff or reviewed by the Board.**

**DISCIPLINARY HISTORY:** Any action taken against any license you have held or currently hold by a state licensing board must be reported on this application. The State Board(s) involved must also submit copies of the Administrative Complaint and Final Order directly to the Florida Board of Nursing. Applicants are responsible to ensure that the proper documentation is sent to the Florida Board of Nursing.

\_\_\_\_\_ **Self Explanation:** Applicants who have listed discipline on the application must submit a letter in her/his own words describing the circumstances behind the discipline.

\_\_\_\_\_ **Letters of Recommendation:** Submit three current (within the last year) letters of professional recommendation on official letterhead from employers, nursing program administrators, nursing instructors, health professionals, professional counselors, support group sponsors, parole or probation officers, or other individuals in positions of authority who are familiar with your past and present character.

(Section 7)

\_\_\_\_\_ **CRIMINAL AND MEDICAID/MEDICARE FRAUD**

**IMPORTANT NOTICE:** On July 1, 2009, section 456.0635, Florida Statutes (F.S.) was established. This section provides that healthcare boards or the department boards or the department shall refuse to issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant has been found in violation of this section of F.S.

**Effective July 1, 2012,** this section of Florida Statute was updated by the Legislature.

## CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE SECTION

### (Section 8)

\_\_\_\_\_ **Social Security Page:** All applicants are required to complete this page. You will be approved to take the exam without a Social Security number. However, you must provide written documentation of your Social Security number prior to being issued a license number.

### (Section 9)

\_\_\_\_\_ **EXAMINATION HISTORY:** List **ALL exams** previously taken in any state/jurisdiction to include those you have not passed. Jurisdiction means the state or territory in which you applied for licensure by exam. You may attach a separate sheet of paper if necessary.

### (Section 10)

\_\_\_\_\_ **HEALTH HISTORY:** All applicants for licensure must complete this section on the application.

Supporting documentation must include a letter from the applicant explaining the medical condition(s) or occurrence(s) and current status; letter(s) from licensed professional(s) summarizing diagnosis, treatment and prognosis; or any other official documentation as it relates to any “**Yes**” answer. Documentation should be current within the last year.

### (Section 11)

\_\_\_\_\_ **SPECIAL ACCOMMODATIONS:** In order to receive special accommodations you must have a **qualifying medical condition**. In order to apply for special accommodations you must download the information booklet (separate application) at <http://www.doh.state.fl.us/mqa/Exam/spectest.htm> or contact the Testing Services Unit at (850) 245-4252.

### (Section 12)

\_\_\_\_\_ **AVAILABILITY FOR DISASTER:** Answering “**Yes**” to this question indicates your willingness to be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster.



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**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 healthcare quality and access for Florida's residents. The Florida Center for Nursing also uses the research it produces to address 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 the 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.

To learn more about Florida's nursing shortage and suggested solutions, for more information about the Center, and to understand how your contribution will be put to work, please visit the Center's website at [www.FLCenterForNursing.org/donors](http://www.FLCenterForNursing.org/donors).

The Florida Center for Nursing's operating revenues is derived in part from your donation. In order for the Florida Center for Nursing to continue its work on behalf of nurses, please donate by going to their web site or by adding your donation to the fee sheet enclosed in this application.

**If you wish to donate you can do so in one of two ways:**

- Log on to the Florida Center for Nursing's website and donate <http://www.flcenterfornursing.org/donors/>
- Include your donation with your application fee and indicate your donation on the fee sheet.

**(Section 13)**

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**APPLICANT SIGNATURE:** The application must be signed by the applicant before submission. Failure to do so will result in a delay in processing of your application.

FEES	First Time Examination
Processing Fee	\$90.00
Initial Licensure Fee	\$75.00
Criminal Background Check	\$24.00
Student Loan Forgiveness Fund	\$5.00
Unlicensed Activity Fee	\$5.00
Administrative Costs	\$5.00
<b>Total</b>	<b>\$204.00</b>

**Mailing Instructions**

**Send a cashier's check or money order payable to: DOH Florida Board of Nursing.** You may send one cashier's check or money order to cover the total fees above. **Sending the fees to an address other than the P.O. Box listed below will delay your application.** All applications and correspondence with fees enclosed must be sent to:

Department of Health  
Post Office Box 6330  
Tallahassee, FL 32314

**Refunds**

An applicant, who is denied licensure, does not take a scheduled examination within 90 days of authorization, fails and does not plan to retake the examination, or withdraws the application prior to licensure, is entitled to a refund of \$85.00 (initial licensure, student loan forgiveness and unlicensed activity fees). Requests for a refund of the \$85.00 must be made in writing to the Board office within three years of fee receipt. **Retake fees are non-refundable.**

**Withdrawal of Applications**

If you decide to withdraw your application, you must make the request in writing. The request must be received prior to the Board's granting of licensure. Withdrawal of the application prior to completion entitles an applicant to a refund of \$85.00 (initial licensure, student loan forgiveness and unlicensed activity fees). Requests should include a statement asking for a refund of the appropriate fees. **Do not stop payment on your cashier's check or money order;** this could result in a "bad check charge" being filed against you.

Telephone Number: 850-245-4125  
Fax Number: 850-245-4172  
Web Site: [www.doh.state.fl.us/mqa/nursing](http://www.doh.state.fl.us/mqa/nursing)  
Email: [MQA\\_Nursing\\_Appstatus@doh.state.fl.us](mailto:MQA_Nursing_Appstatus@doh.state.fl.us)

**This page and the instruction pages above should not be sent to the Board with the application. Keep these pages for your records.**

**APPLICATION FOR NURSING LICENSURE BY EXAMINATION**  
APPLICATIONS ARE PROCESSED IN DATE ORDER RECEIVED. PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

**DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE  
FLORIDA BOARD OF NURSING  
Post Office Box 6330  
Tallahassee, FL 32314  
(850) 245-4125  
[www.doh.state.fl.us/mqa/nursing](http://www.doh.state.fl.us/mqa/nursing)**

**IMPORTANT-** 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

This is not a Re-Examination application; you can find the Re-Examination application on the web at  
[http://www.doh.state.fl.us/mqa/nursing/ap\\_re-exam.pdf](http://www.doh.state.fl.us/mqa/nursing/ap_re-exam.pdf)

**APPLICATION TYPE:** (Check one only)

Indicate below the type of license you wish to use to qualify for licensure in the State of Florida.

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Registered Nurse (RN)         | <b>Examination (1701) \$204.00</b> |
| <input type="checkbox"/> License Practical Nurse (LPN) | <b>Examination (1702) \$204.00</b> |

**Failure to submit fees, complete this application, or attach any required documentation will result in an incomplete application.  
Your application will not be considered for examination approval until it is complete.**

**1. PERSONAL INFORMATION**

**NAME:** Last/Surname \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**DATE OF BIRTH (MM/DD/YY)** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**PHYSICAL LOCATION:** \_\_\_\_\_ Apt./Suite No. \_\_\_\_\_

(Required if mailing address is a P.O. Box-See Checklist/This address will be posted on the Department's website.)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**HOME/CELL TELEPHONE:** \_\_\_\_\_ **WORK/CELL TELEPHONE:** \_\_\_\_\_

**PLACE OF BIRTH:** \_\_\_\_\_ **MOTHER'S MAIDEN (SURNAME) NAME:** \_\_\_\_\_

**EQUAL OPPORTUNITY DATA:**

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

SEX:  Male  Female RACE:  White  Black  Asian/Pacific Islander  Hispanic  Other \_\_\_\_\_

NAME \_\_\_\_\_

**Email Notification:** If you want to be notified of the status of your application by email please check the yes box and write your email address on the line provided below. If you choose this form of notification you will receive information regarding your application file through email. You will be responsible for checking your email regularly and updating your email address with the Board office at: mqa\_nursing@doh.state.fl.us

I want to be notified by email only  Yes  No

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

**2. NURSING EDUCATION HISTORY**

A. NURSING SCHOOL ATTENDED: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

B. Type of Program (LPN, DIPL, ADN, BSN) \_\_\_\_\_ C. Date Graduated or Anticipated Graduation \_\_\_\_\_  
(MM/YYYY)

D. ADDITIONAL NURSING PROGRAM ATTENDED: \_\_\_\_\_

E. Type of Program (LPN, DIPL, ADN, BSN) \_\_\_\_\_ F. Date Graduated or Anticipated Graduation \_\_\_\_\_  
(MM/YYYY)

Please place a check here if you did not graduate from the RN program you attended and are applying for NCLEX-PN based on practical nursing equivalency. (See Checklist)

**3. APPLICANT BACKGROUND Attach additional sheets, if necessary**

A. List all name(s) by which you have been known in the past. \_\_\_\_\_

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

C. What name did you use when you were first licensed? \_\_\_\_\_

D.  Yes  No Date \_\_\_\_\_ Have you ever applied for RN licensure by examination in Florida?

E.  Yes  No Date \_\_\_\_\_ Have you ever applied for LPN licensure by examination in Florida?

F.  Yes  No Date \_\_\_\_\_ Have you ever applied for RN licensure by endorsement in Florida?

G.  Yes  No Date \_\_\_\_\_ Have you ever applied for LPN licensure by endorsement in Florida?

H.  Yes  No Date \_\_\_\_\_ Have you ever been licensed in Florida as an RN?

I.  Yes  No Date \_\_\_\_\_ Have you ever been licensed in Florida as an LPN?

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

K. List all nursing licenses (**active, inactive or lapsed**) (attach an additional sheet, if necessary)

<u>State/Country</u>	<u>License No.</u>	<u>RN or LPN</u>	<u>Date Of Licensure</u>	<u>If no longer licensed, state why &amp; when</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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**4. MANDATORY PREVENTION OF MEDICAL ERRORS REQUIREMENT**

Completion of a two-hour course on Prevention of Medical Errors is required prior to approval for the examination. This course must be from an approved Florida Board of Nursing provider. This course can be found online at [www.CEbroker.com](http://www.CEbroker.com)

- I attest I have completed a 2 hour course in the Prevention of Medical Errors as required by Florida Statute.
- I have NOT completed a 2 hour course in the Prevention of Medical Errors as required by Florida Statute and I understand that I will not be made eligible to take the exam until I submit proof of completion.

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**5. CRIMINAL HISTORY** (Review Questions & Answers section in instructions.)

- A.  Yes  No Have you **EVER** been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld.  
**Driving under the influence (DUI) or driving while impaired (DWI) is not a minor traffic offense for purposes of this question.**

**If you answered "YES"**, you are required to send a letter in your own words describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results. You must submit documentation for the county Clerk of Courts in the jurisdiction (state/county) in which the offense occurred, including disposition/final results.

**Your application will not be considered complete until these records are received.** If the records are no longer available, you must obtain a letter of their unavailability from the county Clerk of the Court.

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**6. DISCIPLINARY HISTORY** (Attach additional sheets, if necessary.)

- A.  Yes  No Have you ever had disciplinary action taken against your license to practice any healthcare related profession by the licensing authority in Florida or in any other state, jurisdiction or country?
- B.  Yes  No Have you ever surrendered a license to practice any healthcare related profession in Florida or in any other state, jurisdiction or country while any such disciplinary charges were pending against you?
- C.  Yes  No Do you have any disciplinary action pending against your license?

**If you answered "Yes" to any of the above questions, please send a written letter of self explanation. You must contact the Board(s) in the State(s) in which you were disciplined. You must request official copies of the Administrative Complaint and Final Order be sent directly to the Florida Board of Nursing.**

**7. 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 conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer "YES" to any of the following questions, please provide 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 to the address below. Supporting documentation includes court dispositions or agency orders where applicable.

- 1.  Yes     No    Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? **(If you responded "No", skip to #2.)**
  
- a.  Yes     No    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?
  
- b.  Yes     No    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 any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).
  
- c.  Yes     No    If "Yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?
  
- d.  Yes     No    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? (If "Yes", please provide supporting documentation).
  
- 2.  Yes     No    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)? **(If you responded "No", skip to #3.)**
  
- a.  Yes     No    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?
  
- 3.  Yes     No    Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? **(If you responded "No", skip to #4.)**
  
- a.  Yes     No    If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

NAME \_\_\_\_\_

4.  Yes  No Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?  
(If you responded "No", skip to #5.)
- a.  Yes  No Have you been in good standing with a state Medicaid program for the most recent five years?
- b.  Yes  No Did the termination occur at least 20 years before to the date of this application?
5.  Yes  No Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?
6.  Yes  No If "Yes" to any of the questions 1 through 5 above, on or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession's licensing board or the Department of Health? (If "Yes", please provide official documentation verifying your enrollment status.)



8.



## CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE\*

\* The following pages are exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USC § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

### Board of Nursing

**Name:** \_\_\_\_\_  
                    **Last**                                    **First**                                    **Middle**

**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, Sections 653 and 654; and Section 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 the 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 [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

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Mission Statement: To promote and protect the health, safety, and wellness of all people in Florida.

4052 Bald Cypress Way, Bin # C02  
Tallahassee, Florida 32399-3252  
**Phone: (850) 245-4125 Fax: (850) 245-4172**  
Website: [www.doh.state.fl.us/mqa/nursing](http://www.doh.state.fl.us/mqa/nursing)

NAME \_\_\_\_\_

### 9. EXAMINATION HISTORY

All applicants applying for the NCLEX exam through the state of Florida for the first time are considered initial applicants. This is regardless of whether they have previously taken the exam in a different state.

A.  YES  NO Have you ever taken an examination for RN or LPN licensure?

B. If YES, list **each jurisdiction (state/territory) for which the** examination was taken. *Attach additional sheets, if necessary*

<u>Examination</u>	<u>State/Country</u>	<u>Month/Year</u>	<u>Results</u>
<input type="checkbox"/> RN <input type="checkbox"/> PN	_____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> RN <input type="checkbox"/> PN	_____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> RN <input type="checkbox"/> PN	_____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> RN <input type="checkbox"/> PN	_____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Refer to Chapter 464.008(3) F.S., regarding remedial requirements for applicants who have taken the exam 3 times and have **not** passed. An applicant who has **not** passed the examination must submit a re-examination application with the appropriate fee to the Board. The applicant must also re-register with Pearson VUE by submitting an additional registration form and the required fee.

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### 10. HEALTH HISTORY (Supporting documentation should be sent directly to the Board Office)

Supporting documentation must include a letter from the applicant explaining the medical condition(s) or occurrence(s) and current status; letter(s) from licensed professional summarizing diagnosis, treatment and prognosis; or any other official documentation as it relates to any "Yes" answer. Documentation should be current within the last year.

- A.  Yes  No In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?
- B.  Yes  No In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?
- C.  Yes  No During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice nursing within the past five years?
- D.  Yes  No During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice nursing?
- E.  Yes  No In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?
- F.  Yes  No During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice nursing within the past five years?

NAME \_\_\_\_\_

**11. ADDITIONAL INFORMATION**

**Availability for Disaster:**  Yes  No

Will you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?

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

Donations are voluntary and do not impact the processing of your application. You can find directions in the application instructions on how to do so.

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**12. SPECIAL TESTING ACCOMMODATIONS**

Yes  No

In order to apply for special accommodations you must download the information booklet at [www.doh.state.fl.us/mqa/Exam/spectest.htm](http://www.doh.state.fl.us/mqa/Exam/spectest.htm) or contact the Testing Services Unit at 850-245-4252.

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**13. 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 against my license or criminal penalties pursuant to Sections 456.067, 775.083 and 775.084, Florida Statutes.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. Should I furnish any false information in this application I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Registered Nurse or Licensed Practical Nurse in the State of Florida.

I further state that I have read and understand Chapter 464, Florida Statutes, and Rule Chapter 64B9, Florida Administrative Code as they pertain to the practice of nursing (Note: Ch 464 and Rule Chapter 64B9 may be obtained via the internet at [www.doh.state.fl.us/mqa/nursing](http://www.doh.state.fl.us/mqa/nursing)).

Florida Law requires you 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 credits.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## FORMS

*Forms in this section may not be necessary for all applicants.*

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### **Request for Transcript:**

- **In-state Students**- The program director will send written verification of your nursing education completion and graduation.
- **Out of State Students**- Must send this form to the school of nursing from which they graduated. The form, along with a transcript including the date of graduation and degree received, must be sent directly to the Florida Board of Nursing by the school(s).
- **Students Educated Out-side the United States and Non NCSBN Members**- Will not send transcripts directly to the Board office and should follow the instructions previously listed in the application.

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### **Practical Nurse Equivalency (PNEQ) Application Letter:**

- This form is only for applicants who are/were in a Registered Nurse program applying for Licensed Practical Nurse (LPN) examination.
- Applicants applying to take the Practical Nurse Equivalency (PNEQ) Exam are required to have the "Practical Nurse Equivalency (PNEQ) Application Letter" (form) submitted directly to the Board office from the director of their Registered Nursing program. Please forward an official copy of my transcripts to:

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

- This form has been designed to replace letters written by program directors on school letterhead.

## FLORIDA BOARD OF NURSING TRANSCRIPT REQUEST FORM

This form is only for use by applicants who are graduating from a United States school outside of Florida. **You must provide this form to your registrar's office for completion.**

Forward an official copy of my transcripts to:

Florida Board of Nursing  
4052 Bald Cypress Way, Bin # C02  
Tallahassee, FL 32399-3252

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Street address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Name in school if different from above: \_\_\_\_\_

Place a check here if you did not graduate from the program and are applying for NCLEX-PN based on practical nursing equivalency.\*

I authorize the school to release the information requested below to the Florida Board of Nursing.

Signature of Student: \_\_\_\_\_

Official transcripts must be in English and include the following information:

- All general education and nursing courses with semester credit hours or contact and grades reported
- Beginning and ending dates of study
- Graduation or withdrawal date
- Degree, certificate or diploma conferred, if applicable

\* If the applicant has checked this box please include course descriptions for each nursing course in the curriculum, even if the applicant did not take or complete all courses.

Please return this form along with the transcript.

Practical Nurse Equivalency (PNEQ) Application Letter  
Rule 64B9-3.002 (1)(d), F.A.C.

Applicants seeking licensure by examination using the practical nurse equivalency route must have successfully completed courses in a professional nursing program which are at least equivalent to a practical nursing program in order to be used to satisfy the education requirements for licensure as a licensed practical nurse [Section 464.008(c) F.S.].

The practical nurse equivalency (PNEQ) requirements include the following:

The professional or practical nursing curriculum plan documents clinical experience and theoretical instruction in medical, surgical, obstetric, pediatric, and geriatric nursing. Each curriculum plan must document clinical training experience in appropriate settings that include, but are not limited to, acute care, long-term care, and community settings [Section 464.019 (2)(f) F.S.].

The professional or practical nursing program provides theoretical instruction and clinical application in personal, family, and community health concepts; nutrition; human growth and development throughout the life span; body structure and function; interpersonal relationship skills; mental health concepts; pharmacology and administration of medications; and legal aspects of practice [Section 464.019(2) (g) F.S.].

PNEQ Applicants must have: this form submitted directly from the director of the professional nursing program stating that all necessary requirements to sit for the Practical Nurse exam have been met, an official current transcript and course descriptions for all nursing courses in the curriculum must be submitted directly to the Florida Board of Nursing by the school(s) attended.

---

Applicant Name

---

Dates of Attendance

---

School/Program

Address

City

---

Dean/Director

E-mail Address

Phone Number

My signature on this form verifies that the above named applicant meets the requirements to sit for the National Council Licensure Examination-Practical Nurse (NCLEX-PN).

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Signature of Program Director

---

Date

## Glossary/Definition of Terms

**Adjudication-** the act of a court in making an order, judgment, or decree.

**Attest-** declare to be correct, true, or genuine; declare the truth of, in words or writing.

**Authorization to Test (ATT)-** Pearson VUE letter granting applicant permission to schedule an examination. This letter is sent by Pearson VUE after the Board of Nursing approves the applicant.

**CE Broker-** An online service that tracks completion of approved continuing education courses for health care professionals through a contract with the Department of Health. You can search their website for approved continuing education providers of the required Prevention of Medical Errors course.  
*website- [www.cebroke.com](http://www.cebroke.com)*

**Clerk of Court-** An officer appointed by the court, whose office, is usually located at the court house, to maintain court records in the arresting jurisdiction.

**Credentialing Agency-** An agency that reviews education documents and creates a report used to determine education equivalency. *Only the approved providers listed in the instructions are accepted by the Florida Board of Nursing.*

**Credentials Evaluation-** The report created by a credentialing agency that is used to determine education equivalency as compared to Florida's educational requirements. Copies of this report must come directly from an approved provider. The Board does not accept applicant copies.

**Education Evaluation-** The report created by a credentialing agency that is used to determine education equivalency as compared to Florida's educational requirements. Copies of this report must come directly from an approved provider. The Board does not accept applicant copies.

**Eligibility-** Status granted to an applicant who has met the requirements to sit for the NCLEX examination.

**English for Speakers of Other Languages (ESOL)/English as a Second Language (ESL) -** Education courses used to teach individuals whose first language is not English. These courses do not meet requirements for English competency for the Florida Board of Nursing.

Approved English competency methods can be found on the web at  
[http://www.doh.state.fl.us/mqa/nursing/info\\_Foreign\\_Applicant\\_Info.pdf](http://www.doh.state.fl.us/mqa/nursing/info_Foreign_Applicant_Info.pdf)

**Final Disposition-** The closing judgment issued in a court case.

**Graduate Nurse (GN) Status-** A status that is only valid within 6 months of graduation. To qualify for GN status you must apply to the Florida Board of Nursing and be approved. This status expires on the date listed on the Board approval letter, or when the applicant is licensed or fails the examination, which ever comes first.

**Initial Applicant-** A first time applicant for each level of the examination (LPN or RN) to the Florida Board of Nursing.

**Jurisdiction-** Geographic area, such as a country, state, territory or county. Examples are Canada, Georgia, Puerto Rico, Virgin Islands, Washington D.C., Orange County

**Mother's Maiden Name-** The last name/surname given to your mother at birth and/or prior to marriage.



**National Council Licensure Examination (NCLEX)** - The name of nursing licensure examination offered in the United States and in other jurisdictions.

**National Council of State Board of Nursing (NCSBN)** - The national body that develops and owns the NCLEX examination. NCSBN sets the national standards for nursing education requirements. Member Boards are required to meet equivalent educational standards set by NCSBN.

**Nolo Contendere/No Contest-** a plea where the defendant neither admits nor disputes a charge, serving as an alternative to a pleading of guilty or not guilty.

**Non-NCSBN Members-** Jurisdictions that are not members of NCSBN do not offer the NCLEX examination and must provide English competency and an Education Evaluation to prove that their education meets NCSBN's educational standards.

**Online Status Check-** a system found on the Internet that allows applicants to follow the progress of their application. A user ID and password are required to use this system. Applicants who apply online are issued their user ID and password at that time. Applicants who apply using the paper application will be issued this information in their initial deficiency letter.

**Pearson VUE-** the testing vendor for the NCLEX examination. website [www.pearsonvue.com](http://www.pearsonvue.com)

**Physical Location-** the Department of Health requires two addresses from every applicant. The Physical Location is used to locate applicants/licensees and is posted on the Department's website. This address cannot be a Post Office Box. The mailing address is used for mailing documents.

**Practical Nurse Equivalency (PNEQ)-** A process that allows a Registered Nurse student, who has completed education equivalent to a Licensed Practical Nurse (LPN), to sit for the LPN NCLEX. See PNEQ in the Table of Contents.

**Prevention of Medical Errors-** A 2-hour required course for all applicants that must be completed prior to being approved for the NCLEX. Graduates from Florida programs should check with their instructors to determine if this course was included in their curriculum. Approved providers for this course can be found at [www.cebroker.com](http://www.cebroker.com)

**Re-examination-** Applicants who have not successfully passed the NCLEX in Florida and choose to re-apply for the examination. [http://www.doh.state.fl.us/mqa/nursing/ap\\_re-exam.pdf](http://www.doh.state.fl.us/mqa/nursing/ap_re-exam.pdf)

**Remedial Course-** A course required when an applicant has not passed the exam within 3 attempts. Florida Board approved remedial course requires 80 hours of classroom and 96 hours in a clinical setting. [http://www.doh.state.fl.us/mqa/nursing/lst\\_remedial\\_cor.pdf](http://www.doh.state.fl.us/mqa/nursing/lst_remedial_cor.pdf)

**Re-take Applicant-** An applicant who has previously taken the NCLEX, for the same level (LPN/RN), for the State of Florida.

**Self Explanation-** Letter from the applicant that reports criminal, discipline, and/or health history in her/his own words. This letter will need to describe the circumstances surrounding the reported event and what positive or rehabilitative steps you have taken since the event.

**Special Accommodations-** Testing adjustments granted to those who have qualifying medical conditions. Approval must be granted by the Testing Services Unit. <http://www.doh.state.fl.us/mqa/Exam/spectest.htm>