

Important Information for all Applicants

You must have a current Florida LPN or RN license to apply for a multi-state license upgrade. If your declared primary state of residency is another Compact State, you are not eligible for a multi-state license.

All sections must be completed in full. Failure to submit a complete application will result in a processing delay. If you provide false information, the Board of Nursing may deny your application.

The Board office must be notified in writing of anything that changes or affects a response given in your application. Failure to do so could result in the delay of application processing, denial of your application or revocation of licensure. Examples: change of name, address, telephone number, arrests or convictions, licensure status or disciplinary action in another state, or an incorrect answer to a question.

Compact State Information

Florida is a member of the enhanced Nurse Licensure Compact (eNLC). The eNLC 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 his/her new primary state of residence. It is important to remember that the eNLC requires nurses to adhere to the nursing practice laws and rules of the state in which he/she practices under his/her compact license. Please note that this does not include Advanced Practice Registered Nurse. If a nurse moves from one state to another and establishes residency, the nurse must apply for licensure in that state. Please visit the National Council of State Boards of Nursing (NCSBN) Web site (<https://www.ncsbn.org/nurse-licensure-compact.htm>) for a list of states that have implemented the Compact.

“Primary state of residence” as defined by the Compact means the “person’s declared fixed permanent and principal home for legal purposes; domicile.” Proof of primary residence may include but is not limited to:

- 1) Driver's license with a home address
- 2) Voter registration card displaying a home address
- 3) Federal income tax return declaring the primary state of residence; or
- 4) W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.

If your declared primary state of residence is another Compact State, you are not eligible for a multi-state license; however, you may apply for a single-state license.

Requirements for a Multi-State License

In addition to Florida being your primary state of residence, the following requirements must be met to qualify for a multi-state license:

- 1) You must meet Florida's requirements for initial licensure
- 2) You must have passed the NCLEX or the SBTPE
- 3) Your license status must be clear and unencumbered (“Encumbrance” means a revocation or suspension of, or any limitation on, the full and unrestricted practice of nursing imposed by a licensing board)
- 4) You must not have a felony conviction
- 5) You must not be enrolled with IPN or any other treatment program for impaired practitioners
- 6) You must have a social security number

Florida Board of Nursing
PO Box 6330
Tallahassee, FL 32314
Phone: (850) 245-4125
Fax: (850) 617-64600

Multi-State License Upgrade Application

Website: www.floridasnursing.gov
Email: Mqa.NursingAppstatus@flhealth.gov

Please complete this application in
its entirety prior to printing.

Do Not Write in this Space
For Revenue Receipting Only

A fee of \$100.00 must be paid in the form of a cashier's check or money order, made payable to: DOH Florida Board of Nursing

An applicant, who is denied, or withdraws the application prior to licensure, is entitled to a refund of \$50.00. A signed request to withdraw or for a refund must be made in writing. Fees are refundable for up to 3 years from the date of receipt.

SELECT LICENSE TO UPGRADE: (You must have a current Florida LPN or RN license that is not expiring within 120 days of applying for this upgrade. If your license needs to be renewed prior to applying for the upgrade, please visit www.flhealthsource.gov)

Registered Nurse (RN) 1701- \$100.00

Licensed Practical Nurse (LPN) 1702- \$100.00

Florida License Number: _____

1. PERSONAL INFORMATION

Name: _____
Last/Surname First Middle

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

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

State Zip Country Home/Cell Telephone (Input number without dashes)

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

Street Apt. No. City

State Zip Country Work/Cell Telephone (Input number without dashes)

2. CRIMINAL HISTORY (Answers to commonly asked questions can be found on our website at:

www.floridasnursing.gov/help-center/#faq5)

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. **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.**

B. Yes No Have you EVER had any records sealed pursuant to section 943.059, F.S., or other state's applicable statute?

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

If you answered "Yes" to either of the questions above you are required to send the following items:

- Self Explanation** describing in detail the circumstances surrounding each offense; including dates, 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 these documents from the Department of Corrections. The report must include the start date, end date and that the conditions were met.
- Three (3) current (written within the last year) professional **Letters of Recommendation.**

3. 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" to the question above, skip to question 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 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?

NAME _____

If you responded "No" to the question above, skip to question 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" to the question above, skip to question 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?

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" to the question above, skip to question 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 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?

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 Forms Section of this application)**. The Board will not receive your Livescan results if you do not affirm the above statement by checking this box.

NAME _____

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

All applicants, including out-of-state and out-of-country applicants, are required to submit their fingerprints electronically. The Department of Health accepts electronic fingerprinting offered by Livescan device providers that are approved by the Florida Department of Law Enforcement. For a list of approved Livescan vendors, please visit our website at: <http://www.flhealthsource.gov/background-screening/>

Typically background results submitted by Livescan are received by the Board within 24-72 hours of being processed. The Board of Nursing'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 done by a Florida Police or Sheriff's Department require that you login to the FDLE Civil Applicant Payment System (CAPS) at <https://caps.fdle.state.fl.us> and pay a fee before results will be released to our office.

Applicants who reside in an area where no Livescan service providers are available or because of state laws prohibiting transmission of fingerprints electronically across state lines should contact a Florida Livescan service provider who has the capability to convert a traditional card (hard card) into an electronic fingerprint card.

Because the Florida Department of Health retains fingerprints on any applicant who is required to undergo a criminal history screening as of January 1, 2013, those prints are retained in the Care Provider Clearinghouse. This Clearinghouse allows for the sharing of criminal history information among specified agencies.

One of the requirements for your Livescan to be retained in the Clearinghouse is a photograph taken by the Livescan service provider at time of fingerprinting. If your Livescan is completed without a photograph, you may have to undergo additional fingerprinting in the future.

Livescan service providers that offer hard card conversion to electronic fingerprinting (Livescan) can be found at <http://www.flhealthsource.gov/out-of-state-providers>

11.

Confidential and Exempt from Public Records Disclosure

Pursuant to Title 42 U.S.C. § 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. This information is exempt from public records disclosure.

Last Name:

First Name:

Middle Name:

Social Security Number:

(Input without dashes)

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 or by calling 1-800-772-1213.

Board of Nursing
4052 Bald Cypress Way, Bin # C02
Tallahassee, Florida 32399-3252
Phone: (850) 245-4125 Fax: (850) 617-6460
Website: www.floridasnursing.gov

NAME _____

12. **HEALTH HISTORY** (Supporting documentation should be sent directly to the Board Office).

- A. Yes No Do you have any condition that currently impairs your ability to practice your profession with reasonable skill and safety?
- B. Yes No Are you using medications, other drugs, narcotics, or intoxicating chemicals that impair your ability to practice your profession with reasonable skill and safety?

If you answered "Yes" to any of the questions in this section, you are required to send the following items:

- Please provide a letter from a licensed health care practitioner, who is qualified by skill and training to address your condition, which explains the impact your condition may have on your ability to practice your profession with reasonable skill and safety, and stating either that you are safe to practice your profession without restriction or indicating what restrictions are necessary. If necessary, you may attach additional sheets. Documentation must be current within the last year. If you fail to disclose the information requested in this section, your application may be denied.
- Self Explanation.** explaining the medical condition(s) or occurrence(s) and current status.

13. **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?

NAME _____

14. 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 the is 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 Advanced Practice Nurse in the State of Florida.

I further state that I have read and understand Chapter 464, Florida Statutes, and Rule 64B9, Florida Administrative Code as they pertain to the practice of nursing and advanced practice nursing. (Note: Ch 464 and Rule Chapter 64B9 may be obtained via the internet at www.floridasnursing.gov).

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 and renewal including continuing education credits.

Applicant's Signature _____ Date _____
This field cannot be typed. You must print out the application and sign it. (MM/DD/YYYY)

Electronic Fingerprinting

Take this form with you to the Livescan service provider. Please 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 to a fingerprint scan using the Livescan method;
- You can find a Livescan service provider at:
<http://www.flhealthsource.gov/background-screening/>
- Livescan screenings done by a Florida Police or Sheriff's Department require that you login to the FDLE Civil Applicant Payment System (CAPS) at <https://caps.fdle.state.fl.us> and pay a fee before results will be released to our office.
- Out of State/Country Livescan directions are included in the electronic fingerprinting section of this application.
- 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: _____

Aliases: _____

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

Social Security Number: _____

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

Sex: _____ Weight: _____ Height: _____
(M=Male; F=Female)

Eye Color: _____ Hair Color: _____

Address: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Transaction Control Number (TCN#): _____
(This will be provided to you by the Live Scan Vendor.)

You will need to keep this form for your records. Do not send this form to the Board Office.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD 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 that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to 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 Persons 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 as 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 the 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 s. 943.056, F.S., 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.

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, disclosures 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 and 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 you additional information pertinent 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.

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



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