

Florida Board of Nursing
PO Box 6330
Tallahassee, FL 32314
Phone: (850) 245-4125
Fax: (850) 617-6460

No Registration Fee

Autonomous Advanced Practice Registered Nurse Registration

Please complete this application in
its entirety prior to printing.

Autonomous Practice means advanced nursing practice by an advanced practice registered nurse who is registered under Section 464.0123 F.S. and who is not subject to supervision by a physician or a supervisory protocol.

Name:				
_____	_____	_____	_____	_____
Last/Surname				Florida APRN License #
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 with dashes)	Date of Birth
Physical Location: (primary practice location)				

Street		Apt. No.	City	

State	Zip	Country	Work/Cell Telephone (Input with dashes)	

Yes No

Been subject to disciplinary action as specified in Section 456.072 F.S. or Section 464.018 F.S., or any similar disciplinary action in any state or jurisdiction within the past 5 years.

Yes No

Completed at least 3,000 clinical practice hours under the supervision of an allopathic or osteopathic physician within the past 5 years. These hours may include clinical instructional hours. See Section 464.0123(1)(c) F.S. for complete requirements.

Yes No

Submitted proof of 3 graduate-level semester hours, or the equivalent, in differential diagnosis and 3 graduate-level semester hours, or the equivalent, in pharmacology completed within the past 5 years.

I certify that the information on this form is true and correct.

Applicant's Signature _____

Date _____

This field cannot be typed. You must print out the application and sign it.

MM/DD/YYYY

FINANCIAL RESPONSIBILITY
Autonomous Advanced Practice Registered Nurse

Name: _____

Florida APRN License Number : _____

The Financial Responsibility options are divided into two categories, coverage and exemptions. Choose only **ONE** option that best describes your situation. If you provided financial responsibility information to a hospital or elsewhere, please be consistent when choosing an option below.

Please be advised, failing to choose an option or choosing more than one option will delay your registration. Department staff is unable to advise you on which option to choose. If you have questions regarding choosing an option, consult your personal legal counsel, insurance company or financial institution for advice.

FINANCIAL RESPONSIBILITY COVERAGE

1. I have obtained and will maintain Professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer under Section 624.09, F.S., a surplus lines insurer under Section 626.914(2), F.S., a joint underwriting association under Section 627.351(4), F.S., a self-insurance plan under Section 627.357, F.S., or a risk retention group under Section 627.942, F.S.
2. I have obtained and will maintain an unexpired irrevocable letter of credit as defined by Chapter 675, F.S. which is in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000 and which is payable to the APRN as beneficiary.

EXEMPTION CATEGORIES OF FINANCIAL RESPONSIBILITY COVERAGE:

3. I practice exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions.
4. My Florida license is inactive and I do not practice in the State of Florida.
5. I practice only in conjunction with my teaching duties at an accredited school or in its main teaching hospitals.
6. My Florida license is active, but I am not engaged in autonomous practice in the State of Florida

Section 456.067 F.S., Penalty for giving false information- In addition to, or in lieu of, any other discipline imposed pursuant to s. 456.072 F.S., the act of knowingly giving false information in the course of applying for or obtaining a license from the department, or any board thereunder with intent to mislead a public servant in the performance of his or her official duties, or the act of attempting to obtain or obtaining a license from the department, or any board thereunder, to practice a profession by knowingly misleading statements or knowing misrepresentations constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.08, F.S.

Signature of Licensee: _____

DH5050-MQA-07/2020, Rule 64B9-4.020, F.A.C.