



FLORIDA BOARD OF NURSING

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

For
Clinical Nurse Specialist (CNS)
August 2009



Regarding Prior Criminal History and Disciplinary Actions

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 or license discipline 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 are 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 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.

Question: What types of documentation do I need to submit in support of my application if I have a prior criminal record or license discipline?

Answer:

- Official court document(s) regarding each of your criminal offenses, showing the date(s) and circumstance(s) surrounding your arrest(s), sections of the law violated, and disposition of the case. This includes the complaint or indictment, the judgment, order of probation, docket sheet or other documents showing the disposition of your case(s). You may obtain these documents at the clerk of court where the offense(s) occurred.
- Copies of documents regarding disciplinary action taken against any healthcare license. The documents must come from the agency that took the disciplinary action.
- A detailed description in your own words of the circumstances surrounding your criminal record or disciplinary action. Include a description of the changes in your lifestyle since the time of the offense(s) which would enable you to avoid future incidents. List factors in your life, which you feel, may have contributed to your crime or disciplinary action and what you have learned.

Note: The burden of proof lies with the applicant to demonstrate evidence of positive lifestyle changes. Examples include, but are not limited to:

- Documented evidence of professional treatment and counseling you have completed. Provide a discharge summary, if available.
- 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.
- Proof of community service, education and self-improvement.
- Court-issued certificate(s) of expungement, proof of compliance with criminal probation or parole.

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.

Clinical Nurse Specialist Application Checklist

Keep a copy of your completed application for your records.

- Applications are reviewed in the date order received. 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. Changes in your address must be submitted to the Board in writing. The United States Postal Service does not forward mail from State of Florida.
- Please read all application guidelines and the Florida laws and rules governing the practice of nursing before completing your application. You may obtain a copy of the laws and rules through the Board website www.doh.state.fl.us/mqa/nursing.
- All sections must be completed in full. If an item is not applicable, indicate with N/A. N/A is not an acceptable answer for Yes or No questions and could result in delaying your application processing. Failure to submit a complete application will result in a delay of processing. If you provide false information, the Board of Nursing may deny your application for licensure.
- Applicants wishing to apply as an **Advanced Registered Nurse Practitioner (ARNP)** should use the dual RN/ARNP application available on our website at www.doh.state.fl.us/mqa/nursing/nur_applicant.html.

Eligibility Requirements: For licensure requirements, refer to sections 464.008, 464.009, 464.0115 Florida Statutes (F.S.) and Rules 64B.9-3.002 & 3.008, Florida Administrative Code (F.A.C.).

- Must hold a current Florida Registered Nurse license prior to applying for a CNS upgrade certification.
- **464.0115 Certification of clinical nurse specialists.--**
 - (1) Any nurse seeking certification as a clinical nurse specialist must apply to the department and submit proof that he or she holds a current license to practice professional nursing, a master's degree in a clinical nursing specialty, and current certification in a specialty area as a clinical nurse specialist from a nationally recognized certifying body as determined by the board.
 - (2) **Transcript and Verification of Successful Completion-** An official transcript sent directly from the school, confirming the degree earned and the date of graduation. All transcripts should be accompanied with the Verification of Successful Completion form.
 - (3) **National Certification-** Verification sent directly from the national certifying body or a copy of current certification (or recertification) card notarized as a "true and correct copy". Test results are not considered proof of national certification.

OR

- (4) Proof that he or she holds a master's degree in a specialty area **for which there is no certification** within the clinical nurse specialist role and specialty and proof of having completed 1,000 hours of clinical experience in the clinical specialty for which he or she is academically prepared, with a minimum of 500 hours of clinical practice after graduation. The applicant for certification as a clinical nurse specialist must submit an affidavit to the Board of Nursing affirming the required hours of clinical experience. Falsification of the affidavit constitutes grounds for discipline in accordance with s. [464.018\(1\)\(f\)](#).

It is recommended that you use the following checklist to help ensure your application is complete. Failure to attach any required document, or to have required documentation sent to the Board, will result in an incomplete application. **Final approval can not be granted until the application is complete.** Faxed applications will not be accepted.

DH-MQA 1117, 08/09, Rule 64B9-2.016 FAC

(Section 1)

_____ **PERSONAL INFORMATION:** Refer to important note above section 1 on the application. Applications will be processed in the complete name provided in this section. Be sure to use the same name and address on all documentation.

Physical Location: Florida Sunshine Law requires that all licensees have a physical address or practice location on file with all Florida licensure boards. List your physical address (this address does not have to be a Florida address) in this section or the address where you intend to work. **This address is required by law to be listed on the Department of Health website at ww2.doh.state.fl.us/IRM00PRAES/PRASLIST.ASP. We are unable to issue a license without this address.**

Name Change Documentation: To request a name change, you must submit proper documentation. Acceptable forms of proper documentation are a copy of a marriage license; divorce decree that indicates the restoration of your maiden name; or a court order. We are unable to accept a driver's license or social security card as proof of a name change.

_____ **AVAILABILITY FOR DISASTER:** Please check YES or NO.

_____ **EQUAL OPPORTUNITY DATA:** Please complete the equal opportunity data.

(Section 2) SPECIALITY TYPE: Place a check (only chose one) by your area of specialization.

(Section 3) LICENSURE HISTORY: You must hold a current, active Florida Registered Nurse license and a current national certification through a Board approved national body to qualify for certification as a Clinical Nurse Specialist. The only recognized national certifying bodies are listed in this section.

(Section 4)

_____ **NURSING EDUCATION HISTORY:** Complete all Clinical Nurse Specialist education history.

(Section 5)

_____ **APPLICANT BACKGROUND:** All items must be completed. Questions 3A and B require you to list your name history. In section 3C list all current and previous nursing licenses.

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE SECTION

(Section 6)

_____ **Social Security Page:** All applicants are required to complete this page. The information you provide us on this page is confidential. If you do not have a United States Social Security Number you are required to obtain one prior to the issuance of a permanent license.

(Section 7)

_____ **HEALTH HISTORY:** All items must be completed. Supporting documentation related to any "Yes" answer must be submitted to the Board of Nursing, at 4052 Bald Cypress Way, Bin C-02, Tallahassee, FL 32399-3252 (see application for further instructions).

(Section 8)

_____ **CRIMINAL HISTORY:** (See Pages 3 and 4 for assistance in answering questions in this section)

IMPORTANT NOTICE: Effective July 1, 2009, section 456.0635, Florida Statutes, provides that health care 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:

1. Convicted or plead guilty or nolo contendere to a felony violation of: chapters 409, 817, or 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss 1395-1396, unless the sentence and any probation or pleas ended more than 15 years prior to the application.
2. Terminated for cause from Florida Medicaid Program (unless the applicant has been in good standing for the most recent five years).
3. Terminated for cause by any other State Medicaid Program or the Medicare Program (unless the termination was at least 20 years prior to the date of the application and the applicant has been in good standing with the program for the most recent five years).

Failure to disclose criminal history may result in denial of your application. Any applicant who has ever been found guilty of, or pled guilty or no contest /nolo contendere, to any charge other than a minor traffic offense must list each offense on the application and submit the following information:

The Board of Nursing may deny your application for failure to disclose any criminal history. Applicants who has 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 must list all offenses. 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. **Submit the following supporting documentation:**

_____ **Final Dispositions/Arrest Records**

Obtain and submit arrest and 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.

_____ **Self-Report**

Applicants who have listed offenses on the application must submit a letter in your own words describing the circumstances and outcome of the offense.

_____ **Letter of Recommendation**

Applicants who have listed offenses on the application must submit 3 professional letters of recommendation.

(Section 9)

_____ **DISCIPLINARY HISTORY:** Any action taken against your license by a state licensing board must be reported on this application. Report any denials, disciplinary actions, or surrendered license(s) to practice in any healthcare profession, in any state, jurisdiction, or country. Provide a written self explanation of all occurrences. The licensing jurisdiction must 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.

(Section 10)

_____ **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. Be sure the same name used on your application is on each document.

(Supplemental Documents)

_____ **Transcript Request Form:** The applicant's educational institution where the Clinical Nurse Specialist Master's degree program was completed must send this form directly to the Florida Board of Nursing.

_____ **Verification of Successful Completion:** The applicant's educational institution where the Clinical Nurse Specialist Master's degree program was completed must send this form directly to the Florida Board of Nursing.

_____ **Affidavit:** This form is for applicants who have earned a master's degree in a specialty area **for which there is no certification** within the clinical nurse specialist role. This form must be notarized.

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.

The Florida Center for Nursing's operating revenues are 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.

APPLICATIONS ARE PROCESSED IN DATE ORDER RECEIVED. PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

(FOR REVENUE RECEIPTING ONLY)
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

FAILURE TO SUBMIT FEES (SEE INSTRUCTIONS), TO COMPLETE THIS APPLICATION, OR TO ATTACH ANY REQUIRED DOCUMENTATION WILL RESULT IN AN INCOMPLETE APPLICATION. YOUR APPLICATION WILL NOT BE CONSIDERED FOR APPROVAL UNTIL IT IS COMPLETE.

APPLICATION FOR CLINICAL NURSE SPECIALIST (CNS)

UPGRADE APPLICATION FEE FOR CNS (1701) \$75.00

1. PERSONAL INFORMATION

NAME: Last/Surname _____ First _____ Middle _____

DATE OF BIRTH (M/D/Y) _____

MAILING ADDRESS: _____ Apt. No. _____

City _____ State _____ Zip _____ Country _____

PHYSICAL LOCATION: _____ Apt. No. _____

(Required if mailing address is a P.O. Box-See Checklist)

City _____ State _____ Zip _____ Country _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____ E-MAIL ADDRESS _____

PLACE OF BIRTH: _____ MOTHER'S MAIDEN NAME: _____

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?

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 _____

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

(You will find directions in the application instructions on how to do so.)

2. SPECIALTY TYPE: (CHECK ONE AREA OF SPECIALIZATION) _____ OTHER _____ PEDIATRIC NURSING

_____ ADVANCED DIABETES MANAGEMENT _____ PUBLIC/COMMUNITY HEALTH NURSING _____ GERONTOLOGICAL NURSING

_____ ADVANCED CERTIFIED HOSPICE AND PALLIATIVE NURSE _____ CHILD AND ADOLESCENT PSYCHIATRIC AND MENTAL HEALTH

_____ CERTIFIED CRITICAL CARE NURSE SPECIALIST _____ ADVANCED ONCOLOGY CLINICAL NURSE SPECIALIST

_____ ADULT HEALTH (FORMERLY KNOWN AS MEDICAL SURGICAL NURSING) _____ ADULT PSYCHIATRIC AND MENTAL HEALTH

NAME _____

3. LICENSURE HISTORY:

A. Florida RN License Number (You must have a current Florida RN license to apply for an upgrade) _____

B. Yes No Are you nationally certified by one of the recognized certifying bodies?
{American Nurses Credentialing Center (ANCC), Oncology Nursing Certification Corporation (ONCC), American Association of Critical Care Nurses (AACN), National Board for Certification of Hospice and Palliative Nurses (NBCHPN)}

4. POST-BASIC CERTIFICATE, GRADUATE, OR POST-GRADUATE CLINICAL NURSE SPECIALIST EDUCATION

CNS NURSING SCHOOL ATTENDED: _____

Address _____

City _____ State _____

B. Type of Program (example: MSN) _____ C. Date Graduated or Anticipated Graduation _____

(MM/DD/YY)

D. ADDITIONAL NURSING PROGRAM ATTENDED: _____

E. Type of Program (example: post masters) _____ F. Date Graduated or Anticipated Graduation _____

(MM/DD/YY)

5. APPLICANT BACKGROUND Attach additional sheets, if necessary

A. List any other name(s) by which you have been known in the past. _____

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

C. List all nursing licenses (**active, inactive or lapsed**). (ATTACH 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 & when</u>
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6.



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 USCS § 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 or by calling 1-800-772-1213.

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

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

Supporting documentation (should be current within the last year) 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**.

- 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?

8. CRIMINAL HISTORY

- 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. (Review pages 3 and 4)

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 the Court 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.

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.

Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked. If you answer "Yes" to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documentation.

1. Yes No a. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication to, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? (If "No", do not answer 1b.)
- Yes No b. Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for such conviction?
2. Yes No a. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 2b.)
- Yes No b. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?
3. Yes No a. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? (If "No", do not answer 3b and 3c.)
- Yes No b. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?
- Yes No c. Did the termination occur at least 20 years prior to the date of this application?

NAME _____

9. DISCIPLINARY HISTORY *Attach additional sheets, if necessary*

- A. Yes No Have you ever been denied or is there now any proceeding to deny your application for any healthcare license to practice in Florida or any other state, jurisdiction or country?
- B. 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?
- C. 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?
- D. 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 typed or printed description of the discipline. You must contact the Board(s) in the States in which you were disciplined and request official copies of the administrative complaint and final order be sent directly to the Florida Board of Nursing.

10. 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/Clinical Nurse Specialist 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 (Note: A current copy of Ch 464 and Rule 64B9 may be obtained via the internet at 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 affirm that I will comply with all requirements for licensure renewal including continuing education credits.

Applicant's Signature _____ **Date** _____

Clinical Nurse Specialist Application Fee Sheet

Name _____

FEEES	Endorsement
Processing Fee	\$75.00
Subtotal	\$75.00
Voluntary Contribution to support the Florida Center for Nursing	\$
TOTAL ENCLOSED	\$

Withdrawal and refund of Applications

The fees for the Clinical Nurse Specialist application are **not refundable**. 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 certification. **Do not stop payment on your check** as this could result in a "bad check charge" being filed against you. Applicants with confirmed arrest or disciplinary histories cannot withdraw without permission of the Board.

Mailing Instructions

Send a check, a certified check, cashier check, or money order payable to: DOH Florida Board of Nursing. You may send one 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

Telephone Number: 850-245-4125
Fax Number: 850-245-4172
Web Site: www.doh.state.fl.us/mqa/nursing



**Florida Board of Nursing
Transcript Request Form
For Applicants Graduating from
A United States School outside of Florida**

Please 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: _____

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

Signature of Student: _____

The following information must be on the official graduate level transcript:

- 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.

**Florida Board of Nursing
4052 Bald Cypress Way
Bin CO2
Tallahassee, Florida 32399-3252**

**VERIFICATION OF SUCCESSFUL COMPLETION OF A
MASTER'S DEGREE AS A CLINICAL NURSE SPECIALIST (CNS) IN A
CLINICAL SPECIALTY AREA OF CNS PRACTICE**

SECTION I- TO BE COMPLETED BY THE APPLICANT			
Last Name _____ First _____ Middle _____ Maiden _____			
Address (<i>number and street</i>) _____			
City _____ State _____ Zip Code _____			
Social Security Number (<i>optional</i>) _____ or School ID number _____			
I authorize my school/program to release the information requested below to the Florida Board of Nursing.			
Signature _____ Date _____			
SECTION II- TO BE COMPLETED BY THE PROGRAM DIRECTOR/REPRESENTATIVE FOR THE MASTER'S LEVEL ACADEMIC PROGRAM: Please complete and return to the Florida Board of Nursing.			
Name of Master's Academic Program: _____			
Address: _____			
(Number & Street)		(City)	
(State)		(Zip Code)	
Clinical Specialty Area: _____			
Date Conferred: _____			
(Month)/(Day)/(Year)			
Entrance and Completion Dates: From: _____ To: _____			
(Month)/(Day)/(Year) (Month)/(Day)/(Year)			
I certify under penalty of perjury that the documentation regarding the completion of the master's degree in a clinical specialty area of CNS practice for the named applicant is true and correct.			
Director's Signature: _____ Date: _____			
Title: _____ Telephone Number : (____) _____			
Official School Seal:			

STATE OF FLORIDA)
)
_____County)

AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared _____, who,
after being duly sworn, deposes and states as follows:

1. I meet the qualifications for licensure as a Clinical Nurse Specialist under Florida Statutes 464.0115.
2. My clinical master’s degree is in the specialty area of _____, for which there is no national certification exam available within the clinical nurse specialist role.
3. I have at least 1000 hours of clinical experience in my area of clinical specialty and at least 500 of these hours have been completed post graduation.

FURTHER AFFIANT SAYETH NAUGHT.

Signature of Applicant (to be signed before the notary)

SWORN TO AND SUBSCRIBED before me this _____ day of _____, ____ by _____ who is personally known to me or has provided identification in the form of _____.

NOTARY PUBLIC

(Typed name of notary public)

Commission number