

Complete forms must be mailed to:

Board of Nursing

4052 Bald Cypress Way Bin C-02
Tallahassee, FL 32399-3252



Board of Nursing Third Party Authorization

Applicants who intend to have an entity other than themselves act as a representative in the licensure process for this application must complete this form and have their signature notarized. Discard this form if you are submitting this application and do not authorize another person to act on your behalf.

I, _____, the undersigned, do hereby authorize
(applicant name)

_____, whose address is
(authorized representative)

_____, their agents, or
(authorized representatives address)

employees, to act for me and in my name with respect to my application for licensure with the Florida Board of Nursing, with the exception of withdrawing my application or requesting a refund.

Applicant Signature: _____ Date: _____
MM/DD/YYYY

State of _____ County of _____

Sworn to and/or subscribed before me this _____ day of _____, 20_____

By _____ whose identity is known to me by _____

Notary Signature _____ Printed Name of Notary _____

These signature fields cannot be typed. You must print out the form and sign it before a notary public.

SEAL
(Notary Public)

To withdraw your authorization of a third party representing you, submit a written request to the board office at the address above.