

PNEQ documentation must be mailed directly from the education program to:

Board of Nursing

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



Board of Nursing

Practical Nursing Equivalency (PNEQ) Application Letter

(Rule 64B9-3.002(3), 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 (s.) 464.008(1)(c), Florida Statutes (F.S.)].

The 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 (s. 464.019(1)(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 (s. 464.019(1)(g), F.S.).

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

Applicant Name: _____ Dates of Attendance: _____
MM/DD/YYYY to MM/DD/YYYY

School/Program: _____ Dean/Director: _____

School Address: _____ City: _____

Phone Number: _____ Email: _____

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).

Program Director Signature: _____ Date: _____
MM/DD/YYYY

DH-MQA 1233, 3/10, Rule 64B9-3.002(3), F.A.C.