

Visiting Nurse Permit Request



Board of Nursing
P.O. Box 6330
Tallahassee, FL 32314-6330
Website: www.floridasnursing.gov
Email: mqa.nursing@flhealth.gov
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Visiting Nurse Permit Information

Registered Nurses (RN) and Licensed Practical Nurses (LPN) with a multistate license no longer need a visiting nurse permit to temporarily practice in Florida due to Florida joining the Enhanced Nurse Licensure Compact. The Nurse Practice Act, section (s.) 464.0095, Florida Statutes (F.S.), article 3, allows RNs and LPNs multistate privileges, without a required nurse permit.

Only fill out the following application if you do not have a current, active multistate license.

The Florida Legislature granted an exception to chapter (ch.) 464, F.S., the Florida Nurse Practice Act for a **legally qualified nurse of another state whose employment requires the nurse to accompany and care for a patient temporarily residing in Florida.**

Section 464.022(12), F.S., reads as follows:

“The practice of nursing by any legally qualified nurse of another state whose employment requires the nurse to accompany and care for a patient temporarily residing in this state for not more than 30 consecutive days, provided the patient is not in an inpatient setting, the board is notified prior to arrival of the patient and nurse, the nurse has the standing physician orders and current medical status of the patient available, and prearrangements with the appropriate licensed health care providers in this state have been made in case the patient needs placement in an inpatient setting.”

The nurse must provide notification to the Board of Nursing prior to arrival in Florida. The notification must include the nurse’s name (as it appears on the license), jurisdiction in which the license is held, and license number and the address of the nurse. The notification must also include an affirmation that the nurse has the standing physician orders and current medical status of the patient and that prearrangements with the appropriate licensed health care providers in Florida have been made, in case the patient needs placement in an inpatient setting.

The Board of Nursing encourages you to use the form following this page as notification.

For questions or additional information email MQA.Nursing@flhealth.gov.



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Date: _____
MM/DD/YYYY

This is to notify you that I, _____, licensed
Full Name (First, Middle, Last)

as a(n) _____ in the state of _____, License Number _____
(LPN, RN, APRN)

will be accompanying and caring for _____,
Patient's Full Name (First, Middle, Last)

in the state of Florida from _____ through _____.
MM/DD/YYYY MM/DD/YYYY

I am aware of and in compliance with **all** of the below listed requirements of the Florida Nurse Practice Act.

Initials	Requirements
	Patient is not in an inpatient setting.
	Visit is for no more than 30 consecutive days.
	I am in possession of the patient's standing physician orders and current medical status.
	I have made pre-arrangements with the appropriate health care providers in Florida should the patient require placement in an inpatient setting. I am aware of the location of the appropriate health care provider/facility in the area being visited by the patient under my care.

Signature: _____ Daytime Telephone #: _____
You may print this application and sign it or sign digitally. *Input without dashes*

Email Address*: _____

* Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

Address: _____ Apt. Number: _____

City: _____ State: _____ ZIP: _____

Agency Name (if applicable): _____

Agency Telephone #: _____
(If applicable) *Input without dashes*

Agency Fax #: _____
(If applicable) *Input without dashes*