Confidential and Exempt from Public Records Disclosure*

Florida Department of Health
Board of Nursing

Name: _____

Last **First** **Middle**

Social Security Number: _____

* This page is exempt from public records disclosure pursuant to subparagraph 119.071(5)(a)2., Florida Statutes, which provides in relevant part: "An agency that collects social security numbers shall also segregate that number on a separate page from the rest of the record, or as otherwise appropriate, in order that the social security number be more easily redacted, if required, pursuant to a public records request."

Mission Statement: To protect and promote the health of all persons in Florida by diligently regulating health care practitioners and facilities.

Website: www.doh.state.fl.us/mqa/

This form, required by Florida Statutes, should be mailed to:

Prometric
ATTN: FL NA Program
1260 Energy Lane
St. Paul, MN 55108