



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

**DISPENSING APPLICATION FOR ARNP'S**

SEND FEES (\$100.00) AND APPLICATION TO:

Department of Health  
Board of Nursing/ARNP  
P. O. Box 6330  
Tallahassee, FL 32399

Dispensing – is defined as selling medicinal drugs to patients in the office. A practitioner who writes prescriptions or provides complimentary samples is not a “dispensing practitioner,” and therefore does not need to register with the department.

- 1. Full Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)
- 2. Home Address: \_\_\_\_\_  
(Box or Street) (City) (State) (Zip Code)
- 3. Telephone Numbers: \_\_\_\_\_  
(Home) (Work)
- 4. Practice Location Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

(This address should be where you will be/are dispensing. If dispensing at more than one location please attach an additional sheet with other locations).

- 5. Have you ever been convicted or found guilty, regardless of adjudication, or pled guilty or nolo contendere (no contest) a criminal misdemeanor or felony in any jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_.  
(If yes, please submit the arrest and court records along with a disposition of the case to the Board of Nursing)
- 6. Have you ever had a disciplinary action taken against your license to practice nursing by the licensing authority in Florida or any other state or jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_.  
(If yes, please indicate all state(s) or jurisdictions involved in such disciplinary action.)
- 7. Florida ARNP# \_\_\_\_\_ Specialty \_\_\_\_\_

I certify that the information on this form is true and correct. I dispense medicinal drugs for a fee from my practice location and I understand an annual inspection of my dispensing records will be conducted.

\_\_\_\_\_  
Practitioner's Signature Date

Do you have an additional page attached? Yes \_\_\_\_\_ No \_\_\_\_\_

**DIVISION OF MEDICAL QUALITY ASSURANCE  
Board of Nursing**

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