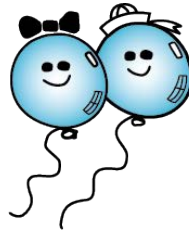




Nicklaus
Children's
Hospital



Dr. Moises Simpser

**VACC
CAMP**

(COMPANION APPLICATION)

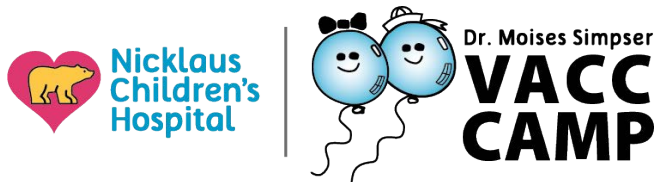
Dear VACC Camp Applicant:

You have expressed a need to have your home care nurse or respiratory therapist attend VACC Camp with your family. To introduce this person to us, please complete and return the enclosed "Companion Application as well as proceed with the requirements with the State of Florida to accompany the camper to Miami (form enclosed). You can scan and email to us the companion application to bela.florentin@nicklaushealth.org. The notification letter for Florida should be send to the address in their form, and email us a copy too.

Don't hesitate to call if we might be of further assistance in this matter.

Cordially,

Bela Florentin
VACC Camp Coordinator



***** COMPANION APPLICATION *****

(Please Print)

If our family is invited to VACC Camp, in order to attend we would need to have our
__ home care nurse __ respiratory therapist come to camp with us.

This is necessary because (comment briefly)

The nurse/therapist who would attend camp with us is:

Name: _____

Agency: _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

ATTACH A COPY OF THE NURSE/THERAPIST'S CURRENT LICENSE

Nurse/Therapist's Signature

Parent/Guardian's Signature

Date: ____ / ____ / ____

PRINT Parent/Guardian's Name

RETURN TO:

Dr. Moises Simpson VACC Camp
Nicklaus Children's Hospital
3200 SW 62nd Ave
Suite 203
Miami, Florida 33155-4076

Phone:
(305)662-VACC or 662-8380

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

John H. Armstrong, MD, FACS

State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

Exception to Nurse Practice Act and Notification Requirements to Accompany and Care for a Patient Temporarily Residing in Florida

The Florida Legislature granted an exception to Chapter 464, Florida Statutes, 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. Florida Statutes, Section 464.022(12), reads as follows:

"The practice of nursing by an 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 Division of Medical Quality Assurance, 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 licensed is held, and license number and the address of the nurse. Also, the notification must 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. We encourage you to use the enclosed letter of notification.

Notification letters should be sent to:

**Florida Board of Nursing
4052 Bald Cypress Way
BIN CO2
Tallahassee, Florida 32399-3252**

or FAX: (850) 617-6460

If you have any questions or need additional information, you may email us at:
MQA_Nursing@doh.state.fl.us.

Florida Department of Health

Division of Medical Quality Assurance • Board of Nursing
4052 Bald Cypress Way, Bin C-02 • Tallahassee, FL 32399
PHONE: 850/245-4125 • FAX 850/617-6460

www.FloridasHealth.com

TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh

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Date _____

To: Division of Medical Quality Assurance
Florida Board of Nursing
4052 Bald Cypress Way, Bin #C02
Tallahassee, FL 32399-3252

This is to notify you that I, _____,
(Please Type or Print First, Middle and Last Name)

licensed as a _____ in the State of _____, License Number _____,
(LPN, RN, ARNP)

will be accompanying and caring for _____,
(Please Type or Print Patients First, Middle and Last Name)

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. **(Please Initial each requirement).**

_____ 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

Email Address

Street Address

Agency Name (if applicable)

City, State and Zip Code

Agency Telephone Number (if applicable)

Daytime Telephone Number

Agency Fax Number (if applicable)