



\*\*\* 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 Companion Application as well as proceed with the requirements with the State of Florida to accompany the camper to Miami (form enclosed).

Email the completed application to [bela.florentin@nicklaushealth.org](mailto:bela.florentin@nicklaushealth.org). The notification letter for the Florida Board of Nursing should be sent to the address on their form, please 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**



Nicklaus  
Children's  
Hospital



Dr. Moises Simpson

**VACC  
CAMP**

**\*\*\* COMPANION APPLICATION \*\*\***

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 \_\_\_\_\_  
\_\_\_\_\_.

**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](mailto:MQA_Nursing@doh.state.fl.us).

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Date: \_\_\_\_\_

To: **Division of Medical Quality Assurance**  
**Florida Board of Nursing**  
**4052 Bald Cypress Way, Bin #CO2**  
**Tallahassee, FL 32399-3252**

This is to notify you that I, \_\_\_\_\_  
(Please type or print First, Middle and Last Name)

licensed as \_\_\_\_\_ in the State of \_\_\_\_\_, License Number \_\_\_\_\_  
(LPN, RN, ARNP)

will be accompanying and caring for \_\_\_\_\_  
(Please type or print patient's 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)

**FloridaDepartmentofHealth**

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: fidoh