

Florida Board of Nursing
4052 Bald Cypress Way, Bin C-02
Tallahassee, FL 32399
Phone: (850) 245-4125



Florida Board of Nursing Other Payer Code Registration Form

Agency:
Mailing Address:
(City, State and Zip)
Phone Number:
Federal Tax ID Number:
Contact Person:
Email Address:
LPN: RN: CNA:

I the undersigned, verify that information provided on this form is accurate.

Signature: _____ Date: _____

This field cannot be typed. You must print out this form and sign it.