

APPENDIX 14-5

SAMPLE AGREEMENT TO VOLUNTARILY WITHDRAW FROM NURSING PRACTICE

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

Petitioner,

vs.

Case Number: RN _____

_____, R.N.,

Respondent.

_____/

AGREEMENT TO VOLUNTARILY WITHDRAW FROM NURSING PRACTICE

I, _____ a licensed Registered Nurse in the State of Florida, having been issued license number #RN _____, acknowledge that the Department of Health ordered the emergency suspension of my nursing license on _____ [or] It is expected that the Department of Health may order the emergency suspension of my nursing license. In lieu of the Department of Health filing an Emergency Suspension Order against my license, I hereby agree to voluntarily refrain from practicing nursing in the State of Florida until such time as one of the following conditions are met:

I successfully dispute the action against my nursing license by Florida Board of Nursing or

The Probable Cause Panel of the Board of Nursing makes a determination that there is no probable cause or

The Board of Nursing or Department of Health files a Final Order regarding the disposition of this case, including a closure order.

FLORIDA NURSING LAW MANUAL

If I violate the terms of the agreement, I acknowledge that the Department of Health may issue an Emergency Suspension Order against my license to practice nursing in the State of Florida. I further agree that, upon execution, this document becomes a public document. However, I further understand that no agency of the State of Florida will report this voluntary withdrawal from practice in the state of Florida to any other state or jurisdiction.

Pursuant to Section 456.073(10), Florida Statutes, I, _____ license number #RN _____ hereby waive any and all requirements which might otherwise impede the Probable Cause Panel of the Florida Board of Nursing from considering this matter at the earliest possible moment, except for my right to obtain and review a copy of the report of investigation and file on this case and my right to submit information and documents for the Probable Cause Panel to consider, to be submitted by my attorney. I agree that failure to comply with this agreement will constitute grounds for an Emergency Suspension of my license to practice nursing.

By entering this agreement to withdraw from practice I am not admitting any guilt or wrongdoing on my part nor am I giving up any of my administrative rights in this matter. This agreement is being entered into by me solely as a matter of convenience and expedience so that neither the State of Florida nor I am required to undergo the time and expense of contesting this matter at this point in time.

I HEREBY AFFIRM that I have read, and I understand, the foregoing, and with my signature affixed hereto adopt the same as my own statement.

SIGNED this _____ day of _____, 200__.

_____, R.N.

COUNSEL FOR RESPONDENT