

FLORIDA INTERVENTION PROJECT FOR NURSES (IPN) AGREEMENT TO WITHDRAW FROM PRACTICE (9-26)

IPN Case # _____

Complaint #: _____

VOLUNTARY AGREEMENT TO WITHDRAW FROM PRACTICE

The undersigned Licensee, _____, license number _____, hereby agrees to withdraw from his/her practice of _____ in the State of Florida and states:

1. Licensee has agreed to voluntarily withdraw from his/her practice in the State of Florida.
2. The withdrawal from practice will remain in effect until the vendor through whom this form was submitted notifies the Department of Health in writing that the withdrawal may be rescinded, or until the Board of Nursing enters an order authorizing the undersigned to rescind the withdrawal.
3. Respondent understands that this Agreement constitutes a legal obligation within the meaning of Section 456.072(1)(k), Florida Statutes. Respondent further understands that any violation of the terms of this Agreement by Respondent shall constitute sufficient probable cause for the issuance by Petitioner of an Emergency Suspension of Respondent's license to practice as a _____ in the State of Florida.
4. Licensee, being fully advised of the consequences of so doing and having the opportunity to consult with counsel of his/her choosing, hereby agrees that upon his/her execution of this Agreement, it shall immediately be made accessible to the public. In addition, Licensee's licensure status and, if applicable, profile with the Board of Nursing will reflect the withdrawal/restriction stated herein.

DATED this _____ of _____ 20____.

Signature

STATE OF _____
County of _____

Before me, personally appeared _____, whose identity is known to me by _____ (type of identification) and who, under oath, acknowledges that his/her signature appears above. Sworn to and subscribed by Licensee before me this _____ day of _____, 20____.

Notary Public
My Commission Expires: