Family Nurse Practitioner (FNP) Badge Request

Instructions

This form and required documents must be submitted by students who wish to obtain a FNP badge but are unable to apply in person. **Students must be currently enrolled in FNP program at the University of West Florida in order to receive a badge.**

**Instructions:**

Step 1: Complete all fields in Section 1 of the FNP badge request form.

Step 2: Present the FNP badge request form to a licensed Notary Public for completion of Section 2.

Step 3: Return the following documents to:
University of West Florida
Nautilus Card Office
11000 University Parkway, Building 20W
Pensacola, FL 32514-5750

- [ ] Completed FNP badge request form
- [ ] Copy of photo identification presented to Notary Public
- [ ] $10 check or money order payable to: University of West Florida
- [ ] Color passport photo (Please see MyUWF > Nautilus Card Services > Information about Passport & Nautilus Card Photos)

Step 4: Please allow 7 to 10 days for delivery of the badge once the form and required documents have been received by the Nautilus Card Office.
Family Nurse Practitioner (FNP) Badge Request Form

I am requesting a FNP badge, and by submitting this form and the other documents requested, do hereby certify that the information provided is true and accurate.

Section 1: To be completed by applicant

Print Name: _______________________________________________________________________________
(First Name, Middle Initial, Last Name)

UWF ID#: ___________________________ Date of Birth: ______________________________

Email: ________________________________________ Daytime Phone: ______________________________

Mailing Address: ____________________________________________________________________________

City: _________________________________________ State: _____________ Zip Code: ________________

Signature of Applicant: ______________________________________________ Date: ___________________
(Sign in the presence of a Notary Public)

Section 2: To be completed by Notary Public

STATE OF _______________________________________

COUNTY OF ____________________________________

The foregoing instrument was acknowledged before me this _____day of ______________________, 20_____,
by _____________________________________________________________.

Notary Public: ____________________________________________
(Print Name)

(NOTARY SEAL) My Commission Expires: ______________________________

Notary Public Signature: ________________________________

Personally Known _____ OR Produced Identification _____

☐ Driver’s License - State Issued: _______________ DL#: ___________________________

☐ Passport - Passport #: ___________________________________________________________________

☐ Gov’t Issued ID - Type: ____________________________ ID #: _______________________________