NURSE REGISTRY | FLORIDA

Policy Manual Order Request

PN System · 2950 W 84 St, Bay 7, Hialeah, FL 33018 · 305-818-5940

The Policy & Procedure Manual is delivered in print only. For copyright reasons, an electronic version is not offered.

REGISTRY INFORMATION

Registry: _____

Address: _____

Phone: _____ **Email:** _____

Contact: _____ **Title:** _____

MANUAL CUSTOMIZATION (defaults are used unless you mark "Other")

Hours of operation: ☐ 9:00 am - 5:00 pm *(default)* Other: _____

AHCA area(s) and counties licensed: ☐ Miami-Dade *(default)* Other: _____

Other (cont.): _____

List ALL AHCA areas and counties on the license or license application (e.g., Area 11: Miami-Dade, Monroe).

Biomedical waste company: _____

Mission statement: ☐ *(default)*

> The Registry's mission is to provide professional and paraprofessional services to clients in their homes, assisting them to achieve the highest level of potential in their day-to-day self-care activities. We are committed to providing high-quality, multidisciplinary care by professionals who recognize the need for comprehensive assessment of needs from both the client's and the professional's point of view.

For a different mission statement, email it to info@pnsystem.com

Progress notes due: ☐ Every two weeks (emergency notes within 24 hours) *(default)*

Other: _____

Clinical record format: ☐ Paper only ☑ Electronic and paper *(default)* ☐ Electronic only

Absenteeism / PTO: ☐ Seven (7) days per year for office employees (illness, vacation, etc.) *(default)*

Other: _____

Other: _____

ORDER

☐ **Full Policy & Procedure Manual** *New manual, customized as above*	**$750.00**
☐ **Policy Manual Update** *Previous policy customers only*	**$449.99**

Format: ☐ Three-hole punched, with dividers and binder **+ $45.00** ☐ Manual only (no binder)

Completed by: _____ **Date:** _____

Submit this form: Fax 305-818-5935 or email info@pnsystem.com