



Minimum Requirements for a Temporary License (TL) When Applying at Board Office

IMPORTANT NOTICE: Effective Monday, August 10, 2009, the Board of Registered Nursing (BRN) will not issue a Temporary License or Interim Permit until the processing of fingerprints is completed by the Department of Justice and the Federal Bureau of Investigation and the BRN has been notified of the results. The BRN is sorry for any inconvenience that this might cause.

1. **Application** – Completed Application for Licensure by Endorsement, including the request for a Temporary License (TL), one recent 2" x 2" passport-type photograph and appropriate fees.
2. **Verification of License** – Proof of clear and active RN license from state of endorsement submitted via: Sealed envelope from State Board of Nursing or Nursys verification system. (Allow 7 working days for receipt)
3. **Fingerprints** – Requirement to complete criminal background check via: One (1) completed fingerprint card or Live Scan process (only available in California).
4. **Applicable Fees** – Check or money order in U.S. currency. Cash transactions require exact change.
5. **No Related Convictions** – Prior convictions that are serious will prevent issuance of a TL at the Board office. A complete explanation and supporting documents are required for all convictions, and without such documentation, TLs will not be issued even if convictions may be minor.

Additional Notes:

- **Out-of-Country Education.** If you were not educated in the United States, you are required to provide verification of license from the state where you passed the National Council Licensure Examination (NCLEX) or State Board Test Pool Examination (SBTPE), as well as from your current state of licensure, if they are different.
- **Canadian Graduates.** If you passed the five-part Canadian examination and were licensed in Canada prior to 1980, you will need to provide verification of your clear and active license from your Canadian province.
- **Application Mailed to Board.** If you mailed your endorsement application and TL request to the BRN and you now wish to obtain a TL at the BRN office, please be advised that unless the Board has been notified of your fingerprint results from the Department of Justice and the Federal Bureau of Investigation, a TL cannot be issued.
- **Priority Mail.** Overnight and priority mail do not receive expedited service at the Board. All mail is taken in order of date received.

For permanent RN licensure:

- Official transcripts are required from the nursing school(s) you attended and must include all completed coursework and reflect the degree awarded and date degree was conferred.



APPLICATION FEE SCHEDULE for ENDORSEMENT

Submit the correct **TOTAL FEE** with your application, made payable to the **Board of Registered Nursing** by check or money order (U.S. currency). **The fee IS NOT refundable since it is an earned fee** for evaluation of your application and processing of the fingerprint card. The portion of the fee for processing the fingerprint card or Live Scan process is subject to change without notice by the California Department of Justice.

PLEASE NOTE: There are **two (2) methods** available for completing the fingerprint requirement: Live Scan or Fingerprint Card (Hard Card) process. The fees payable to the Board depend on which fingerprint process you select. (Fingerprint instructions are enclosed.)

Method 1

<u>“LIVE SCAN” APPLICATION PROCESS</u>	
<u>Application for Licensure by ENDORSEMENT ONLY</u>	
Application	\$ 50.00
TOTAL FEE payable to: BOARD OF REGISTERED NURSING:	\$ 50.00
<u>Application for Licensure by ENDORSEMENT and TEMPORARY LICENSE</u>	
Application	\$ 50.00
Request for Temporary License	\$ 30.00
TOTAL FEE payable to: BOARD OF REGISTERED NURSING:	\$ 80.00
NOTE: Applicants are required to pay the fingerprint processing and live scan fees at the live scan site in addition to the application fee payable to the Board of Registered Nursing.	

OR

Method 2

<u>“FINGERPRINT CARD (Hard Card)” APPLICATION PROCESS</u>	
<u>Application for Licensure by ENDORSEMENT ONLY</u>	
Application	\$ 50.00
One Fingerprint Card	<u>\$ 51.00</u>
TOTAL FEE payable to: BOARD OF REGISTERED NURSING:	\$101.00
<u>Application for Licensure by ENDORSEMENT and TEMPORARY LICENSE</u>	
Application	\$ 50.00
One Fingerprint Card	\$ 51.00
Request for Temporary License	<u>\$ 30.00</u>
TOTAL FEE payable to: BOARD OF REGISTERED NURSING:	\$131.00

Endorsement Application Requirements Checklist

Applicants must provide the following:

- Appropriate **Fees**.
- Completed **Application for Licensure by Endorsement**.
- Completed fingerprints using either the **Live Scan Process** or the **Applicant Fingerprint Card (Hard Card)** processing method as directed in the INSTRUCTIONS FOR SUBMITTING FINGERPRINT CARD. Submit the appropriate nonrefundable TOTAL FEE as directed on the attached Application Fee Schedule.
- One recent 2" x 2" passport-type **photograph**.
- Completed **confirmation card** to confirm receipt of application by the Board.
- Completed **Verification of License** form **OR** if your board of nursing participates in **Nursys®**, visit www.nursys.com to complete a paperless verification online. International graduates must submit license verification from the board of nursing where the examination was taken. (See detailed instructions.)
- Request For Transcript** form(s) completed and forwarded directly from the nursing school(s) with certified transcripts.
- If applicable, documents and/or letters explaining prior convictions or disciplinary action and attesting to your rehabilitation as directed in Section II of the General Information and Instructions.
- For International Graduates:**

Send **Breakdown of Educational Program for International Nursing Programs** form to your school with the **Request for Transcript** form. Also, provide the **Certified English Translation** form to your certified translator if your transcript is not in English. (See Supplemental Application Instructions for International Graduates.)

Board Address & Web Site

Mailing Address: Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100

Street Address for overnight or in-person delivery:
Board of Registered Nursing
1625 North Market Blvd., Suite N-217
Sacramento, CA 95834-1924

Web Site: www.rn.ca.gov

The Nursing Practice Act (NPA) is available on the Board's web site.

Many licensing questions are answered on the web site. Due to the heavy volume of telephone calls to the Board, we encourage use of the web site to avoid busy signals or long waits.

CALIFORNIA BOARD OF REGISTERED NURSING APPLICATION FOR LICENSURE AS A REGISTERED NURSE

General Information and Instructions

By Endorsement

I. INTRODUCTION

To qualify for endorsement into California as a registered nurse, you must hold a current and active license in another state or Canada, have completed an educational program meeting all California requirements, **and** have passed the national licensure examination or acceptable five-part Canadian examination. The Canadian Comprehensive Examination is not acceptable. *If you do not possess these qualifications, you must apply for licensure by examination.* Please contact the Board of Registered Nursing at (916) 322-3350 to request an application for examination or download the application from the Board's web site at www.rn.ca.gov.

Note: If you are seeking licensure in California as a Licensed Vocational Nurse, please contact the Board of Vocational Nursing and Psychiatric Technicians at (916) 263-7800. You may also visit their web site at www.bvnpt.ca.gov.

It is advisable for endorsement applicants to apply for a Temporary License in order to be able to begin working while awaiting fingerprint results and permanent licensure. Please allow four to six weeks for processing a Temporary License.

PLEASE NOTE THE FOLLOWING IMPORTANT ISSUES:

- Processing times may vary, depending on when the Board receives documents from schools, agencies, and other states or countries. The time to process an application indicating a prior conviction(s) may take longer than other applications. Delays may also occur with the fingerprint processing by the Department of Justice (DOJ) and/or the Federal Bureau of Investigation (FBI).
- If you change your name and/or address after submitting an application for licensure, you must notify the Board immediately in order to receive current information. Applicants are required to submit legal documentation of a name change to the Board. Examples of acceptable forms of legal documentation are a birth certificate, marriage certificate, divorce decree, and/or court documents, social security card or passport. A copy of a driver's license is not acceptable.
- Pending application files are not public record, therefore an applicant must sign and submit a release of information before the Board will release information to the public (employers, relatives, or other third parties).
- Once you are licensed, your address of record must be disclosed to the public upon request, under California law.
- Applicant fees are earned; therefore, fees are not refundable even if an applicant is found ineligible.

II. REPORTING PRIOR CONVICTIONS OR DISCIPLINE AGAINST LICENSES

Applicants are required under law to report all misdemeanor and felony convictions. "Driving under the influence" convictions must be reported. Convictions must be reported even if they have been adjudicated, dismissed or expunged or even if a court ordered diversion program has been completed under the Penal Code or under Article 5 of the Vehicle Code. Also, all disciplinary action against an applicant's registered nurse, practical nurse, vocational nurse or other health care related license or certificate must be reported.

Failure to report prior convictions or disciplinary action is considered falsification of application and is grounds for denial of licensure or revocation of license.

When reporting prior convictions or disciplinary action, **applicants are required to provide a full written explanation of:** circumstances surrounding the arrest(s), conviction(s), and/or disciplinary action(s); the date of incident(s), conviction(s) or disciplinary action(s); specific violation(s) (cite section of law if convicted), court location or jurisdiction, sanctions or penalties imposed and completion dates. **Certified** copies of arrest and court documents or state board determinations/decisions should also be included.

Note: Applicants must also submit a description of the rehabilitative changes in their life, which would enable them to avoid future occurrences.

To make a determination in these cases, the Board considers the nature and severity of the offense, additional subsequent acts, recency of acts or crimes, compliance with court sanctions, and evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation. Examples of rehabilitation evidence include, but are not be limited to:

- Recent, dated letter from applicant describing the event and rehabilitative efforts or changes in life to prevent future problems.
- Letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse.
- Proof of community work, schooling, self-improvement efforts.
- Court-issued certificate of rehabilitation or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.

All of the above items should be mailed directly to the Board by the individual(s) or agency who is providing information about the applicant. Have these items sent to the Board of Registered Nursing, Licensing Unit, P.O. Box 944210, Sacramento, CA 94244-2100.

It is the responsibility of the applicant to provide sufficient rehabilitation evidence on a timely basis so that a licensing determination can be made. All evidence of rehabilitation must be **submitted prior to being found eligible for an examination.**

An applicant is also required to immediately report, in writing, to the Board any conviction(s) or disciplinary action(s) which occur between the date the application was filed and the date that a California registered nursing license is issued. Failure to report this information is grounds for denial of licensure or revocation of license.

NOTE: The application must be completed and signed by the applicant under the penalty of perjury.

III. INSTRUCTIONS FOR SUBMITTING A FINGERPRINT CARD OR LIVE SCAN PROCESS

All applicants for licensure by endorsement are required to complete and submit one (1) set of fingerprints. All requests from the Board of Registered Nursing for background checks of applicants must be submitted to the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) either by Live Scan or on an Applicant Fingerprint Card (Hard Card). The Applicant Fingerprint Card (Hard Card) or Request for Live Scan Service Applicant Submission form (BCII 8016) must be submitted in the same name as shown on your application for endorsement.

There are two (2) methods available for completing the fingerprint requirement:

Method 1 -- Live Scan Process

For applicants residing in or near California, the Board of Registered Nursing recommends you use Live Scan to submit your fingerprints in order to shorten the time for your fingerprint process. Applicants must complete and submit the Request for Live Scan Service Applicant Submission form (BCII 8016) at a Live Scan site. Simply complete the attached triplicate form for Live Scan service or download 3 copies from our web page, complete the sections marked with a red X, and take it to a Live Scan site along with your fee for processing.

Processing Fee for Live Scan Service:

The fee for the Live Scan service varies, so please contact the Live Scan site directly to obtain the correct information. To see a listing of the California Department of Justice (DOJ) applicant Live Scan agency locations, fees and hours of operation, go to www.ag.ca.gov/fingerprints/publications/contact.php.

When using the Live Scan process, the fingerprint processing fee must be paid at the Live Scan site when you provide your live scan fingerprints. Do not send your fingerprint processing fee to the Board. Please be aware that these processing fees are in addition to the "rolling" fee charged by the Live Scan operator.

Once your fingerprints have been scanned and you have completed the sections marked with a red X, the Live Scan operator will complete this triplicate form or the downloaded copies and return the second and third copies to you. **The second copy of this form must be submitted to the Board with your application as proof of complying with the Fingerprint requirement in order for the Board to process your application.** You may retain the third copy for your records.

Using Live Scan can speed your licensure because the Board receives fingerprint results from this new technology much quicker than through the manual fingerprint card process. On average, Live Scan results take 1-2 weeks, while manual fingerprint cards can take 1-2 months. (Processing times at DOJ and FBI vary.)

Method 2 -- Applicant Fingerprint Card (Hard Card)

Applicants must complete all items which are marked by a black "X" on the card. To facilitate prompt and accurate processing of the fingerprint card by the DOJ and FBI, type or print legibly in BLACK INK all requested information on the card. If any color other than black is used, the card will be rejected and another card will have to be completed and submitted.

Use the abbreviations listed below for the physical description items:

- **Height (HGT)** - Express in feet and inches. Do not use fractions of an inch; round off to the nearest inch. DO NOT USE THE METRIC SYSTEM. Correct example: 5' 9".
- **Weight (WGT)** - Express in pounds. Do not use fractions of a pound; round off to the nearest pound. DO NOT USE THE METRIC SYSTEM. Correct example: 139 lbs.
- **Color of EYES** -

Black	BLK	Gray	GRY
Blue	BLU	Green	GRN
Brown	BRN	Hazel	HZL

III. **INSTRUCTIONS FOR SUBMITTING A FINGERPRINT CARD OR LIVE SCAN PROCESS** - (continued)

• <u>Color of HAIR</u> -	Bald	BAL	Gray	GRY
	Black	BLK	Red/ Auburn	RED
	Blonde	BLN	Sandy	SDY
	Brown	BRN	White	WHI

Each applicant **MUST** have his/her fingerprints imprinted only in BLACK INK on each fingerprint card. Fingerprints should be taken at a local law enforcement agency. There may be a fee for this service. We advise that you should call first as to a convenient time.

DO NOT FOLD FINGERPRINT CARD. Use a 9" X 12" envelope to return your completed application and fingerprint card with fees. Write "DO NOT FOLD" on the envelope. If your card is folded, you will need to complete and submit a new fingerprint card. **THIS WILL CAUSE A DELAY IN DETERMINING YOUR ELIGIBILITY FOR LICENSURE.**

Fingerprint Processing Fee for Applicant Fingerprint Card (Hard Card):

The fingerprint processing fee is in addition to the application fee. This fee is not refundable and is subject to change by the DOJ and FBI without notice.

The appropriate fingerprint processing fee is payable to the Board of Registered Nursing by check or money order in U.S. currency. The application fee and fingerprint fee may be combined and submitted to the Board with one check or money order in U.S. currency. (See Licensure by Endorsement fee schedule.)

There must be a clearance of the fingerprinting requirement before a permanent registered nurse license will be issued to endorsement applicants.

IV. **COMPLETING THE CONFIRMATION CARD**

The Board will acknowledge receipt of an application if the applicant completes and affixes the proper postage to the CONFIRMATION CARD. This card is being provided as an optional service. Not available for applications downloaded from the website.

V. **SOCIAL SECURITY NUMBER**

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination where licensure is reciprocal with the requesting state. **If you fail to list your social security number, your application for initial or renewal license will not be processed.** You will also be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. Questions regarding the Franchise Tax Board should be directed to (800) 852-5711.

VI. GENERAL INFORMATION ON LICENSURE BY ENDORSEMENT

Endorsement is the licensure method for registered nurses who have previously been licensed in another state in the United States and for some Canadian registered nurse licensees. To qualify for licensure by endorsement, you must meet all of the following requirements:

1. Completion of the nursing program in an accredited school of professional nursing which meets all of California's educational requirements. If you are deficient in any requirement, you must make up the deficiency prior to becoming licensed.
2. Passage of the National Council Licensure Examination (NCLEX) or the State Board Test Pool Examination (SBTPE) for Registered Nurses in the United States, or the five-part licensing examination in Canada. **The Canadian Comprehensive Examination is not acceptable.** An English comprehension examination is required if you did not take the Canadian examination in English. Passage of the Test of English as a Foreign Language (TOEFL) is acceptable for English competency. TOEFL is located at Box 6151, Princeton, NJ 08541-6151; phone number (609) 771-7100. You may also visit their web site at www.toefl.org.

International graduates who have not passed one of the acceptable licensing examinations are not eligible for licensure by endorsement and should contact the Board at (916) 322-3350 to request an application for licensure by examination or download the application from the Board's web site at www.rn.ca.gov.

3. Possession of a current and active license from another state in the United States or from Canada. (If you do not have a current license in the other state, it must be updated prior to California licensure.)

VII. VERIFICATION OF LICENSE

There are two (2) methods available for obtaining license verification:

Method 1 – Verification of License form

The state board from which you are submitting proof of clear, current and active RN licensure must complete the enclosed **Verification of License** form. Be sure to include the processing fee that is required by that state.

OR

Method 2 – Nursys License Verification Request Application

If you are licensed as an RN in a state that is a member of the **Nursys®** verification system, visit www.nursys.com to complete the online verification request application process. Nursys.com applicants can pay by credit card using the secure and private payment system. Once the application is complete and the credit card payment approved, the verification is posted immediately. The fee for verification of an RN license is \$30.

For International Graduates: In addition to obtaining license verification from the state where you hold a current and active license, you must also obtain verification of passage of the appropriate licensing examination from the board of nursing where you took the examination (NCLEX-RN, SBTPE, or five-part licensing examination in Canada).

No telephone verifications will be made. Official license verification must be received in writing from the other state board before a temporary or permanent license can be issued by this board.

VIII. REQUEST FOR TRANSCRIPT

Mail the **Request for Transcript** form to your nursing school(s) with the fee required by the school. **The official transcripts must include all completed coursework and reflect the degree awarded and date conferred.** Transcripts are **not accepted** from applicants or if stamped "issued to student." Transcripts are required from **all colleges** you attended that reflect courses required for a degree in nursing, including general education course requirements and all nursing courses.

IX. TEMPORARY LICENSE

The Board may issue a Temporary License to practice nursing for a period of six months, allowing an applicant to work pending issuance of a permanent license. Since fingerprint results and school transcripts can often take some time to reach the Board for evaluation, the Board strongly recommends applying for a Temporary License to allow you to begin to work pending permanent licensure.

To qualify for a Temporary License, the endorsement applicant must submit:

- *Appropriate Fees.*
- **Application for Licensure by Endorsement.**
- One completed **Fingerprint Card (Hard Card) or second copy of the Live Scan Service Applicant Submission form (BCII 8016).**
- **Verification Of License** form from the other state(s) or Canada which must be received by the Board as proof of a clear, active, and current RN license or a **Nursys@ Verification Request Application** if you are licensed in a state that is a member of the Nursys@ verification system.

The issuance of a Temporary License is normally completed within four to six weeks, but may be delayed if the application indicates a prior conviction(s).

If you have not received notification of permanent licensure approximately four weeks prior to the expiration of your Temporary License, contact the Board at (916) 322-3350 for instructions on how to apply for a second Temporary License.

X. ADVANCED PRACTITIONERS/PUBLIC HEALTH NURSES

In order to use the title or hold yourself out as a nurse practitioner, psychiatric/mental health nurse, nurse midwife, nurse anesthetist, clinical nurse specialist or public health nurse, California law requires registered nurses to be certified by the Board. If you wish to practice in one of these areas, please request the applicable additional application for certification.



APPLICATION FOR LICENSURE BY ENDORSEMENT

READ ALL DETAILED INSTRUCTIONS

- To be eligible for endorsement, you must have passed the NCLEX-RN, SBTPE or acceptable Five-part Canadian examination. (See detailed instructions.)
- Submit the APPROPRIATE FEE. (See attached fee schedule.)
Please submit a check or money order in U.S. CURRENCY only. DO NOT SEND CASH.
- Attach a recent 2" x 2" passport type photograph where indicated on the back of this application.
- Submit one (1) completed fingerprint card or Live Scan Service Applicant Submission form.
- Submit a Verification of License form to the board where you hold a current, active license.
International Graduates: Must also submit a Verification of License form to the board of nursing where the examination was taken. (See detailed instructions.)
- If you are licensed as an RN in a state that is a member of the Nursys® verification system, visit www.nursys.com to complete the online verification request application process.
International Graduates: Must also submit a Nursys® Verification Request Application from the board of nursing where the examination was taken. (See detailed instructions.)
- Submit a Request for Transcript form to your school of nursing.

FP Card Recd: 0 1	Live Scan: _____	By _____
FP Fee Recd: Y N		By _____
Transcript(s) Recd: _____	Approved _____	By _____
Verification Recd: _____	Approved _____	By _____
Nursys: _____	Approved _____	By _____
Photo Recd: _____	Approved _____	By _____
School Code: CA: _____		By _____

PRINT OR TYPE

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS: Number and Street				DATE OF BIRTH: (Month/Day/Year)	
City	State	Country	Postal/Zip Code	SOCIAL SECURITY NUMBER:**	
TELEPHONE NUMBER: Home () Alternate ()		PREVIOUS NAMES: (Including Maiden)		MOTHER'S MAIDEN NAME: (Last Name Only)	
E-MAIL ADDRESS:			PRIMARY LANGUAGE:		
COLOR OF EYES:	HEIGHT: FT: IN:	YEAR GRADUATED HIGH SCHOOL OR PASSED GED:	ORIGINAL STATE OF RN LICENSURE: State: Year Issued:		

PROFESSIONAL EDUCATION

NAME AND ADDRESS OF PROFESSIONAL REGISTERED NURSING SCHOOL:		CURRENT LICENSE TO PRACTICE REGISTERED NURSING:	
Name of Nursing School _____		State or Country: _____	
Number and Street _____		License Number: _____	
City _____ State _____ Country _____ Postal/Zip Code _____		Expiration Date: _____	
TYPE OF PROGRAM:		NAME OF STATE IN U.S. OR COUNTRY WHERE YOU WERE LICENSED BY EXAMINATION:	
<input type="checkbox"/> ASSOCIATE DEGREE	Entrance Date _____	Graduation Date _____	LIST ALL STATES WHERE YOU HAVE EVER HELD AN RN LICENSE: _____ _____ _____
<input type="checkbox"/> DIPLOMA			
<input type="checkbox"/> BACCALAUREATE DEGREE			
<input type="checkbox"/> MASTERS DEGREE/NURSING			

**** SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT**

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA (c)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

NAME OF APPLICANT: _____

Questions on both sides of page)

<p>Have you ever been issued a license as an RN In California? If yes, STOP. Do not continue. Please contact the Board regarding the renewal or reinstatement of your California RN license.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Have you ever taken the RN licensing examination while applying for licensure in California? If yes, Year _____ Full name at time of application: _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Have you ever applied for a license as an RN in California? If yes, Year _____ Full name at time of application: _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Have you ever been denied RN or any other health-care related licensure in any state/territory? If yes, State/Territory _____ Month _____ Year _____ Type of License _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Have you ever been licensed as an LVN or any health-care related license/certificate in California? If yes, Month _____ Year _____ License Type _____ License # _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Have you ever had disciplinary proceedings against any license as a RN or any health-care related license or certificate including revocation, suspension, probation, voluntary surrender, or any other proceeding in any state or country? If yes, please provide a detailed written explanation, including the date and state or country where the discipline occurred.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Have you ever been convicted of any offense other than minor traffic violations? If yes, explain fully as described in the applicant instructions. Convictions must be reported even if they have been adjudicated, dismissed or expunged or if a diversion program has been completed under the Penal Code or Article 5 of the Vehicle Code. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. <u>YOU MUST INCLUDE MISDEMEANOR AS WELL AS FELONY CONVICTIONS.</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

REQUEST FOR TEMPORARY LICENSE

Check here if requesting a Temporary License.

If checked, an additional Temporary License fee is required. (See the attached fee schedule.)

Applicants may apply for a Temporary License to practice professional nursing for a period of six months, allowing an applicant to work pending issuance of a permanent license.

I understand that I am required to report immediately to the California Board of Registered Nursing if I am convicted of **ANY** offense that occurs between the date of this application and the date that a California registered nurse license is issued. I am also required to report to the California Board of Registered Nursing any disciplinary action and/or voluntary surrender against **ANY** health-care related license/certificate that occurs between the date of this application and the date that a California registered nurse license is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for licensure is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California.

Attach a recent 2"x2" passport type photograph.

Please tape on all four sides.

Head and shoulders only

SIGNATURE OF APPLICANT

DATE



VERIFICATION OF LICENSE

- Send this form to the State Board of Nursing where you have a current and active license. The board of nursing may require a processing fee. If you are licensed in a state that is a member of the Nursys® verification system, visit www.nursys.com to complete the online verification request application process.
- INTERNATIONAL GRADUATES:** Send form to the state of current license. If you took the examination in a different state, make a copy of this form and send the form to that state also.

PART I: To be completed by APPLICANT and forwarded to appropriate licensing boards.

Name: <i>(Last, First, Middle)</i>		Previous Names: <i>(Including Maiden)</i>	
Current Street Address of Record:	City:	State:	Zip Code:
Name as it Appeared on Original License: <i>(Last, First, Middle)</i>	Date of Birth: <i>(Month/Day/Year)</i>	Social Security Number:	
State of Current Licensure:	Issue Date of Current License:	Current License Number:	
State of Original Licensure:	Issue Date of Original License:	Original License Number:	
I hereby authorize all identified Boards of Nursing to release my licensure data to the California Board of Registered Nursing.			
Signature: _____		Date: _____	

PART II: To be completed by licensing board and sent to the California Board of Registered Nursing listed at the top of this form.

This is to certify that this applicant was issued a license number to practice as a registered nurse:

Applicant Name: _____ Date Issued: _____
 License Number: _____ Expiration Date: _____

Licensed by: Endorsement Examination Waiver
 Current Licensure Status: Active Inactive Lapsed

Has license ever been REVOKED, SUSPENDED, placed on PROBATION, or DISCIPLINED in any way? Yes No
 If yes, please attach certified documents. Reinstated? Yes No
 Date Reinstated: _____

Is there any PENDING disciplinary action or pending investigation against this licensee? Yes No
 If yes, please attach information.

Name of Professional Nursing Program:	Approved by State? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduated from: <input type="checkbox"/> High School <input type="checkbox"/> H.S. Equivalency <input type="checkbox"/> 10th Grade
Location: <i>(City, State/Country)</i>	Graduation Date:	Type of Nursing Program <input type="checkbox"/> ADN <input type="checkbox"/> DIP <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Other

Examination Passed:
 NCLEX-RN SBTPPE Canadian Five-Part
 Taken In English? Yes No

Scores: SBTPPE/Canadian	Medical	Surgical	Obstetric	Pediatric	Psychiatric	Series or Exam Date:
NCLEX-RN _____	_____	_____	_____	_____	_____	_____

Signature: _____ Title: _____
 Board of Nursing: _____ Date: _____

[BOARD SEAL]



REQUEST FOR TRANSCRIPT

TO APPLICANT: Send this form to your basic school(s) of nursing. If you need to contact more than one school, this form may be reproduced. Transcripts are required from each school where nursing requirements or general education courses were completed. Transcripts must include all completed coursework, clinical practice of training and reflect the degree awarded. Your school may require a processing fee.

A. TO BE COMPLETED BY APPLICANT

LAST NAME:		FIRST NAME:			MIDDLE NAME:
ADDRESS: Number and Street				DATE OF BIRTH: (Month/Day/Year)	
City	State	Country	Postal/Zip Code	SOCIAL SECURITY NUMBER:	
PREVIOUS NAMES: (Including Maiden)					
NAME OF PROFESSIONAL REGISTERED NURSING SCHOOL:				YEARS ATTENDED:	
LOCATION: City	State	Country	Postal/Zip Code	YEAR GRADUATED:	

SIGNATURE OF APPLICANT: _____ **DATE:** _____

B. TO BE COMPLETED BY THE OFFICE OF THE SCHOOL OFFICIAL RELEASING TRANSCRIPTS

The above applicant has applied for a license to practice as a registered nurse in California. Please provide the following information and attach a complete official transcript. Please mail to the Board of Registered Nursing at the above address.
DO NOT SIGN OR SUBMIT THIS FORM PRIOR TO COMPLETION DATE OF THE REGISTERED NURSING PROGRAM.

ENTRANCE DATE:	DATE DIPLOMA/ DEGREE AWARDED:	DATE NURSING REQUIREMENTS COMPLETED:
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If degree received prior to entering nursing program, list name of school and type of degree:

NAME OF SCHOOL:	TYPE OF DEGREE:
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SIGNATURE OF SCHOOL OFFICIAL: _____ **DATE:** _____
TITLE: _____

NOTE: ALL INTERNATIONAL NURSING PROGRAMS: Please include Breakdown of Educational Program for International Nursing Programs form. Transcripts received from the school in a foreign language will require an English translation by a certified translator or translation service. **The original foreign language transcript and the English translation of the transcript must both be sent to the Board of Registered Nursing.**