



STEP BY STEP GUIDE FOR ADDING ADDITIONAL NURSE PRACTITIONER PROVIDERS

Step 1

1. Login into your BreEZe account - <https://www.breeze.ca.gov/datamart/mainMenu.do>
2. Enter User ID
3. Enter Password
4. Press Sign In



Department of Consumer Affairs



[About BreEZe](#) [FAQ's](#) [Help Tutorials](#)

[Skip navigation](#)

[Contact Us](#)

DCA BreEZe Online Services

Welcome to the California Department of Consumer Affairs (DCA) BreEZe Online Services. BreEZe is DCA's licensing and enforcement system and a one-stop shop for consumers, licensees and applicants! BreEZe enables consumers to verify a professional license and file a consumer complaint. Licensees and applicants can submit license applications, renew a license and change their address among other services.

- BreEZe only accepts credit card payments for American Express, Discover, MasterCard, and Visa.

FOR CONSUMERS

Check Licenses and file complaints.

[License SEARCH](#) [File a COMPLAINT](#)

FOR APPLICANTS AND LICENSEES

Applicant and licensing needs are available here.
You will need to [register](#), or use your existing user name and password

Returning User

Fields marked with * are required

* User ID:

* Password:

[Forgot Password?](#) [Forgot User ID?](#) [Sign In](#)

New Users

[BreEZe Registration](#)

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
Copyright © 2019 State of California

Step 2

1. Select drop down menu under Nurse Practitioner

NOTE: Do not choose "Start a New Application".

2. Select Additional Nurse Practitioner Providers

2. Press Select

The screenshot shows the BREZE website interface. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links include "About BreZE", "FAQ's", and "Help Tutorials". A "Skip navigation" link is also present. Below the header, a blue bar indicates the user is "Logged in as" and provides links for "Update Profile", "Logoff", and "Contact Us".

The main content area is titled "Quick Start Menu" and includes a sub-header "License/Registration Information". A message states: "To start, choose an option, and you will return to this Quick Start menu after you have finished." The menu is divided into two columns: "License Activities" and "Additional Activities".

License Activities:

- Manage your license information**
 - Nurse Practitioner Furnishing: <Choose Application> [Select]
 - Nurse Practitioner: <Choose Application> [Select] (Dropdown menu is open showing: <Choose Application>, Additional NP Specialty, **Additional Nurse Practitioner Providers**, Duplicate Certificate With Fee, Military Active - Renewal Waiver Application, Military Inactive - Renewal Waiver Application, NP - Change of Address, NP - Independent Practice Group Setting, Submit Additional Documents)
 - Start a New Application or Take an Exam: <Choose Board> [Select], <Choose Application> [Select]
 - View Application Status: Board of Registered Nursing - NP - Independent Practice Group Setting (Status: Pending) [Details]

Additional Activities:

- Add Authorized Representative [Select]
- License Notification Subscriptions [Select]



At the bottom, there are links for "Back to Top", "Conditions of Use", "Privacy Policy", and "Accessibility", along with the copyright notice "Copyright © 2019 State of California".

Step 3

1. Read the Additional Nurse Practitioner Providers – Introduction

NOTE: Before proceeding with the application, please verify that your national certification is currently recognized as a population focus ([CCR 1481\(a\)](#)).

2. Press Next



Department of Consumer Affairs

[About BreZE](#) [FAQ's](#) [Help Tutorials](#)

[Skip navigation](#)

Logged in as [Update Profile](#) | [Logoff](#) | [Contact Us](#)

Additional Nurse Practitioner Providers - Introduction

1485.3 Scope of Practice for Nurse Practitioner Independent Practice Group Setting.

A Nurse Practitioner Independent Practice Group Setting may perform the functions listed in Section 2387.103(c) of the code without standardized procedures only in a group setting and in the category listed in Section 1481(a) in which the applicant is certified as a Nurse Practitioner Independent Practice Group Setting.

Requirements for Certification as a Nurse Practitioner Independent Practice Group Setting.

To obtain certification as Nurse Practitioner Independent Practice Group Setting, an applicant shall:

1. Hold a valid and active certification as a nurse practitioner in California.
2. Hold a certification by a national certification organization accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties as a nurse practitioner in the category listed in Section 1481(a) in which the applicant seeks certification as a Nurse Practitioner Independent Practice Group Setting. The verification of this certification shall be provided directly to the board by the issuing organization.

CCR § 1481(a) Categories of nurse practitioners include:

1. Family/individual across the lifespan;
2. Adult-gerontology, primary care or acute care;
3. Neonatal;
4. Pediatrics, primary care or acute care;
5. Women's health/gender-related;
6. Psychiatric-Mental Health across the lifespan.

3. Complete a transition to practice.

A. For purposes of this subsection, "transition to practice" means 4600 hours or three full-time equivalent years of clinical practice experience and mentorship that are all of the following:

- i. Completed in California.
- ii. Completed within five years prior to the date the applicant applies for certification as a Nurse Practitioner Independent Practice Group Setting.
- iii. Completed after certification by the Board of Registered Nursing as a nurse practitioner.
- iv. Completed in direct patient care in the role of a nurse practitioner in the category listed in Section 1481(a) in which the applicant seeks certification as a Nurse Practitioner Independent Practice Group Setting.
- v. Completed after obtaining certification as a nurse practitioner by a national certification organization accredited by the National Commission for Certifying Agencies or the Accreditation Board for Specialty Nursing Certification (ABSNC) as a nurse practitioner in the category listed in CCR § 1481(a) in which the applicant seeks certification as a nurse practitioner pursuant to Section 2837.103 of the code.

B. The applicant shall demonstrate their completion of a transition to practice by submitting to the board one or more attestations of a physician or surgeon, Nurse Practitioner Independent Practice Group Setting, or Nurse Practitioner Independent on Attestation Form. Any physician or surgeon, Nurse Practitioner Independent Practice Group Setting, or Nurse Practitioner Independent signing the attestation must specialize in the same specialty area or category listed in Section 1481(a) in which the applicant seeks certification as a Nurse Practitioner Independent Practice Group Setting and must not have a familial or financial relationship with the applicant.


Press "Next" to continue.
Press "Cancel" to exit this application.

[Next](#) [Cancel](#)


[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
Copyright © 2019 State of California

Step 4

1. Read the Additional Nurse Practitioner Providers – Information Privacy Act
2. Press Agree



Department of Consumer Affairs



[About BreEZe](#) | [FAQ's](#) | [Help Tutorials](#)

Logged in as [Skip navigation](#) | [Update Profile](#) | [Logoff](#) | [Contact Us](#)

Additional Nurse Practitioner Providers - Information Privacy Act

INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name: Board of Registered Nursing

Title of official responsible for information maintenance: Executive Officer

Address: P.O. BOX 944210, SACRAMENTO, CA 94244-2100

Telephone Number: (916) 322-3350

Authority which authorizes the maintenance of the information: Section 30, Section 2732.1(a), Business and Professions code all information is mandatory.

The consequences, if any of not providing all or any part of the requested information: Failure to provide any of the requested information will result in the application being rejected as incomplete.

The principal purpose(s) for which the information is to be used: 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 or individual taxpayer identification number. Your social security number or individual taxpayer identification 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 or individual taxpayer identification number, your application for initial or renewal license will not be processed. You will be reported to the franchise tax board, which may assess a \$100 penalty against you. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed or renewed.

Any known or foreseeable interagency or intergovernmental transfer which may be made of the information: Possible transfer to law enforcement, other government agencies and reporting social security number or individual taxpayer identification number to the franchise tax board or for child support enforcement purposes pursuant to Section 30 of the business and professions code. Each individual has the right to review the files on records maintained on them by the agency, unless the records are exempt from disclosure.

Mandatory Reporter: Under California law each person licensed by the Board of Registered Nursing is a "Mandated Reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.

California Penal Code Section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Press "Agree" to continue.

Press "Cancel" to exit this application.

Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of \$1,000, or by both imprisonment and fine.



For further details, consult Penal Code Section 11164 and subsequent sections.

[Agree](#) [Cancel](#)

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
Copyright © 2019 State of California

Step 5

- 1. Verify the Additional Nurse Practitioner Providers – Name and Personal Details
- 2. Press Next

 Department of Consumer Affairs 

[About BreEze](#) [FAQ's](#) [Help Tutorials](#)

[Skip navigation](#)

Logged in as [Update Profile](#) | [Logoff](#) | [Contact Us](#)

- Introduction
- Information Privacy Act
- Name and Personal/Organization Details**
- Contact Details
- Additional Provider Information
- File Attachments
- Application Summary

Additional Nurse Practitioner Providers - Name and Personal Details

If the following personal information is not correct, click on the following link and follow the instructions on the Notification of Name Change form: <https://www.rn.ca.gov/address.shtml>

Press "Previous" to return to the previous screen.
Enter your personal details and Press "Next" to continue.
Press "Cancel" to exit this application.


Title:

First Name:

Middle Name:

Last Name:

Suffix:

SSNITIN: 

Birthdate: (mm/dd/yyyy)

Gender:

Effective July 1, 2012, the Board of Registered Nursing is required to deny an application for licensure and to suspend the license/certificate/registration of any applicant or licensee who has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000. (AB 1424, Perea, Chapter 455, Statutes of 2011).

[Previous](#) [Next](#) [Cancel](#)

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
Copyright © 2019 State of California


Step 6

1. Verify the Additional Nurse Practitioner Providers – Address Detail Summary
2. Press Next


The screenshot displays the BREZE website interface. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links for 'About BreEZe', 'FAQ's', and 'Help Tutorials' are visible. A dark blue bar contains the text 'Logged in as' and links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Additional Nurse Practitioner Providers - Address Detail Summary' and includes instructions: 'The following address types are mandatory. Please add these in order to continue.', 'Press "Previous" to return to the previous section.', 'Press "Next" when finished adding/changing addresses.', and 'Press "Cancel" to exit this application.' Below this is a section for 'License Specific Addresses' with input fields for 'Name:', 'Address:', 'Phone Number:', and 'E-mail:'. A legal disclaimer follows: 'Pursuant to the California Code of Regulations 1409.1, an address change must be reported to the Board within 30 days by way of mail, telephone, or the BRN webpage. The BRN is now assessing a citation and fine for violations of this section. Items with an asterisk (*) are required for the online application.' At the bottom right of the main content area are buttons for 'Previous', 'Next', and 'Cancel'. The footer contains links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2019 State of California'.

Step 7

- 1. Read the Additional Nurse Practitioner Providers – Additional Provider Information – Information
- 2. Press Add



Department of Consumer Affairs



[About BreZE](#) | [FAQ's](#) | [Help Tutorials](#)

[Skip navigation](#)

Logged in as[Update Profile](#) | [Logoff](#) | [Contact Us](#)

- Introduction
- Information Privacy Act
- Name and Personal/Organization Details
- Contact Details
- Additional Provider Information**
- File Attachments
- Application Summary

Additional Nurse Practitioner Providers - Additional Provider Information - Information

"Transition to practice" means 4800 hours or three full-time equivalent years of clinical practice experience and mentorship that are all of the following:

1. Completed in California.
2. Completed within five years prior to the date the applicant applies for certification as a Nurse Practitioner Independent Practice Group Setting.
3. Completed after certification by the Board of Registered Nursing as a nurse practitioner.
4. Completed in direct patient care in the role of a nurse practitioner in the category listed in Section 1481(a) in which the applicant seeks certification as a Nurse Practitioner Independent Practice Group Setting.
5. Completed after obtaining certification as a nurse practitioner by a national certification organization accredited by the National Commission for Certifying Agencies or the Accreditation Board for Specialty Nursing Certification (ABSNC) as a nurse practitioner in the category listed in CCR § 1481(a) in which the applicant seeks certification as a nurse practitioner pursuant to Section 2837.103 of the code.

CCR § 1481(a) Categories of nurse practitioners include:

1. Family/individual across the lifespan;
2. Adult-gerontology, primary care or acute care;
3. Neonatal;
4. Pediatrics, primary care or acute care;
5. Women's health/gender-related;
6. Psychiatric-Mental Health across the lifespan.

Prior to proceeding, please verify the California Physician & Surgeon's license information on the [DCA License Search](#).

Press the "Edit" link to edit the record.
Press the "Remove" link to remove the record.
Press "Add" to add a new record.
Press "Previous" to return to the previous section.
Enter appropriate details and press "Next" to continue.
Press "Cancel" to exit this application.

Name of the California Licensee. Must be a California Physician or California Surgeon or California Nurse Practitioner Independent Practice Group Setting or California Nurse Practitioner Independent Practice.	Select the above California Licensee's credential.	Provide the above California Licensee's license/certificate number.	Provide the above California Licensee's email address.	Provide the date you started your "transition to practice" hours under the California Licensee above. (mm/dd/yyyy)	Provide the number of hours regarding "transition to practice" under the California Licensee above.	Select the category of direct patient care for the above hours.
--	--	---	--	--	---	---

Add Previous Next Cancel

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
Copyright © 2019 State of California

Step 8

1. Read the Additional Nurse Practitioner Providers – Additional Provider Information – Add
2. Prior to proceeding, please verify the California Physician & Surgeon's information on the [DCA License Search](#) (**NOTE: The "California Licensee's credential" is the letter that immediately precedes the license number.**)
3. Answer questions
4. Press Next

CA.GOV Department of Consumer Affairs BREZE

About BreZE FAQ's Help Tutorials

Logged in as [Skip navigation](#) [Update Profile](#) | [Logout](#) | [Contact Us](#)

Additional Nurse Practitioner Providers - Additional Provider Information - Add

"Transition to practice" means 4800 hours or three full-time equivalent years of clinical practice experience and mentorship that are all of the following:

1. Completed in California.
2. Completed within five years prior to the date the applicant applies for certification as a Nurse Practitioner Independent Practice Group Setting.
3. Completed after certification by the Board of Registered Nursing as a nurse practitioner.
4. Completed in direct patient care in the role of a nurse practitioner in the category listed in Section 1481(a) in which the applicant seeks certification as a Nurse Practitioner Independent Practice Group Setting.
5. Completed after obtaining certification as a nurse practitioner by a national certification organization accredited by the National Commission for Certifying Agencies or the Accreditation Board for Specialty Nursing Certification (ABSNC) as a nurse practitioner in the category listed in CCR § 1481(a) in which the applicant seeks certification as a nurse practitioner pursuant to Section 2837.103 of the code.

CCR § 1481(a) Categories of nurse practitioners include:

1. Family/individual across the lifespan;
2. Adult-gerontology, primary care or acute care;
3. Neonatal;
4. Pediatrics, primary care or acute care;
5. Women's health/gender-related;
6. Psychiatric-Mental Health across the lifespan.

Prior to proceeding, please verify the California Physician & Surgeon's license information on the [DCA License Search](#).

Press "Next" to save this record and continue.
Press "Cancel" if you do not want to save your changes.

Name of the California Licensee. Must be a California Physician or California Surgeon or
* California Nurse Practitioner Independent Practice Group Setting or California Nurse Practitioner Independent Practice.

* Select the above California Licensee's credential.

* Provide the above California Licensee's license/certificate number.

* Provide the above California Licensee's email address.

* Provide the date you started your "transition to practice" hours under the California Licensee above. (mm/dd/yyyy)

* Provide the number of hours regarding "transition to practice" under the California Licensee above.


* Select the category of direct patient care for the above hours.

[Next](#) [Cancel](#)


[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
Copyright © 2019 State of California

Step 9

1. Verify the Additional Nurse Practitioner Providers - Additional Provider Information – Information
2. The overall total hours associated with ALL providers entered on the application, must add up and be equal to or greater than 4600 hours
3. If the total hours are less than 4600 hours, press Add to add additional hours
4. Press Next



Department of Consumer Affairs



[About BreZE](#) | [FAQ's](#) | [Help/Tutorials](#)

[Skip navigation](#)

Logged in as

[Update Profile](#) | [Logout](#) | [Contact Us](#)

- Introduction
- Information Privacy Act
- Name and Personal/Organization Details
- Contact Details
- Additional Provider Information
- File Attachments
- Application Summary

Additional Nurse Practitioner Providers - Additional Provider Information - Information

"Transition to practice" means 4800 hours or three full-time equivalent years of clinical practice experience and mentorship that are all of the following:

1. Completed in California.
2. Completed within five years prior to the date the applicant applies for certification as a Nurse Practitioner Independent Practice Group Setting.
3. Completed after certification by the Board of Registered Nursing as a nurse practitioner.
4. Completed in direct patient care in the role of a nurse practitioner in the category listed in Section 1481(a) in which the applicant seeks certification as a Nurse Practitioner Independent Practice Group Setting.
5. Completed after obtaining certification as a nurse practitioner by a national certification organization accredited by the National Commission for Certifying Agencies or the Accreditation Board for Specialty Nursing Certification (ABSNC) as a nurse practitioner in the category listed in CCR § 1481(a) in which the applicant seeks certification as a nurse practitioner pursuant to Section 2837.103 of the code.
- 6.

CCR § 1481(a) Categories of nurse practitioners include:

1. Family/individual across the lifespan;
2. Adult-gerontology, primary care or acute care;
3. Neonatal;
4. Pediatrics, primary care or acute care;
5. Women's health/gender-related;
6. Psychiatric-Mental Health across the lifespan.

Prior to proceeding, please verify the California Physician & Surgeon's license information on the [DCA License Search](#).

Press the "Edit" link to edit the record.
 Press the "Remove" link to remove the record.
 Press "Add" to add a new record.
 Press "Previous" to return to the previous section.
 Enter appropriate details and press "Next" to continue.
 Press "Cancel" to exit this application.

Name of the California Licensee. Must be a California Physician or California Surgeon or California Nurse Practitioner Independent Practice Group Setting or California Nurse Practitioner Independent Practice.	Select the above California Licensee's credential.	Provide the above California Licensee's license/certificate number.	Provide the above California Licensee's email address.	Provide the date you started your "transition to practice" hours under the California Licensee above. <small>(mm/dd/yyyy)</small>	Provide the number of hours regarding "transition to practice" under the California Licensee above.	Select the category of direct patient care for the above hours.

[Edit](#) [Remove](#)

<
>

Add
Previous
Next
Cancel

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
 Copyright © 2019 State of California

Step 10

1. Read the Additional Nurse Practitioner Providers – Attachments

NOTE: Do not attach any items. The attachment option does not apply to this application.

2. Press Next

CA .GOV Department of Consumer Affairs BRE EZE

About BreEZe FAQ's Help Tutorials

Skip navigation

Logged in as Update Profile Logoff Contact Us

Additional Nurse Practitioner Providers - Attachments

Begin adding your document(s) below. You MUST click the Attach button below EACH time you add a new file.

Locate a file with the "Browse" button and press "Attach" or "Remove" as required.
Press "Next" when there are no more files to attach.
Press "Previous" to return to the previous screen.
Press "Cancel" to exit this application.

File Name: No file chosen

Notes:


You may attach more than one file to your application. You MUST click the Attach button below each time you add a new file, even if you are only attaching one file. If you do not click the Attach button below before continuing with the online application, your file(s) will NOT be uploaded. Once the online application is submitted, you will not be able to attach any additional documents.

PLEASE MAKE SURE TO VERIFY THAT THE DOCUMENT(S) WERE ATTACHED CORRECTLY BEFORE CONTINUING ON WITH THE APPLICATION.


[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
Copyright © 2019 State of California

Step 11

1. Verify the Additional Nurse Practitioner Providers – Application Summary
2. Press Proceed to Payment to submit this application



Department of Consumer Affairs



[About BreEZe](#) | [FAQ's](#) | [Help Tutorials](#)

Logged in as[Skip navigation](#)

[Update Profile](#) | [Logoff](#) | [Contact Us](#)

- Introduction
- Information Privacy Act
- Name and Personal/Organization Details
- Contact Details
- Additional Provider Information
- File Attachments
- Application Summary

Additional Nurse Practitioner Providers - Application Summary

Press "Previous" to return to the previous section.
Review the data and press "Proceed to Payment" to submit this application.
Press "Cancel" to exit this application.

Additional Nurse Practitioner Providers Summary

License Type:	
File Number:	
License Number:	
Application Date:	(mm/dd/yyyy)

Personal Details

Addresses

License Specific Addresses

Address of Record	Name:
-------------------	-------

Additional Provider Information

After submitting your online application, you may log in to your online BreEZe account at www.rm.ca.gov at any time to view the most up-to-date status of your application. Processing times may vary, depending on the receipt of documentation from academic programs, agencies and other states or countries.

Due to varying processing times, please allow a minimum of 4-6 weeks for the initial evaluation of this online application. Once evaluated, your application status will be updated in your online BreEZe account.

Once you click "Proceed to Payment" you will be unable to add/delete/change/modify the data contained in this online application and you will be directed to the Attestation page.

[Previous](#) | [Proceed to Payment](#) | [Cancel](#)



[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
Copyright © 2019 State of California

Step 12

1. Read the Additional Nurse Practitioner Providers – Attestation
2. Answer Yes or No to the Attestation

NOTE: Complete the attestation by choosing the “Yes” radio button just below the “Proceed to Payment” instructions.

3. Press the blue “Proceed to Payment” button to submit the application. No fee is due at this time.

 Department of Consumer Affairs 

[About BreEZe](#) [FAQ's](#) [Help Tutorials](#)

[Skip navigation](#)



Logged in as [Update Profile](#) | [Logoff](#) | [Contact Us](#)

Introduction	<h3>Additional Nurse Practitioner Providers - Attestation</h3> <p>Press "Previous" to return to the previous section.</p> <p>Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue.</p> <p>Press "Cancel" to exit this application.</p> <hr/> <p>I declare under penalty of perjury under the laws of the State of California that I am the person herein submitting this application and that I have read the complete application, know the full content thereof, that the information contained in this application and, if necessary, copies of all documents submitted as part of the application are true and correct and that I have read and understand the disclosure statements provided in the instructions for this application. I hereby grant the Department of Consumer Affairs entity permission to verify any information contained in this application.</p> <p>I understand that any omission, falsification or misrepresentation of any item or response on this application or any attachment hereto is a sufficient basis for denying or revoking a license.</p> <p>Failure to provide any of the requested information will delay the processing of your application.</p> <p>Click "Proceed to Payment" to submit the application, no fee is due at this time.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Previous Proceed to Payment Cancel</p>
Information Privacy Act	
Name and Personal/Organization Details	
Contact Details	
Additional Provider Information	
File Attachments	
Application Summary	

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
Copyright © 2019 State of California

Step 13

1. Application has been submitted
2. Based on the information you provided for the Physician & Surgeon's attestation information, the California Board of Registered Nursing will send an email to the Physician & Surgeon(s), and you'll get a copy of the email
3. The California Board of Registered Nursing is now waiting for the Physician or Surgeon(s) to validate the provider information is accurate. Once the information has been reviewed by the Physician or Surgeon, the application will be reviewed



Department of Consumer Affairs


[About BreEZe](#) [FAQ's](#) [Help Tutorials](#)

[Skip navigation](#)

Logged in as [Update Profile](#) | [Logoff](#) | [Contact Us](#)

Fee and Summary Report

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.
Press "Back" to return to the main menu.

[Back](#) [View PDF Summary Report](#) 

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
Copyright © 2019 State of California