



VERIFICATION OF NON-CALIFORNIA BASED NURSE PRACTITIONER PROGRAM GENERAL INFORMATION AND INSTRUCTIONS

California Code of Regulations (CCR), Title 16, Division 14, Article 8, "Standards for Nurse Practitioners" (Section 1486) requires non-California based Nurse Practitioner education programs requesting clinical placements for students in clinical practice settings in California obtain prior approval from the California Board of Registered Nursing (Board).

To obtain Board approval, the non-California based Nurse Practitioner (NP) education program shall submit documentation demonstrating compliance. For convenience, the NP program may optionally submit the **"Verification of Clinical Practice Experience for Nurse Practitioner (NP) Students Enrolled in Non-California Based NP Education Programs"** form and **"NP Program Preceptor Form"** to the Board to demonstrate compliance. If submitting these forms, they must be completed in full and signed by the appropriate staff as designated on the forms. If these forms are not used, the program may submit its own documentation to the Board demonstrating compliance with CCR Section 1486.

If completing the **"Verification of Clinical Practice Experience for Nurse Practitioner (NP) Students Enrolled in Non-California Based NP Education Programs"** and **"NP Program Preceptor Form"**, please submit the forms to the Board via e-mail, to brn.onlinenp@dca.ca.gov. Upon receipt of the completed forms, the Board will review the forms to ensure completeness and accuracy. The Board will then send a confirmation e-mail to the Nurse Practitioner program indicating the forms have been received and are under review.

This confirmation e-mail will contain further instructions to the NP program regarding any program documentation that may be submitted to the Board for review prior to program approval. All documentation is to be submitted to the Board electronically. The specific instructions on how to submit documentation to the Board electronically will be contained in the confirmation e-mail.

For a list of examples of documentation that may be submitted to the Board, see next page, "Application Documents".

Upon receipt of documentation, the Board will conduct a review to ensure the NP program requesting clinical placements in clinical practice settings in California meets the Standards for Nurse Practitioners as outlined in CCR Section 1486. The Board will notify the program of the status of the approval request, or if additional information is needed to demonstrate compliance.

If the NP program does not use the **"Verification of Clinical Practice Experience for Nurse Practitioner (NP) Students Enrolled in Non-California Based NP Education Programs"** and **"NP Program Preceptor Form"**, the program may use their own documentation to demonstrate compliance with CCR Section 1486. Documentation can be submitted electronically to brn.onlinenp@dca.ca.gov.

Application Documents

The following are examples of documentation that may be used to demonstrate compliance with CCR Section 1486. The following can be sent by e-mail to brn.onlinenp@dca.ca.gov

- Completed "**Verification of Clinical Practice Experience for Nurse Practitioner (NP) Students Enrolled in Non-California Based NP Education Programs**" form, and "**NP Program Preceptor Form**".
- Complete, detailed curriculum for the Nurse Practitioner education program, including complete, detailed course descriptions, number of units, methods of instruction, and detailed course outlines. **A brief program outline will not be accepted.**
- Complete information on California-based clinical experiences, including complete, detailed information on where clinicals are completed by students, and how preceptors are evaluated and selected.

E-Mail Address*: brn.onlinenp@dca.ca.gov

**All questions regarding the approval process should be directed to this e-mail address.*

California Board of Registered Nursing Web Site: www.rn.ca.gov

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



BOARD OF REGISTERED NURSING
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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.

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| Agency Name: | | BOARD OF REGISTERED NURSING | |
| Title of official responsible for information maintenance: | | EXECUTIVE OFFICER | |
| Address: | Telephone Number: | | |
| P.O. BOX 944210, SACRAMENTO, CA 94244-2100 | (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: TO DETERMINE ELIGIBILITY FOR LICENSURE. YOUR U.S. SOCIAL SECURITY NUMBER/ITIN WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USC section (c)(2)(C)) AUTHORIZE COLLECTION OF YOUR U.S. SOCIAL SECURITY NUMBER/ITIN. IF YOU FAIL TO DISCLOSE YOUR U.S. SOCIAL SECURITY NUMBER/ITIN, 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. | | | |
| 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 U.S. SOCIAL SECURITY NUMBER/ITIN 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. | | | |