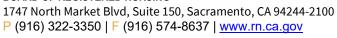


## **BOARD OF REGISTERED NURSING**





\*This form cannot be used to renew your license.

## REQUEST FOR DUPLICATE CERTIFICATE \$60 per Certificate

**CHECK REQUESTED CERTIFICATE(S) BELOW:** 

	<del>/ 1                                   </del>	•				
LICENSE/CERTIFICATE TYPE		Certificate				
Registered Nurse (RN)						
Nurse Anesthetist (NA)						
Nurse Practitioner (NP)						
Nurse Midwife (NMW)						
Clinical Nurse Specialist (CNS)						
Furnishing Number (NPF)						
Furnishing Number (NMF)						
Public Health Nurse (PHN)						
Psychiatric Mental Health Nurse (PMH)						
Continuing Education Provider (CEP)						
Retired Certificate: Each retired certificate is a separate fee		RN	NA	NP	NMW	CNS
		NPF	NMF	PHN	РМН	
TOTAL FEE ENCLOSED:					_	
PLEASE PRINT OR TYPE:						
First Name:	Middle Name:			Last Name:		
RN License or CEP Number:		Date of Birth: (MM/DD/YYYY)				
Reason for Request:						
PERSONAL ATTESTATION:						
I certify under penalty of perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license or certificate by the Department of Consumer Affairs.						
Signature of Applicant: Date:						