State of California Office of Administrative Law

In re:

Board of Registered Nursing

Regulatory Action:

Title 16, California Code of Regulations

Adopt sections:

Amend sections: 1483

Repeal sections:

NOTICE OF APPROVAL OF CHANGES WITHOUT REGULATORY EFFECT

California Code of Regulations, Title 1, Section 100

OAL Matter Number: 2019-0319-04

OAL Matter Type: Nonsubstantive (N)

In this change without a regulatory effect, the Board amends its regulation to update the revision date of three application forms incorporated by reference, which are changed to reflect the new Governor, Gavin Newsom, on the letterhead of the forms.

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, title 1, section 100.

Date: April 24, 2019

> Thanh Huynh Senior Attorney

For:

Holly Pearson

Acting Director

Original: Joseph Morris, Executive Officer

Copy:

Dean Fairbanks

SUBSTA For use by Secretary of State only ENDORSED - FILED 20 19 - 0 31 9 - 0 4 OAL FILE NOTICE FILE NUMBER EMERGENCY NUMBER in the office of the Secretary of State **NUMBERS** Zof the State of California APR 24 2019 1:30Pm 2019 MAR 19 P 4: 02 OFFICE OF ADMINISTRATIVE LAW REGULATIONS NOTICE AGENCY FILE NUMBER (If any) AGENCY WITH RULEMAKING AUTHORITY Board of Registered Nursing A. PUBLICATION OF NOTICE (Complete for publication in Notice Register) FIRST SECTION AFFECTED 2. REQUESTED PUBLICATION DATE 1. SUBJECT OF NOTICE TITLE(S) 3. NOTICE TYPE 4. AGENCY CONTACT PERSON TELEPHONE NUMBER FAX NUMBER (Optional) Notice re Proposed Other Regulatory Action ACTION ON PROPOSED NOTICE NOTICE REGISTER NUMBER PUBLICATION DATE OAL USE Approved as Approved as Disapproved/ ONLY Modified Submitted Withdrawn B. SUBMISSION OF REGULATIONS (Complete when submitting regulations) 1a. SUBJECT OF REGULATION(S) 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) Advance Practice Registered Nurses (APRN) Applications Letter head 2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related) ADOPT SECTION(S) AFFECTED (List all section number(s) AMEND individually. Attach 1483 additional sheet if needed.) REPEAL TITLE(S) 16 3. TYPE OF FILING Regular Rulemaking (Gov. Certificate of Compliance: The agency officer named Emergency Readopt (Gov. Changes Without Regulatory Code §11346) below certifies that this agency complied with the Code, §11346.1(h)) Effect (Cal. Code Regs., title Resubmittal of disapproved or provisions of Gov. Code §§11346.2-11347.3 either 1,5100) withdrawn nonemergency before the emergency regulation was adopted or File & Print Print Only filing (Gov. Code §§11349.3, within the time period required by statute. 11349.4) Resubmittal of disapproved or withdrawn Emergency (Gov. Code, Other (Specify) emergency filing (Gov. Code, §11346.1) §11346.1(b)) 4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) N/A 5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) Effective January 1, April 1, July 1, or §100 Changes Without Effective Effective on filing with Regulatory Effect October 1 (Gov. Code §11343.4(a)) other (Specify) Secretary of State 6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY Fair Political Practices Commission State Fire Marshal Department of Finance (Form STD, 399) (SAM §6660) Other (Specify) 7. CONTACT PERSON TELEPHONE NUMBER FAX NUMBER (Optional) E-MAIL ADDRESS (Optional) Dean Fairbanks (916) 574-7684 (916) 574-7700 dean.fairbanks@dca.ca.gov For use by Office of Administrative Law (OAL) only I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form **FNDORSED APPROVED** is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification. SIGNATURE OF AGENCY HEAD OR DESIGNEE APR 2 4 2019

Office of Administrative Law

TYPED NAME AND TITLE OF SIGNATORY

Joseph Morris, Executive Officer, Board of Registered Nursing

Changes without Regulatory Effect

Language

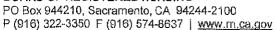
Proposed changes are designated by single underline and strikeout.

1483. Evaluation of Credentials.

- (a) An application for evaluation of a registered nurse's qualifications to be certified as a nurse practitioner shall be filed with the board by submitting the Application for Nurse Practitioner (NP) Certification (Rev. 03/20182019), which is hereby incorporated by reference. A temporary Nurse Practitioner (NP) certificate shall be obtained by submitting the Application for Temporary Nurse Practitioner (NP) Certificate (Rev. 03/20182019), which is hereby incorporated by reference. In order to furnish drugs or devices in California as a Nurse Practitioner, the certified nurse practitioner must be issued a Nurse Practitioner Furnishing Number by submitting the Nurse Practitioner Furnishing Number Application (Rev. 03/20182019), which is hereby incorporated by reference, for approval. Submission of each application shall be accompanied by the fee prescribed in Section 1417 and such evidence, statements or documents as therein required by the board.
- (b) The Application for Nurse Practitioner (NP) Certification, the Application for Temporary Nurse Practitioner (NP) Certificate and the Nurse Practitioner Furnishing Number Application shall include submission of the name of the graduate nurse practitioner education program or post-graduate nurse practitioner education program.
- (c) The Application for Nurse Practitioner (NP) Certification shall include submission of an official sealed transcript with the date of graduation or post-graduate program completion, nurse practitioner category, credential conferred, and the specific courses taken to provide sufficient evidence the applicant has completed the required course work including the required number of supervised direct patient care clinical practice hours.
- (d) A graduate from a board-approved nurse practitioner education program shall be considered a graduate of a nationally accredited program if the program held national nursing accreditation at the time the graduate completed the program. The program graduate is eligible to apply for nurse practitioner certification with the board regardless of the program's national nursing accreditation status at the time of submission of the application to the Board.
- (e) The board shall notify the applicant in writing that the application is complete and accepted for filing or that the application is deficient and what specific information is required within 30 days from the receipt of an application. A decision on the evaluation of credentials shall be reached within 60 days from the filing of a completed application. The median, minimum, and maximum times for processing an application, from the receipt of the initial application to the final decision, shall be 42 days, 14 days, and one year, respectively, taking into account Section 1410.4(e) which provides for abandonment of incomplete applications after one year.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2815 and 2835.5, Business and Professions Code.







APPLICATION FOR NURSE PRACTITIONER (NP) CERTIFICATION

APPLICATION FEE - \$500.00

		MILITARY HONORABLE DISCHARGE - Check here if you served as an active duty member of the Armed Forces of the United States and were honorably discharged.
PERSONAL DATA (PRINT OR TYPE)		
LAST NAME:	FIRST NA	MIDDLE NAME:
ADDRESS: Number and Street		
City		Country Postal/Zip Code
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DATE OF BIRTH: U.S. SOCIAL SECU OR INDIVIDUAL TA NUMBER:		VIOUS NAMES: (Instading Allier) MOTHER'S MAIDEN NAME: (Lastiname Only)
	SURE/NURSE PR	ACTITIONER CERTIFICATION
California RN License Number: Date Issued: Expiration Noate:		List ALL States Where You Hold/Held an RN License and Status: List ALL States Where You Hold/Held a Nurse Practitioner License/Certificate and Status:
	RNE	DUCATION
Name of Professional Registered Nursi	ng Program	TYPE OF PROGRAM: ASSOCIATE DEGREE DIPLOMA BACCALAUREATE DEGREE MASTERS DEGREE/NURSING
City State	Country	Entrance Date:
		Graduation/Completion Date:
V	NURSE PRACTI	TIONER EDUCATION
Name of Nurse Practitioner Academic F	Program	TYPE OF NURSE PRACTITIONER ACADEMIC PROGRAM: CERTIFICATE MASTERS POST-MASTERS
City State	Country	hund
		Entrance Date:
Area of Specialization:		Graduation/Completion Date:

(Rev. 03/2018)

NURSE PRACTITIONER PROFESSION	AL CERTIFICATION (If App	licable):		
	METHOD OF CERTIFICATION:			
Name of Organization/Association	EXAMINATION			
	OTHER (Please E	xplain):		
Area of Specialization:	Original Date of Certification;			
Certification Number:				
Sei tilidation realises.	Current Recertification Cycle De	ites:		
BACKGROUND	INEODMATION			
BACKGROUND	IMORIATION		. ,	
Have you applied for a Nurse Practitioner certificate in California? If yes, name on previous application:	Nate 900 I ted:			NO
Have you ever been issued a Nurse Practitioner certificate in Table			YES	
If yes: STOPI DO NOT CONTINUE. Please contact the regard for reinstatement of your California Nurse Practitioner certification.	ing whether you shapp resize or file	B. C.		
Have you ever had disciplinary proceedings (1931) any license certificate including revocation, suspension as page valuntary succentry? If yes, please provide a details of the expension, included the process of the expension of	or any health related or any other processing in a the date and state of suntry	license or ny state or where the	YES	NO
Have you ever been convicted than y offense like; than mittal raffic the applicant instructions. Or if a diversion program the pen completed. Traffic and long involve or providing false information must be reported. The definition of concest), as well as pleased; verdicts of quilty. YOU VIST INC CONVICTIONS.	c violations properties of the policy and control of the policy and co	escribed in expunged to persons endere (no S FELONY	□ YES	□ NO
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I certify, under sentity of perjust these the laws of the information provided in connection will his application for complete. Providing talk information or omitting required denial of licensure or license revocation in California.	licensure is true, correct and	passpor	n a recent 2' t type photo pe on all fou	graph.
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SIGNATURE OF APPLICANT	DATE	Head a	nd shoulder	s only
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** U.S. SOCIAL SECURITY NUMBER/ITIN DISCLOSURE STATEMENT
Disciosure of your U.S. Social Security Number/ITIN Is mandatory. Section 30 of the Business and Professions Code and Public Law 94-465 (42 USC section 405(o)(2)(C)) authorizes collection of your U.S. Social Security Number/ITIN. Your U.S. Social Security Number/ITIN Will be used oxolusively for tax enforcement purposes of compliance with any judgment of order for family support in secardance with section 17520 of the Femily Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and whore feenance is reolprocal with the requesting state. If you fall to disclose your U.S. Social Security Number/ITIN, 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.



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GOVERNOR EDMUND G. BROWN JR

BOARD OF REGISTERED NURSING PO Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 F (916) 574-8637 | <u>www.rn.ca.gov</u>



VERIFICATION OF NURSE PRACTITIONER ACADEMIC PROGRAM

TO BE COMPLETED BY APPLICANT: Please complete Section A and forward to the program director/representative for the nurse practitioner academic program for completion. Official transcripts submitted must include all completed coursework with the certificate/degree status conferred and must be sent directly to the Board of Registered Nursing by the Registrar's Office/Transcript Office. A processing fee may be required for the submission of the official transcripts.

	A. TO B	E COMPLETE	D BY API	PLICANT]·	
(PRINT OR TYPE)		FIRST NAME:			MIDDLE NAM	/IP.
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NAME OF ACADEMIC PROGR	RAM:			SPEC	SIACPY:	
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SPECIALTY:			Date Cert	ificate/De	gree Status Conf	erred: (Month/Day/Year)
OUT OF STATE NP ACADEM			··			
Recognized by Commission	on Collegiate Nurs	ing Education:	YES	NO NO		
If yes, Name:		~~~			proval Cycle Dat	es:
I certify under penalty of p program for the above nam			jarding th	e complet	ion of the nurse p	practitioner academic
SIGNATURE:					TITLE:	
			. 	(DATE)		

VERIFICATION OF NURSE PRACTITIONER CERTIFICATION BY NATIONAL ORGANIZATION/ASSOCIATION

METHOD 2

TO BE COMPLETED BY APPLICANT: Please complete Section A and submit to the applicable national organization/association to verify your nursing practitioner certification status. A fee is required by the national organization/association for the processing of the verification form.

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(PRINT OR TYPE) LAST NAME:		FIRST NAME:		MIDDLE N	A MIE
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E-MAIL ADDRESS:		CALII	ORNIA PLICE	NUMBER ATION DATE:	50440
NAME OF ACADEMIC PROGRAI	VI:		SPL	ALTY:	
SIGNATURE OF APPLICANT	*				DATE:
B. TO BE COMPLET	TED BY THE CE	RTIFYING NATIO	MAL ORGANI	ZATTON/A	SSOCIATION
The above applicant has a sector and Registered Nursing at the contract address.	nurse practitioner of ess.	en in California. P	ease provide the fol	lowing informatio	n and mall to the Board of
NAME OF CERTIFYING NA BON	IAL ORGANIZAT	ION SOCIATION	TELEPHONE	NUMBER: ()
ADDRESS Number & Stre		City		State	Postal/Zip Code
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NURSE PRACTITION OF SPECIAL				· <u> </u>	
CURRENT RENEWAL CYCLE DA	TES FOR CERTIF	ICATION/RECERTI	FICATION:		
(If not applicable, please experies)			Fro	m:(Month/Yea	To: (Month/Year)
I certify under penalty of perj above named applicant is true		umentation regardi	ng the nurse pra	ctitioner cert	lfication status for the
SIGNATURE:				TITLE:	
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ţ		(OFFICIAL SE			

(Rev. 03/2018)

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY + GOVERNOR EDMIND G BROWN IR

BOARD OF REGISTERED NURSING

PO Box 944210, Sacramento, CA 94244-2100 P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov



VERIFICATION OF "CLINICAL COMPETENCY" AS A NURSE PRACTITIONER

METHOD 3 - EQUIVALENCY

Verification of the applicant's clinical competency in the delivery of primary care is one of the requirements, which must be met in order to qualify to use the title "Nurse Practitioner" in California.

PRIMARY CARE means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patients and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings. (California Code of Regulations Section 1484(b)).

CLINICALLY COMPETENT means the individual possesses and exercises the degree of learning. All care and experience ordinally possessed and exercised by a certified nurse practitioner providing healthcare in the same nurse practitioner category. His displacement is such that the nurse received intensive experience in performing the diagnostic all the element procedures as antial to the playing of primary care. (Cellifornia Code of Regulations Section 1480(c)).

TO BE COMPLETED BY APPLICANT

The verifying nurse practitioner and physician MUST meet the including requirements:

1. Current, clear and active licensure to practice.

(PRINT OR TYPE)

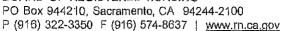
- 2. Clinical competency in the provision of primary cal
- 3. Direct observations of clinical practice

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U.S. SOCIAL SECURITY NAMBER OF INDIVIDUAL TAXPAYER BUILDINGER:	(E.OF BIRTH: (Month/Day/Year)	CALIFORNIA RN L	ICENSE NUMBER:			
SIGNATURE OF APPLICANT:		DA ⁻	TE:			
B. TO BE COMPLETED B	Y THE EVALUATING "NUR	SE PRACTITIONE	R"			
The above applicant has applied for a nurse praceeoner cer Registered Noising at the above address.	HO 6/10					
	FIRST NAME:	MIDDLE NA	ME:			
ADDRESS OF AGENCY Number & Street	City	State	Postal/Zip Code			
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NP CERTIFICATION NUMBER:	_ PROFESSIONAL S	SPECIALTY:				
METHOD(S) UTILIZED TO EVALUATE APPLICAN	NT'S CLINICAL COMPETENCY:	PERIOD OF CLINIC	CAL EVALUATION:			
		From: (Month/Year)	To:(Month/Year)			
I certify under penalty of perjury that I have evaluated the above named applicant and verify that he/she is clinically competent in the appropriate discipline in clinical practice in the provision of primary care.						
SIGNATURE OF EVALUATOR:			ATE:			



BUBINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GOVERNOR EDMUND G. BROWN JR

BOARD OF REGISTERED NURSING





VERIFICATION OF "CLINICAL COMPETENCY" AS A NURSE PRACTITIONER

METHOD 3 - EQUIVALENCY

Verification of the applicant's clinical competency in the delivery of primary care is one of the requirement, which must be met in order to qualify to use the title "Nurse Practitioner" in California.

PRIMARY CARE means comprehensive and continuous care provided to patiently annities, and the community Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patiently education and the diagnoses and threatment of acute and chronic illnesses in a variety of practice settings. (California Code of Regulations Section 1486(ii)).

CLINICALLY COMPETENT means the individual possesses and exercises the degree of gerning, skill are and experience providing healthcare in the are nurse practitioner providing healthcare in the are nurse practitions coategory. The clinical experience in performing the diagnostic and realment procedures a sential to the providing of primary sairs. (Celifornia Code of Regulations Section 1480(c)).

The verifying nurse practitioner and physician MUST meet the lower requirements:

- 1. Current, clear and active licensure to practice.
- 2. Clinical competency in the provision of primary care
- 3. Direct observations of clinical practices

TO BE COMPLETE	D BY APPLICAN	T V	
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DATE:

I certify under penalty of perjury that I have evaluated the above named applicant and verify that he/she is clinically

competent in the appropriate discipline in clinical practice in the provision of primary care.

SIGNATURE OF EVALUATOR:



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BOARD OF REGISTERED NURSING

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VERIFICATION OF "CLINICAL EXPERIENCE" AS A NURSE PRACTITIONER

METHOD 3 - EQUIVALENCY

Verification of the nurse's clinical experience in the delivery of primary care is required in order for hit had be to use the title "Nurse Practitioner" in California.

PRIMARY CARE means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the damposes and treatment of acute and chronic Illnesses in a variety of practice settings. (California Code of Regulations Section 1480(b)).

CLINICALLY COMPETENT means the individual possesses and exercises the degree of learning, skill, care antiexperience ordinarily possessed and exercised by a certified nurse practitioner providing healthcare in the same nurse practitioner providing healthcare in the same nurse practitioner intensive experience in performing the diagnostic and treatment procedures essentially the provision uniquently care designation. of Regulations Section 1480(c)).

The verifying nurse practitioner and physician MUST meet the following requirements:

- 1. Current, clear and active licensure to practice.
- 2. Clinical competency in the provision of primary of
- 3. Direct observations of clinical practice.

(PRINT OR TYPE)

A.	TO	BE	COM	PLET	ED	BY	APPI	LICANT

	FIRST		()	E NAME:	
U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	ÖFERRT	H: (Mōṇiḥlpay/Year)	ÇALIFORNI 	A RN LIC	ENSE NUMBER:
SIGNATURE OF APPLICANT:				DATE	
B. TO BE COMPLETED BY THE PHYSICIA	N/NUR	SE PRACTITIONER			
The above applicant has applied for a nurse practitioner certific Registered in ursing at the above address.	INICAL catlon in Ca	EXPERIENCE Ilfornia. Please provide the fo	ollowing Inform	nation and	mall to the Board of
NAME OF AGENCY:					
ADDRESS OF AGENCY Number & Streets	City		State		Postal/Zip Code
NAME OF APPLICANT'S SUPERVISOR:		SUPERVISOR'S TELEP	HONE NUM	BER:	
SUPERVISOR'S TITLE:		DATES OF SUPERVISO			
LICENSE NUMBER:		From:			
EXPIRATION DATE:		SPECIALTY AREA:			-
DATES OF SUPERVISED CLINICAL EXPERIEN From:To: From:To: From:To:		NUMBER OF HOU			
I certify under penalty of perjury that I have verific clinical hours in the appropriate discipline in clinical essential to the provision of primary care. SIGNATURE OF SUPERVISOR:	al practice	in the performance of d	liagnostic a	nd treatn	nent procedures



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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.

Agency Name:

BOARD OF REGISTEREUNURSING

Title of official responsible for information maintenance:

EXECUTIVE OFFICER

Address:

elephone Number

P.O. BOX 944210, SACRAMENTO, CASA244-2100

(916) 322-3050

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 office providing all or any participate requested information:

FAILURE TO PROVIDE ANY GETHE 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 BUILDENSURE AND PROFESSIONS SOCIAL SECURITY NUMBER (1711). IF YOU SAIL TO DISCLOSE YOUR U.S. SOCIAL SECURITY NUMBER (1711). IF YOU SAIL TO DISCLOSE YOUR U.S. SOCIAL SECURITY NUMBER (1711). YOU WILL BE REPORTED 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 URON FRAUEST 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.

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03/201X)

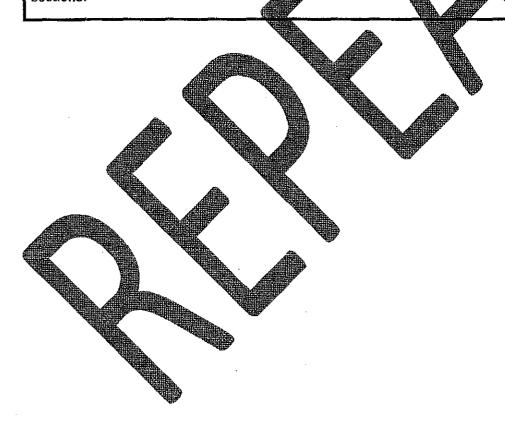
MANDATORY REPORTER

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 Penal Code 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 assible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Penal Code Spation 11166 is a misdemeanor, punishable by up to six months in a county jall, by a fine of one mousand dollars 11,000), or by both imprisonment and fine.

For further details about these requirements acoustil Penal Capt Section 1111 and subsequent sections.



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BOARD OF REGISTERED NURSING

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APPLICATION FOR TEMPORARY NURSE PRACTITIONER (NP) CERTIFICATE

INSTRUCTIONS:

- 1. The application fee for the Temporary Nurse Practitioner Certificate (TC/NP) is \$150,00.
- 2. The TC/NP will not be issued until the Application for Nurse Practitioner Certification is complete with exception of criminal record clearance from the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).
- 3. The TC/NP will not be mailed to an in-care-of address or a third party-address
- 4. Possession of a current and active California Temporary RN Licenseur L) is regulated

PLEASE NOTE: IF YOU ALREADY POSSESS A PERMANENT CALIFORNIA RULICENSE YOU ARE NOT BUISBLE FOR THE TEMPORARY NURSE PRACTITIONER CERTIFICATE (ITO/NP) AND YOUR APPLICATION HEE FOR THE TC/NP WILL NOT BE REFUNDED.

TO BE COMPLETED BY APPLICANT

(PRINT OR TYPE) LAST NAME: BIRST NAME MIDDLE NAME: DATE OF BIRTH: (Month/Day/Year) ADDRESS: Number & Street Country Postal/Zip Code City U.S. SOCIAL SECURITY NUMBER of INDIVIDUAL TAXPAYER ID NUMBER: TELEPHONE NUMBER: PREVIOUS NAMES: (Including Meiden) MOTHER'S MAIDEN NAME; (Last Name Only) Alternate E-MANDORESS: TEMPORARY RN LICENSE NUMBER: EXPIRATION DATE: _ NAME OF NURSE PRACTITIONER ACADEMIC PROGRAM: ADDRESS: Number & Street Postal/Zip Code City State TYPE OF PROGRAM ENTRANCE DATE: _____ ☐ CERTIFICATE (Month/Day/Year) MASTERS POST-MASTERS COMPLETION DATE: ___ (Month/Day/Year) SPECIALTY:

I certify under penalty of perjury that the above information regarding the Application for the Temporary Nurse Pra	actitioner
Certificate is true and correct.	

SIGNATURE OF APPLICANT:

DATE:



PO Box 944210, Sacramento, CA 94244-2100 P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov



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 OFFICE

Address:

Telephone Number

P.O. BOX 944210, SACRAMENTO, CAS4244-2100

6 322 5350

Authority which authorizes the maintenance of the information:

SECTION 30, SECTION 2732.1(a), BUSINESS AND PROPESSIONS CODE

ALL INFORMATION IS MANUTATORY

The consequences if any of mapproviding all or any part of the requested information:

FAILURE TO BROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED ASANDOMPLETE.

The principal surpose(s) for which the information is to be used:

TO DETERMINE INGIBILITY FOR LICENSURE. YOUR U.S. SOCIAL SECURITY NUMBER/ITIN WILL BE USED FOR PURPOSES OF PAZZENFORCEMENT CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF DICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 34, 455 (42 USC SECTION 35(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 MAME 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 TRANSEER 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.

(Rev. 03/2018)

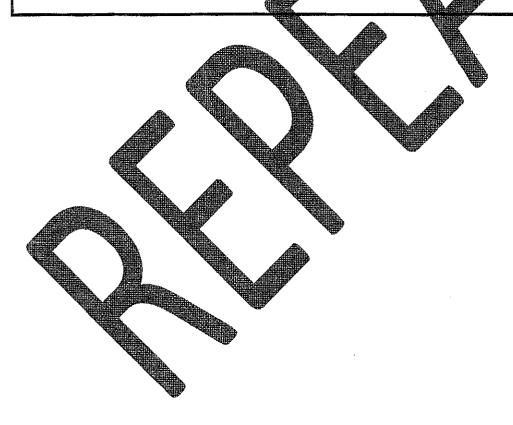
MANDATORY REPORTER

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 Penal Code 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 16 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Penal Code Section 17 56 is a misdementar, punishable by up to six months in a county jall, by a fine of the thank and dollars (\$4,000), or by both imprisonment and fine.

For further details about these requirements, consult Penal Code Section 11/64, and subsequent sections.

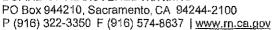


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BUBINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GOVERNOR EDMINIO G. BROWN JR.

BOARD OF REGISTERED NURSING





NURSE PRACTITIONER FURNISHING NUMBER APPLICATION

APPLICATION FEE - \$400.00

PERSONAL DATA (PRINT OR TY	(DE)	MILITARY Ho member of the	DNORABLE DISCHARGE - Chec e Armed Horses of the United Stat	k here if you served as an active duty es and were honorably discharged.
LAST NAME:		ST NAME:	MIDD	LE NÁME:
ADDRESS: Number & Str	eet			OF BIRTH: (Month/Day/Year)
City	State			OUAD SECURITY NUMBER or DUAD TAXPAYER DE NUMBER:**
TELEPHONE NUMBER: Home () Alternate ()	PREVIOUS NAMES	(geluding Maiden)	MOTHER SMALL	DEN NAME (Last Name Only)
CA RN LICENSE NUMBER:	CA NP NUM	BER:	NP SPECIA	ALTY:
NURS	E PRACTITIONER A	ADVANCED PH	IARMACOLOGY COU	RSE
NAME OF NURSE PRACTITIONS		COURSE TIME	5: COMPLETION (DATE: # QTR/SEM UNITS:
NAME OF ACADEMIC COURSE				
SCHOOL ADBRESS: Nume	ēr & Street	City	State	Zip Code
I certify, under penalty of pe		of the State of (California, that the fore	
SIGNATURE OF APPLICAN	11			DATE:

** U.S. SOCIAL SECURITY NUMBER/ITIN DISCLOSURE STATEMENT
Disclosure of your U.S. Social Security Number/ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USC section 405(e)(2)(C)) authorizes collection of your U.S. Social Security Number/ITIN. Your U.S. Social Security Number/ITIN 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 U.S. Social Security Number/ITIN, 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.



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY . GOVERNOR EDMUND G. BROWN JR.

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (918) 322-3350 F (916) 574-8637 | www.rn.ca.gov



NURSE PRACTITIONER ADVANCED PHARMACOLOGY COURSE VERIFICATION

In order to furnish drugs and/or devices pursuant to Business and Professions Code, Section 2836.1, the Nurse Practitioner must complete a California Board of Registered Nursing approved advanced pharmacology course. The criteria for the advanced pharmacology course is listed on the two (2) page attachment.

(PRINT OR TYPE) LAST NAME: MIDDLE NAME:]
	1
ADDRESS: Number & Street DATE OF BIRITE (Month/Day/Year)	
City State Country Zip Code TAXPAYER ID NUMBER OF INPIVIDUAL TAXPAYER ID NUMBER:	
TELEPHONE NUMBER: PREVIOUS NAMES: (Inglitting Malden) MOUTHER'S MAIDEN NAME: (Last Name Only)	
Home () Alternate ()	
CALIFORNIA RN LICENSE CA NP NUMBER: DATES DURSE WAS TAKEN:	1
NUMBER:	_}
	7.
SIGNATURE OF APPLICANT: DATE:	
The property of the property o	
TO BE COMPLETED BY THE DIRECTOR OF THE NURSE PRACTITIONER ACADEMIC PROGRAM	
The above applicant has applied for a Nurse Practitioner furnishing/number in California Please provide the following information and mall—to California Board of Regularge Nursing at the above applicant has been continued by the continued of th	:he
California Board of Registred Nursing at the above address a Theoriteria for the advanced pharmacology course is listed on the two (2) page attachments	<u>nt.</u>
NAME OF NURSE PRACTITIONER PROGRAM: TELEPHONE NUMBER:	
ADDRESSI Number & Street City State Zip Code	
ADVANCED PHARMACOLOGY COURSE/CONTENT Entrance and completion dates for course Entrance: Completion: (Month/Day/Year)	_
Wasia separate course? TryES, specify the course title:	1
YES NO	
Equivalent to: 3 semester units: 5 quarter units: 45 hours: 7 FS NO YES NO YES NO)
The drugs or devices are turnished or ordered by a Nurse Practitioner in accordance with standardized procedure protocols developed when the drugs or devices furnished or ordered are consistent with the practitioner's educati preparation or for which clinical competency has been established and maintained. Competency Compet	or onal
The Advanced Pharmacology course includes the key points and course objectives listed on the two (2) particles attachment. Columbia Columb	је
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and Correct.	
SIGNATURE:TITLE:	
(DATE)	



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NURSE PRACTITIONER ADVANCED PHARMACOLOGY COURSE FOR FURNISHING

These revised guidelines are established for Nurse Practitioner programs who offer advanced pharmacology courses in order to meet Furnishing requirements.

MINIMUM COURSE OFFERINGS

- A post-RN licensure advanced pharmacology course based on the RN's previous knowledge of pharmacology and pharmacotherapeutics.
- A three (3) semester units or five (5) quarter units centernic course.

KEY POINTS:

The advanced pharmacology course must include:

- The mechanism for ongoing communication between the student and course instructor
- The requirements for approved standardized procedures to be in placement rolling practice.
- The requirement to furnish drug devices pursuant to a standard zedap ocedure.
- The furnishing responsibility for striedule II, III, IV, V controlled substances that are to be furnished with a patient-specific protocol in combance with the Health and Safety Code (HSC) Division 10, Uniform Controlled Sussiances Act, Sections 11,000-11651, Chapter 1. General Provisions and Definitions, for National Practicioners
- The furnishing responsibility for Schedule W. III, IV and V controlled substances that are to be furnished with a second specific approtocol in compliance with Health and Safety Code (HSC) Division III. Uniform Controlled Sustances Act, Second 1400, for Certified Nurse Midwives.

COURSE OBJECTIVES:

- Uses the data base obtained from the health assessment of the client to identify an appropriate
- therapentic regimen, including diagonal/or devices

 2. Uses knowledge of pharmacokinetics when developing a therapeutic regimen that maximizes the therapeutic difference while minimizing adverse reactions.
- Uses knowledge of pharmacodynamics to observe the effects of drugs and/or devices on a client; to predict the clients response; and to understand the effects of the drugs and/or devices.
- 4. Evaluates the response and compliance of the client to the drugs and/or devices and implement applipriate action.

 - Provides appropriate change discation regarding the furnished drugs and/or devices.

 Furnishes drugs and/or devices pursuant to standardized procedures and in conformance with applicable laws codes and/or regulations.
- 7. Bearines appropriate guidelines for the pharmacological management of selected health care syndremes/diseases commonly encountered with awareness of client's nutrition, culture, ethnicity and socioeconomic status.
- 8. Uses knowledge and awareness of the role of herbal and natural remedies while treating disease states.

Advanced Pharmacology Enabling Objectives have been developed through public input and are available upon request.

FACULTY QUALIFICATIONS

All stated qualifications must be met by the faculty, include Directors and instructors.

- Current, valid and clear license to practice in the appropriate discipline.
- Demonstrates expertise in the theoretical and clinical aspects of pharmacology/pharmacotherapeutics,
- Possesses at least two years of experience in the teaching of advanced pharmacology.
- Includes a faculty member who has completed a doctoral level pharmacology/pharmacotherapeutics degree,
- Demonstrates evidence of advanced clinical practice within the past five years applying the principles of advanced pharmacology.

ADVANCED PHARMACOLOGY ENABLING OBJECTIVES

- Defines and verbalizes an understanding of the terminology of advanced phase gology. (Vocabulary list to be included)
- Identifies sources of drugs and provides examples of drugs ach drug source.
- Describes the "targets" of drugs.
- Describes the pharmacokinetic process of absorption, distribution, mountain, and excre
- Identifies factors that alter the processes of absorption, distribution, metabolic and excretion
- Analyzes how the body's acid base environment affects the pharmacokinetic p distribution, metabolism, and excretion, strongs.
- Describes variables that determine the content dosages of drugs.
- Defines half-life and explains the importance of a drug's half-life in a drug regimen.
- Describes factors that influence a drug's have fee.

- Describes factors that influence a drug's like infe.

 Analyzes the relationship better drugs and too place of gical and pathod resiological responses.

 Understands the pharmacological responses.

 Uses data obtained tables a client's theory and Possel Examinate (H&P) to identify appropriate drug choice/s and herbs, ramins, minerals, and trace rements of ren/s, and recognizes the role of herbal and recognizes the treat set of health and the principles of place of the set and pharmacological responses.

 Based upon the principles of place according and pharmacological responses.

 Understands the potential interaction and the principles and trace alements.

 Understands the potential interaction and the pharmacological responses.

- Understand the potential interactions to ween drugs and herbs, vitamins, minerals, and trace elements.

 Performs and apriate more drug before, they, and after specific drug regimens.

 Monitors efficient of drugs evaluates the remains and compliance of the client to the drugs/devices and side effects, and margin adverse events that may occur.
- Identification drugs with the repeatic range,
- ppropriate manages to write and transmit prescriptions.
 - requirements, standardized procedures, and ethical standards. escurces for drug for and uses the resources to maintain clinical competency for Identifie
- Densities the essential somponents of client education re; medications including; name of medication/s frequency/time of doses. Sect dosage/s to take, how to take the medication/s i.e., with or without food. if a dose of a medication is missed, side effects to expect, and adverse event/s to report to the prescriber
- Identifies facilitation that influence medication compliance.
- Provides compressive and appropriate client and family education re: drugs of choice and alternatives and involves the client and family in the decision making process re: drug treatments.
- Chooses most appropriate drug for a disease base upon client's symptomatology, health status and lifestyle.



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INFORMATION COLLECTION AND ACCESS

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Agency Name:

BOARD OF REGISTERED NURSING

Title of official responsible for information maintenance:

EXECUTIVE OFFICE

Address:

Telephone Number:

P.O. BOX 944210, SACRAMENTO, CASA 244-2100

916/322-3850

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 allor any part of the requester 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 intermation is to be used:

TO DETERMINE ELIGIBILITY FOR LICENSUM. YOUR U.S. SOCIAL SECURITY NUMBER/ITIN WILL BE USED FOR PURPOSES OF AN ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LIGENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS GODE AND PUBLIC AW94-455 (42 USC SECTION 40%(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.

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EACH INDIVIDUAL HAS THE RIGHT TO REVIEW THE FILES ON RECORDS MAINTAINED ON THEM BY THE AGENCY, UNLESS THE RECORDS ARE EXEMPT FROM DISCLOSURE.

5

[Rev 03/2018]

MANDATORY REPORTER

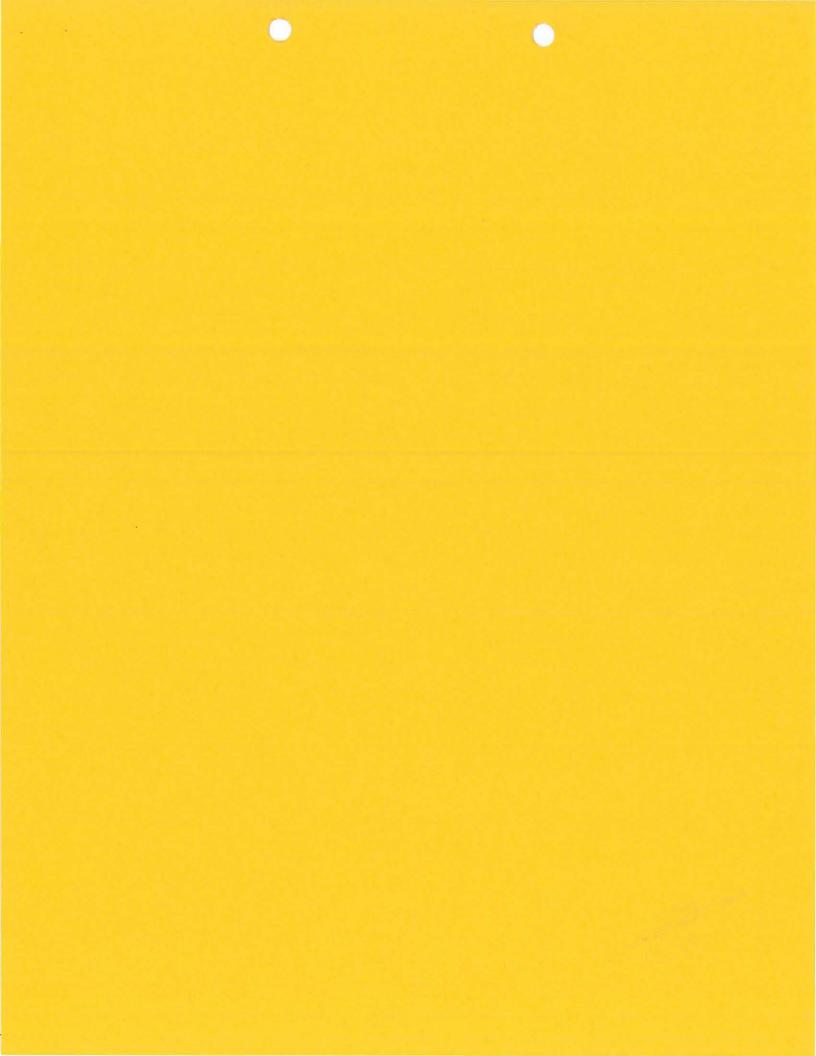
Under California law each person licensed by the Board of Registered Nursing is a "Mandated Reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her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

California Penal Code Section 11166 requires that all mandated aporters make a report to an agency specified in Penal Code Section 11165.9 [generally law en occument 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 soot as a practicably possible by telephone, and the mandated reporter must prepare and send a writer a port thereof within the nours of receiving the information concerning the incident.

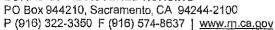
Failure to comply with the requirements of Renal Code Service 111661 Amisdemean punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000, or by both Imprisonment and fine.

For further details about these requirements, consult Penal Court Section 11164, and subsequent sections.











APPLICATION FOR NURSE PRACTITIONER (NP) CERTIFICATION

APPLICATION FEE - \$500.00

PERSONAL DATA (PRINT OR TYPE)	MILITARY HONORABLE DISCHARGE - Check here if you served as an active duty member of the Armed Forces of the United States and were honorably discharged.
LAST NAME: FIRST NA	ME: MIDDLE NAME:
ADDRESS: Number and Street	
	Country Postal/Zip Code
HOME TELEPHONE NUMBER: ALTERNATE TELEP	
DATE OF BIRTH: U.S. SOCIAL SECURITY NUMBER PRE (Month/Day/Year) OR INDIVIDUAL TAXPAYER ID: NUMBER:	VIOUS NAMES: (Including Maiden) MOTHER SMAIDEN NAME: (Last Name Grily)
RN LICENSURE/NURSE PR	ACTITIONER CERTIFICATION
California RN License Number: Date Issueds Expiration Date:	List All States Where You Hold/Held an RN License and Status: List ALL States Where You Hold/Held a Nurse Practitioner License/Certificate and Status:
RN EI	DUCATION
Name of Professional Registered Nursing Riogram	TYPE OF PROGRAM: ASSOCIATE DEGREE DIPLOMA BACCALAUREATE DEGREE MASTERS DEGREE/NURSING
City State Country	Entrance Date: Graduation/Completion Date:
NURSE PRACTI	TIONER EDUCATION
	TYPE OF NURSE PRACTITIONER ACADEMIC PROGRAM:
Name of Nurse Practitioner Academic Program	CERTIFICATE MASTERS POST-MASTERS
City State Country	
Area of Specialization:	Entrance Date: Graduation/Completion Date:
(Rev, 03/2018)	

NURSE PRACTITIONER PROFESSION	AL CERTIFICATION (If App	licable):	·	
	METHOD OF CERTIFICATION:			
Name of Organization/Association	☐ EXAMINATION			
Area of Specialization:	OTHER (Please E	xpiain);		
2400 01 00001111111111111111111111111111	Original Date of Certification:			,
Certification Number:	Current Recertification Cycle Da	ites:	· · · · · · · · · · · · · · · · · · ·	
BACKGROUND	INFORMATION		**************************************	<u> </u>
Have you applied for a Nurse Practitioner certificate in California? If yes, name on previous application:	Bate Submitted:		YES	NO
Have you ever been issued a Nurse Practitioner certificate in California If yes: STOP! DO NOT CONTINUE. Please contact the co		a petitlon	YES	NO NO
for reinstatement of your California Nurse Practitions				
Have you ever had disciplinary proceedings at any license a certificate including revocation, suspension, problem, voluntary surrecountry? If yes, please provide a detailed written planation, includiscipline occurred.	s the or any alth-care related ender any other occasion in a ding the late and star or country	license or ny state or where the	YES	NO NO
Have you ever been convicted to any offers other than offer traffic the applicant instructions. Convictions must be expected even of they or if a diversion program is seen completed. Traffic dialions was or providing false information of the temperature. The application of the contest), as well as pleas of a dicts of guilty. YOU VILST INCONVICTIONS.	c violations? If the explain fully as dependent of the explain fully as desired by the explain fully as dependent of the explain fully as desired the explain fully as a substitution of the explain fully as desired the e	escribed in rexpunged to persons endere (no S FELONY	YES	NO
I understand to a surject to report in adjately to the surject occurs between date. This application are the date that different flowers between the California Body of Registered Nursing of disciplination all license/certificate transpoccurs between the date of this surjection understand that failure does oney surjection denial of this surjection of	and the date that a California rec	istered nurs	e license la	s issued.
I certify, under penalty of settly under the laws of the Information provided in complete. Providing fails information or omitting required denial of licensure or license evocation in California.	licensure is true, correct and		a recent 2 type photo	
		Please ta _l	oe on all fo	ur sides.
SIGNATURE OF APPLICANT	DATE	Head a	nd shoulder	rs only
		,		

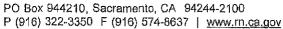
List of your U.S. Social Security Number/ITIN is mandatory. Section 50 of the Business and Professions Code and Public Law 94-465 (42 USC section 405(a)(2)(C)) authorizes collection of your U.S. Social Security Number/ITIN is mandatory. Section 50 of the Business and Professions Code and Public Law 94-465 (42 USC section 405(a)(2)(C)) authorizes collection of your U.S. Social Security Number/ITIN your U.S. Social Security Number/ITIN 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 17620 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 ilcensure is reciprocal with the requesting state. If you fail to disclose your U.S. Social Security Number/ITIN, your application for initial or renewal license will not be processed and you will be reported to the Frenchise Tax Board, which may assess a \$100 penalty against you.

^{**} U.S. SOCIAL SECURITY NUMBER/ITIN DISCLOSURE STATEMENT



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY . GOVERNOR GAVIN NEWSOM

BOARD OF REGISTERED NURSING





VERIFICATION OF NURSE PRACTITIONER ACADEMIC PROGRAM

TO BE COMPLETED BY APPLICANT: Please complete Section A and forward to the program director/representative for the nurse practitioner academic program for completion. Official transcripts submitted must include all completed coursework with the certificate/degree status conferred and must be sent directly to the Board of Registered Nursing by the Registrar's Office/Transcript Office. A processing fee may be required for the submissioned the official transcripts.

(PRINT OR TYPE)	A. IUBI	COMPLETE	DBYAPP	LICANI	J	
LAST NAME:		FIRST NAME:			MIDDLE NAME	
ADDRESS: Number & St		A				H: (Month/Day/Year)
City	Stat			alizip Cod	(AT. A. J. GIVIDNI	SURITY NUMBER or (PAYER ID NUMBER:
TELEPHONE NUMBER: Home () Alternate ()	PREVIOUS NAM	ES: (Including M	alderi	Motile A	IER'S MAIDEN NA	5: (Last Name Only)
E-MAIL ADDRESS:			CALIFORNI		ENSE NUMBER: IRATION DATE:	
NAME OF ACADEMIC PROGRA	M:			SPE	ALTY:	
SIGNATURE OF APPLICAN						7777
B. TO BE COMPLET The above applied for a Registered No. 11 to above addr NAME OF NURSE PRACTITION	PRACTI nu's Dactitioner certess. ER ACADEMIC PR	TIONER ACA	DEMICP	ROGRAN rovide the fo	4	I mall to the Board of
ADDRESS: Number & Str		gity			State	Postal/Zip Code
TYPE OF PROGREM CERTIFICATE MASTERS POST-MASTERS		•	Entrance I		(Month/Day/Year) (Month/Day/Year)	
SPECIALTY:			Date Certi	ficate/De	gree Status Confer	red: (Month/Day/Year)
OUT OF STATE NP ACADEMIC Recognized by Commission o	n Collegiate Nursi	ng Education:	YES	NO .		
If yes, Name:			Pı	rogram Ap	proval Cycle Dates	Si
I certify under penalty of per program for the above name			garding the	complet	ion of the nurse pr	actitioner academic
SIGNATURE:			<u></u>	(DATE)	TITLE:	

VERIFICATION OF NURSE PRACTITIONER CERTIFICATION BY NATIONAL ORGANIZATION/ASSOCIATION

METHOD 2

TO BE COMPLETED BY APPLICANT: Please complete Section A and submit to the applicable national organization/association to verify your nursing practitioner certification status. A fee is required by the national organization/association for the processing of the verification form.

	A. TO BE C	COMPLETED BY API	PLICANT	
(PRINT OR TYPE) LAST NAME;	F	IRST NAME:	MIDDLE	NAME;
ADDRESS: Number & S	treet			F BIRTH: (Month/Day/Year)
City	State		VIDU	IAL SECURITY NUMBER or AL TAXPAYER ID NUMBER:
TELEPHONE NUMBER: Home () Alternate ()	PREVIOUS NAMES	3: (Including Jaden)	MOTHER'S MAIS	NAME: (Last Name Only)
E-MAIL ADDRESS:		CARRA	IA RYSENSE NUMBI	
NAME OF ACADEMIC PROGRA	AM:		SPECIALTY:	
SIGNATURE OF APPLICAN	T:			_DATE:
B. TO BE COMPLE	TED BY THE CERT	IFYING NATIONA	ORGANIZATION/	ASSOCIATION
Ine above applicant has applicant a	nurse practitioner	ation in Figure 1	the following informs	ation and mall to the Board of
The above applicant has apply or a Registered Nursing at the above NAME OF CERTIFYING NATLO	nurse practitioner ress. NAL ORGANIZATION	ation in Isonia, Please p	the following informs	ation and mail to the Board of
ADDRESS: Number & Sti	NAL ORGANIZATIO	CHY	State) Postal/Zip Code
ADDRESS: Author & Sti	nal organization	ation to a formation please p	State)
ADDRESS: Author & Standard Method of Certification Nurse Practitions Repections Nurse Practitions Repections Repetitions Repetitions Nurse Practitions Repetitions Re	Peet RTI	CIVILLE TO THE STATE OF THE STA	State ORIGINAL) Postal/Zip Code
ADDRESS: Author & Sti	reet RTI	CIVILLE TO THE STATE OF THE STA	State ORIGINAL	Postal/Zip Code DATE OF CERTIFICATION:
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ADDRESS: ADDRESS: METHOD OF CERTIFICATION NURSE PRACTITION REPECTION CURRENT RENEWAL CYCER (If not applicable, please explain I certify under penalty of per	reet ATES FOR CERTIFIC rjury that the docum	FIGATION/RECERTIFICA	State ORIGINAL From: (Month) e nurse practitioner co	Postal/Zip Code DATE OF CERTIFICATION: To: (Month/Year)

(Rev. 09/2019)

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY . GOVERNOR GAVIN NEWSOM

BOARD OF REGISTERED NURSING

PO Box 944210, Sacramento, CA 94244-2100 P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov



VERIFICATION OF "CLINICAL COMPETENCY" AS A NURSE PRACTITIONER

METHOD 3 - EQUIVALENCY

Verification of the applicant's clinical competency in the delivery of primary care is the requirements, which must be met in order to qualify to use the title "Nurse Practitioner" in California.

PRIMARY CARE means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance patients accust on and the diagraphs and treatment of acute and chronic illnesses in a variety of practice settings. (California Code of Regulations, Series 1, 480(1))

CLINICALLY COMPETENT means the individual possesses and exercises the degree of learning, skill, care and exercised by a certified nurse practitioner providing healthcare in the same rurse practitioner category. The clinical exercised must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of purpay care. (California Code of Regulations Section 1480(c)).

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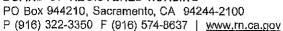
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- 2. Clinical competency in the provision of page y care.
- 3. Direct observations of clinical practice

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BUSINEBS, CONSUMER SERVICES, AND HOUSING AGENCY ... GOVERNOR GAVIN NEWSOM

BOARD OF REGISTERED NURSING





VERIFICATION OF "CLINICAL COMPETENCY" AS A NURSE PRACTITIONER

METHOD 3 - EQUIVALENCY

Verification of the applicant's clinical competency in the delivery of primary care is one of the requirements, which must be met in order to qualify to use the title "Nurse Practitioner" in California.

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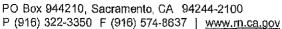
- 1. Current, clear and active licensure to practice
- 2. Clinical competency in the provision of primary care.
- Direct observations of clinical practice.

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BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GOVERNOR GAVIN NEWSOAL

BOARD OF REGISTERED NURSING





VERIFICATION OF "CLINICAL EXPERIENCE" AS A NURSE PRACTITIONER

METHOD 3 - EQUIVALENCY

Verification of the nurse's clinical experience in the delivery of primary care is required in order to use the title "Nurse Practitioner" in California.

PRIMARY CARE means comprehensive and continuous care provided to patients, annies, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings. (California Code of Regulations Section 1480(5)).

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The verifying nurse practitioner and physician MUST meet the following requirements:

- 1. Current, clear and active licensure to practice.
- 2. Clinical competency in the provision of primary care.
- 3. Direct observations of clinical practice.

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BOARD OF REGISTERED NURSING PO Box 944210, Sacramento, CA 94244-2100

PO Box 944210, Sacramento, CA 94244-2100 P (916) 322-3350 F (916) 574-8637 | <u>www.rn.ca.gov</u>



INFORMATION COLLECTION AND ACCESS

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

		CONTRACTOR OF THE PROPERTY OF	Andreas .	
Ì	Agency Name:		V.	
		D OF REGISTERED NURS	NG C	
	Title of official responsible for information	on mainterance		
		EXECUTIVE OFFICER		
	Address:	Value Value	Telephone	

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

Telephone dumber:

(916) 322-3350

Authority which authorizes the majorenance purite information

SECTION 30, SECTION 2732. BUSINESS AND PROFESSIONS CODE

ALL INFORMATION IS MANDATORY.

The consequences is any of not proveing all or any part of the sequested information:

FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.

The principal purcese(s) for which the information is to be used

TO DETERMINE EXISTRICT FOR LICENSURE. YOUR WIS SUDIAL SECURITY NUMBER/ITIN WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF HILDENSURE AND EXAMINATION STATUS SECTION 30 OF THE BUSINESS AND PROFESSIONS OF AND PUBLIC LAW \$2.355 (42 USC SECTION 405(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 PENAL TY AGAINS I YOU. YOUR NAME AND ADDRESS LISTED ON THIS APPLICATION WILL BE DISCLOSED TO THE UBLIC UPON REQUEST IF AND WHEN YOU BECOME LICENSED.

Any known of the seeable 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.

8

(Rev. 03/2019)

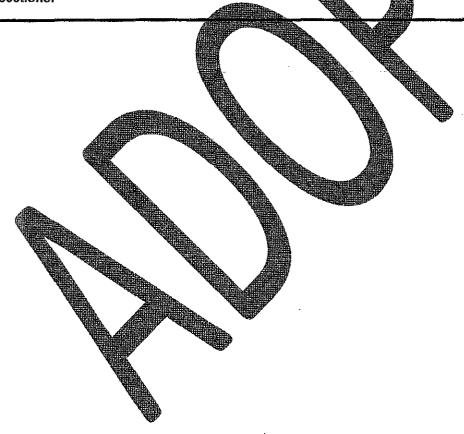
MANDATORY REPORTER

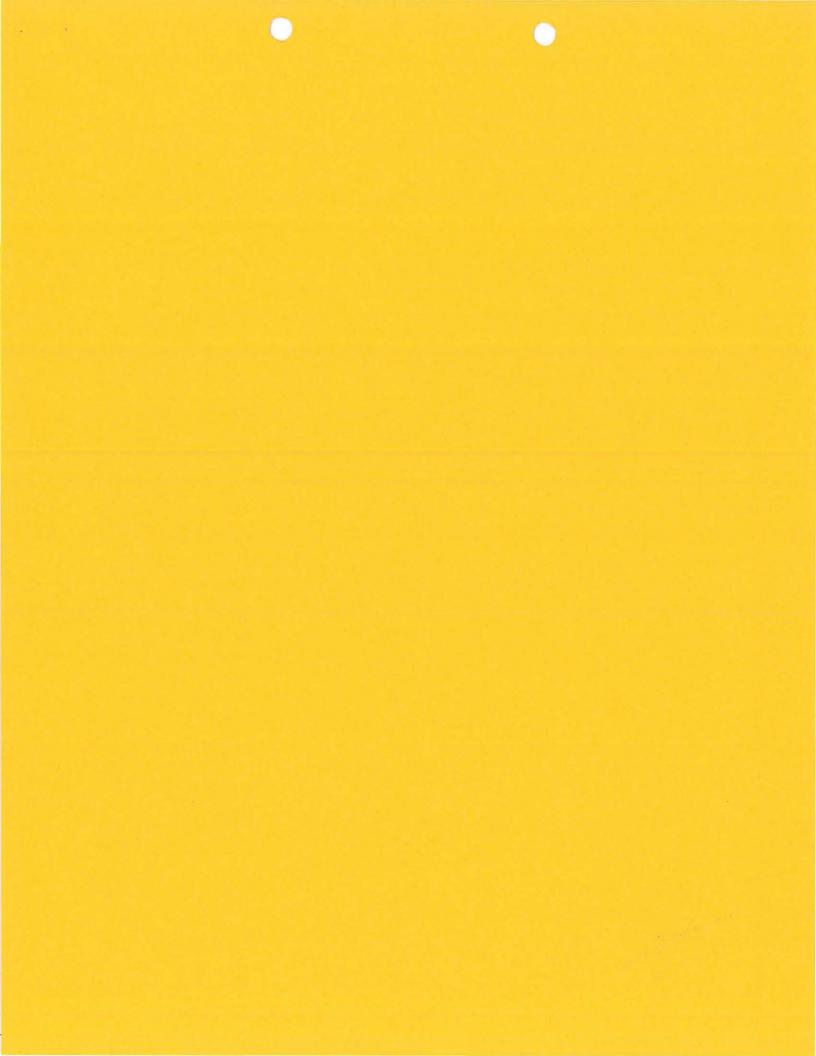
Under California law each person licensed by the Board of Registered Nursing is a "Mandated Reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Penal Code 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 mapping 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 practically possible by telephone, and the mandated reporter must prepare and send a written report of within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Penal Code Section 11166 is a number energy punishable by up to six months in a county jail, to a fundament and do lars (\$1,000), or by both imprisonment and fine.

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







BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY . GOVERNOR GAVIN NEWSOM

BOARD OF REGISTERED NURSING

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APPLICATION FOR TEMPORARY NURSE PRACTITIONER (NP) CERTIFICATE

INSTRUCTIONS:

- 1. The application fee for the Temporary Nurse Practitioner Certificate (TC/NB) 85 150.00.
- 2. The TC/NP will not be issued until the Application for Nurse Practing of Certification is complete with exception of criminal record clearance from the Department of Justice (DOJ) and the Federal Burgay of Investigation (FBI).
- 3. The TC/NP will not be mailed to an in-care-of address or a third party address.
- 4. Possession of a current and active California Temporary IN License (12) is required.

PLEASE NOTE: IF YOU ALREADY POSSESS A PERMANENT CALIFORNIA RN MEENSE, YOU ARE NOT ELIGIBLE FOR THE TEMPORARY NURSE PRACTITIONER CERTIFICATE (TC/NP) AND YOUR APPLICATION FEE FOR THE TO NP WILL NOT BE REFUNDED.

TO BE COMPLETED BY APPLICANT

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PO Box 944210, Sacramento, CA 94244-2100 P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov



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:

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(2) EUSINESS AND PROFESSIONS CODE

ALL INFORMATION IS MANDATORY.

The consequences that work pot providing all or any part of the requested information:

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(Rev. 93/2019)

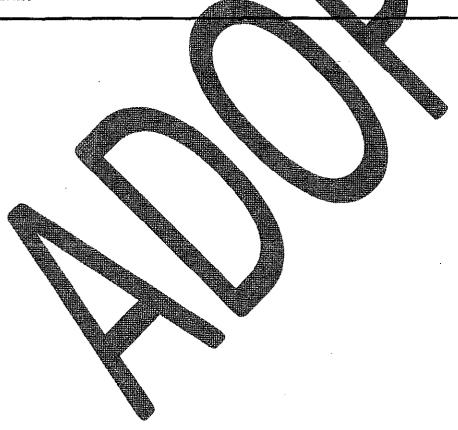
MANDATORY REPORTER

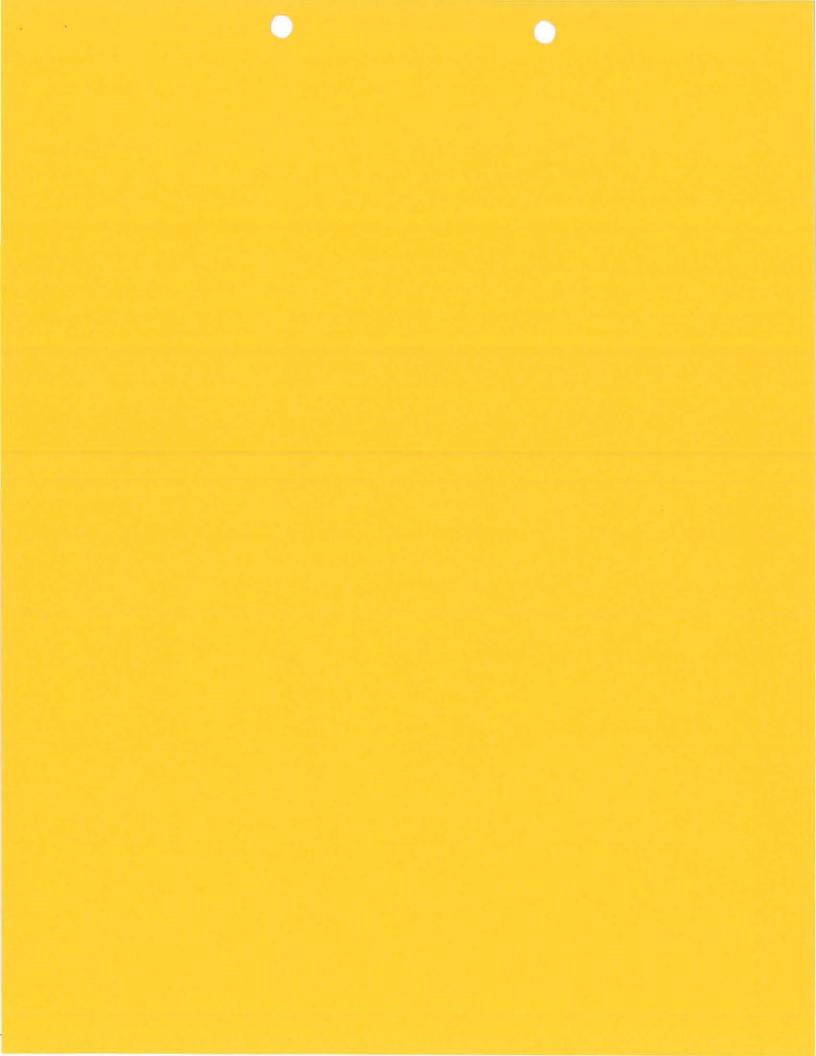
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For further details about these requirements, consult Ranal Code Section 11164, and subrequent sections.







BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GOVERNOR GAVIN REVISOR.

BOARD OF REGISTERED NURSING





NURSE PRACTITIONER FURNISHING NUMBER APPLICATION

APPLICATION FEE - \$400.00

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** U.S. SOCIAL SECURITY NUMBER/ITIN DISCLOSURE STATEMENT
Disclosure of your U.S. Social Security Number/ITIN is mandatory. Section 30 of the Business and Professions Code and Public Lew 94-455 (42 USC section 405 (c)(2)(C)) authorizes collection of your U.S. Social Security Number/ITIN, Your U.S. Social Security Number/ITIN will be used exclusively for tex 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 exemination and where licensure is reciprocal with the requesting state. If you fall to disclose your U.S. Social Security Number/ITIN, 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.



BUBINESS, CONSUMER SERVICES, AND HOUSING AGENCY . GOVERNOR GAVIN NEWSOM

BOARD OF REGISTERED NURSING
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NURSE PRACTITIONER ADVANCED PHARMACOLOGY COURSE VERIFICATION

In order to furnish drugs and/or devices pursuant to Business and Professions Code, Section 2836.1, the Nurse Practitioner must complete a California Board of Registered Nursing approved advanced pharmacology course. The criteria for the advanced pharmacology course is listed on the two (2) page attachment.

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The Advanced Pharmacolog attachment.	y course inc	ludes the key poir	nts and course	objectives listed	on the two (2) page
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and Correct.					
SIGNATURE:					

2



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NURSE PRACTITIONER ADVANCED PHARMACOLOGY COURSE FOR FURNISHING

These revised guidelines are established for Nurse Practitioner profess who offer advanced pharmacology courses in order to meet Furnishing requirements.

MINIMUM COURSE OFFERINGS

- A post-RN licensure advanced pharmacology could anothe RN's previous knowledge of pharmacology and pharmacotherapeutics.
- A three (3) semester units or five (5) quarter units as ademic course.

KEY POINTS:

The advanced pharmacology course must include

- The mechanism for ongoing communication between the student and course instructor.

 The requirements for approved standardized presidences to be intelligent to beginning practice.
- The requirement to furnish ariginates pursuant of estandardized procedure.
- The furnishing responsibility for Schedules III, IV, Computed substances that are to be furnished with a patient-specific protocol in compliance with the Health and Safety Code (HSC) Division 10, Uniform Controlled Substances Act, Sections 1700-1165 Chapter 1. General Provisions and Definitions, for Nurse Practioners.
- The furnishing responsibility for Schedule II, III, and V controlled substances that are to be furnished with a patient specific protocol in compliance with mealth and Safety Code (HSC) Division to English Controller Substances Act, Section 15,056, for Certified Nurse Midwives.

COURSE OBJECTIVES:

- 1. Uses have data base obtained from the health assessment of the client to identify an appropriate therapeutic regimen, including things and/ordevices
- 2. Uses knowledge of pharmacoking when developing a therapeutic regimen that maximizes the therapeutic effectiveness while minimizing adverse reactions.
- Uses knowledge of pharmacodynamics to observe the effects of drugs and/or devices on a client; to Die the client's response; and to understand the effects of the drugs and/or devices.

 Evaluates the response and compliance of the client to the drugs and/or devices and implement
- appropriate action.
- 5. Provides appropriate client education regarding the furnished drugs and/or devices.
 6. Primishes drugs and/or devices pursuant to standardized procedures and in conformance with appropriate laws, codes and/or regulations.
- 7. Examines appropriate guidelines for the pharmacological management of selected health care syndroms diseases commonly encountered with awareness of client's nutrition, culture, ethnicity and socioeconomic status.
- 8. Uses knowing and awareness of the role of herbal and natural remedies while treating disease states.

Advanced Pharmacology Enabling Objectives have been developed through public input and are available upon request.

FACULTY QUALIFICATIONS

All stated qualifications must be met by the faculty, include Directors and instructors.

- Current, valid and clear license to practice in the appropriate discipline.
- Demonstrates expertise in the theoretical and clinical aspects of pharmacology/pharmacotherapeutics.
- Possesses at least two years of experience in the teaching of advanced pharmacology.
- Includes a faculty member who has completed a doctoral level pharmacology/pharmacotherapeutics degree.
- Demonstrates evidence of advanced clinical practice within the past first ars applying the principles of advanced pharmacology.

ADVANCED PHARMACOLOGY ENABLING OBJECTIVES

- Defines and verbalizes an understanding of the terminology was a warmacology. (Vocabulary list to be included)
- Identifies sources of drugs and provides examples of dwarfiom each drug so
- Describes the "targets" of drugs.
- Describes the pharmacokinetic process of absorption distribution, and the tion.
- Identifies factors that alter the processes of absolution, distribution in tabolism, and exception,
- Analyzes how the body's acid base environment and the pharmacourage process of as distribution, metabolism, and excretion of drugs.
- Describes variables that determine describes variables and describes variables that determine describes variables and describes and describe
- Defines half-life and explains the true and explains the true is a large's half-life. ide prapeutic drug regimen.
- Describes factors that influence by ug's half-life.
- Analyzes the relationship between drugs and their pine an opical and authophysiological responses,
- Understands the pharmacokine and pharmacodynamic effects of breat ategories of drugs, i.e., antibiotics, antiarrhythmics, anti-corrensives contraceptive bic, used a specific treatment regimens. Uses data obtained during a charles History and Physical amination (a) to identify appropriate drug choice/s and account of the physical and trace elements, and recognizes the role of herbal and trace the physical and trace the physical amination (a) to identify appropriate drug choice/s are remarked to the physical and trace elements.
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 Based up to be principles of the macokings and pharmacody rationale, remechanism of action and pharmacody rationale. lics, identifies the indications, to treat specific conditions.
- Understands projected interactions have and here mins, minerals, and trace elements.
- Performs appropriate monitoring before thring, and a grant drug regimens.

 Monitors efficacy trug/s evaluates the poonse and compliance of the client to the drugs/devices and poxides interventions to side effects, and trugages adverse events that may occur.

 The drugs with name therapeutic range.

 In this appropriate method to write and the original prescriptions.

- Register construction of the standards of the resources of maintain clinical competency for furnishing.
- companents of client education re: medications including: name of medication/s frequence the frequency of the sage of the to the contract of the contrac what to do prescriber.
- Identifies factor at influence medication compliance.
- Provides compressive and appropriate client and family education re: drugs of choice and alternatives and involves the class and family in the decision making process re: drug treatments.
- Chooses most appropriate drug for a disease base upon client's symptomatology, health status and lifestyle.



PO Box 944210, Sacramento, CA 94244-2100 P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov



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:

Telephone Number

P.O. BOX 944210, SACRAMENTO 02494244-2100

(916) 322-3350

Authority which authorizes the majate ance with einformation

SECTION 30, SECTION 2732. BUSINESS AND PROFESSIONS CODE

ALL INFORMATION IS MANDATORY.

The consequences if any of not providing all or any part of the equested information:

FAILURE TO PROVIDE ANGOE THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.

The principal pose(s) for which the mormation is to be used

TO DETERMINE BUILDING FOR LICENSUSE. YOUR US SOCIAL SECURITY NUMBER/ITIN WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND BY AMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS GODE AND PUBLIC LAW. 4.455 (42 USC SECTION 405(c)(2)(C)) AUTHORIZE COLLECTION OF YOUR US 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 ASAINST YOU. YOUR NAME AND ADDRESS LISTED ON THIS APPLICATION WILL BE DISCUSSED TO THE PUBLIC UPON REQUEST IF AND WHEN YOU BECOME LICENSED.

Any known to for see able interagency or intergovernmental transfer which may be made of the information.

POSSIBLE TRANSFER TO LAW ENFORCEMENT, OTHER GOVERNMENT AGENCIES AND REPORTING US 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.

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 Penal Code Section 11166 and will comply with those provisions.

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

Fallure to comply with the requirements of Fund Code Section 11166 is a misdemagnor, punishable by up to six months in a county jail by a fine of one thousand dollars (15,000), or by both imprisonment and fine.

For further details about these requirements consult Renal Agric Section 11164, and subsequent sections.

