



BOARD OF REGISTERED NURSING
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Louise R. Bailey, MEd, RN, Executive Officer



ONLINE ENDORSEMENT APPLICANT IDENTIFICATION FORM

You must complete and submit this form with the required supporting documents via first class mail to: Board of Registered Nursing, ATTN: Licensing Program, P.O. Box 944210, Sacramento, CA 94224-2100.

Print Full Name: (Last) (First) (Middle)

Social Security No: Date of Birth:

Color of eyes: Height ft: in:

Name of Professional Nursing School Attended:

State and Country of Nursing School:

INDICATE ALL FEES PAID ONLINE BY CREDIT CARD:

- Application fee - \$100, Fingerprint Cards - \$49, Temporary License - \$50

HAVE YOU COMPLETED AND/OR ENCLOSED THE FOLLOWING ITEMS (check all that apply):

- Have you submitted a Verification of License form to be completed by other State Board of Nursing, OR Verification of license via NURSYS?
Are the two (2) completed Fingerprint cards enclosed, OR
A copy of the Request for Live Scan Service form enclosed?
Has the Request for Transcript form been mailed to your nursing program?
Have you attached a recent 2" x 2" passport type photograph?
If applicable, is supplemental information regarding reporting prior convictions or discipline against licenses enclosed?

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

Signature of Applicant:

Date:

