



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer



VERIFICATION OF LICENSE

- 1. Send this form to the State Board of Nursing where you have a current and active license. The board of nursing may require a processing fee. If you are licensed as an RN in a state that is a member of the Nursys verification system, visit www.nursys.com to complete the online verification request application process.
2. INTERNATIONAL GRADUATES: Send form to the state of current license. If you took the examination in a different state, make a copy of this form and send the form to that state also.

PART I: To be completed by APPLICANT and forwarded to appropriate licensing boards.

Name: (Last, First, Middle) Previous Names: (Including Maiden)
Current Street Address of Record: City: State: Zip Code:
Name as it Appeared on Original License: (Last, First, Middle) Date of Birth: (Month/Day/Year) Social Security Number:
State of Current Licensure: Issue Date of Current License: Current License Number:
State of Original Licensure: Issue Date of Original License: Original License Number:

I hereby authorize all identified Boards of Nursing to release my licensure data to the California Board of Registered Nursing.

Signature: Date:

PART II: To be completed by licensing board and sent to the California Board of Registered Nursing listed at the top of this form.

This is to certify that this applicant was issued a license number to practice as a registered nurse:

Applicant Name: Date Issued:

License Number: Expiration Date:

Licensed by: Endorsement Examination Waiver
Current Licensure Status: Active Inactive Lapsed

Has license ever been REVOKED, SUSPENDED, placed on PROBATION, or DISCIPLINED in any way? Yes No
Reinstated? Yes No
Date Reinstated:

Is there any PENDING disciplinary action or pending investigation against this licensee? Yes No
If yes, please attach information.

Name of Professional Nursing Program: Approved by State? Yes No Graduated from: High School H.S. Equivalency 10th Grade

Location: (City, State/Country) Graduation Date: Type of Nursing Program: ADN DIP BSN MSN Other

Examination Passed: NCLEX-RN SBTPE Canadian Five-Part Taken in English? Yes No

Scores: SBTPE/Canadian Medical Surgical Obstetric Pediatric Psychiatric Series or Exam Date:
NCLEX-RN

Signature: Title:

Board of Nursing: Date:

[BOARD SEAL]