



BOARD OF REGISTERED NURSING
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ONLINE NURSE-MIDWIFE APPLICANT IDENTIFICATION FORM

You must complete and submit this form via your online BreZE account, or by mailing to:

Board of Registered Nursing, ATTN: Advanced Practice Unit, P.O. Box 944210, Sacramento, CA 94244-2100.

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

U.S. Social Security Number or Individual Tax Identification Number: E-Mail:

Address: Date of Birth:

Name of Nurse Midwifery Program:

City, State and Country of Nurse Midwifery Program:

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

Have you attached a recent 2" x 2" passport type photograph? YES NO

If applicable, is supplemental information regarding reporting prior convictions or discipline against licenses enclosed? YES NO

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:

