



## GENERAL INSTRUCTIONS AND APPLICATION REQUIREMENTS FOR NURSE PRACTITIONER (NP) CERTIFICATION

### GENERAL INSTRUCTIONS

#### I. General Application Requirements

Nurse Practitioner certification eligibility requires the possession of an active California registered nurse (RN) license (California Code of Regulations, Section 1482).

If you do not possess an active California RN license and have never applied for a California RN license, an Application for California RN Licensure by Endorsement must also be submitted. If you have had a permanent California RN license, you must either renew or reactivate the California RN license.

Nurse Practitioner application fee is an earned fee; therefore, when an applicant is found ineligible the application fee is not refunded. Processing times for certification may vary, depending on the receipt of documentation from academic programs, associations/national organizations or evaluators. Processing a Nurse Practitioner certification application indicating a conviction(s), disciplinary action(s) and/or voluntary surrender(s) may take longer. A pending application file is not a disclosable public record; therefore, an applicant must sign a release of information before the Board of Registered Nursing will release information relating to NP application to the public, including employers, relatives or other third parties. Once you are certified, your address of record must be disclosed to the public upon request.

#### II. Name and/or Address Changes

California Code of Regulations, Section 1409.1 requires that you notify the Board of Registered Nursing of all name and address changes within thirty (30) days of any change. You may call the Board of Registered Nursing regarding the change of address of record. If you have changed your name, please submit a letter of explanation along with legal documentation of the name change to the Board. Examples of acceptable forms of legal documentation are birth certificate, marriage certificate, divorce decree and/or court documents, social security card or passport.

#### III. Social Security Number

**Disclosure of your social security number is mandatory.** Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure, certification 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 social security number, your application for initial or renewal of licensure/certification will not be processed. You will be reported to the Franchise Tax Board, who may assess a \$100 penalty against you.

## GENERAL INSTRUCTIONS – (continued)

### IV. Reporting ALL Conviction(s), Discipline(s) and/or Voluntary Surrender(s) Against Licenses/Certificates

Applicants are required under law to report ALL misdemeanor and felony convictions. "Driving under the influence" convictions must be reported. Conviction(s) must be reported even if they have been expunged under Penal Code Section 1203.4 or even if a court ordered diversion program has been completed under the Penal Code or under Article 5 of the Vehicle Code. Also, all disciplinary action(s) and/or voluntary surrender(s) against an applicant's nurse practitioner, registered nurse, practical nurse, vocational nurse or other professional license/certificate must be reported.

**Failure to report prior conviction(s), disciplinary action(s) and/or voluntary surrender(s) is considered falsification of application and is grounds for denial of licensure/certification or revocation of license/certificate.**

When reporting prior conviction(s), disciplinary action(s) and/or voluntary surrender(s), **applicants are required to provide a full written explanation of:** circumstances surrounding the arrest(s), conviction(s), disciplinary action(s) and/or voluntary surrender(s); the date of incident(s), conviction(s), disciplinary action(s) and/or voluntary surrender(s); specific violation(s) (cite section of law, if convicted), court location or jurisdiction, sanctions or penalties imposed and completion dates. Certified copies of court documents or state board determinations/decisions should also be included.

NOTE: A certified copy of the arrest report may also be requested. Applicants must also submit a description of the rehabilitative changes in their lifestyle which would enable them to avoid future occurrences.

To make a determination in these cases, the Board of Registered Nursing considers the nature and severity of the offense, additional subsequent acts, recency of acts or crimes, compliance with court sanctions and evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation. Examples of rehabilitation evidence include, but are not limited to:

- Recent dated letter from applicant describing rehabilitative efforts or changes in life to prevent future problems.
- Letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse.
- Proof of community work, schooling, self-improvement efforts.
- Court-issued certificate of rehabilitation or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.

All of the above items should be mailed **directly** to the Board of Registered Nursing by the individual(s) or agency who is providing information about the applicant. Have these items sent to the Board of Registered Nursing, Licensing Unit – Advanced Practice Certification (NP), P.O. Box 944210, Sacramento, CA 94244-2100.

**It is the responsibility of the applicant to provide sufficient rehabilitation evidence on a timely basis so that a certification determination can be made.**

An applicant is also required to immediately report, in writing, to the Board of Registered Nursing any conviction(s), disciplinary action(s) and/or voluntary surrender(s) which occur between the date the application was filed and the date that a California Nurse Practitioner certificate is issued. Failure to report this information is grounds for denial of licensure/certification or revocation of license/certificate.

**NOTE: The application must be completed and signed by the applicant under penalty of perjury.**

## GENERAL INSTRUCTIONS – (continued)

### V. Temporary Nurse Practitioner Certificate

The Temporary Nurse Practitioner Certificate (TC/NP) is only applicable for the Nurse Practitioner certification applicant who does not possess a **permanent California RN license at the time of application.**

The Nurse Practitioner certification applicant may apply for the TC/NP (Page 13) to bridge the processing time of two (2) to four (4) months for the fingerprint clearances so that he/she may work in California as soon as eligible.

Eligibility for the TC/NP is based on the possession of a temporary California RN license (TL), a complete California RN Licensure by Endorsement application pending the fingerprint clearances that will be processed by the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) and a complete Nurse Practitioner certification application.

### VI. Board Address & Web Site Information

**Mailing** Address:       Advanced Practice Unit – NP Certification  
Board of Registered Nursing  
P.O. Box 944210  
Sacramento, CA 94244-2100

**Street** Address for overnight or in-person delivery:  
  
Advanced Practice Unit – NP Certification  
Board of Registered Nursing  
1625 N. Market Blvd., Suite N217  
Sacramento, CA 95834-1924

**Web Site:**            [www.rn.ca.gov](http://www.rn.ca.gov)

### VII. California Nursing Practice Act

California statutes and regulations pertaining to Registered Nurses/Nurse Practitioners may be obtained by accessing the Board of Registered Nursing web site at [www.rn.ca.gov](http://www.rn.ca.gov)

The California Board of Registered Nursing in conjunction with LexisNexis have developed the 2006 Nursing Practice Act. This publication is now available in Book with CD Rom format.

The Practice Act governs the practice of registered nursing/nurse practitioners and provides important information about legal issues. This publication also includes the most current laws and regulations in California related to the field of Nursing. Registered nurses/nurse practitioners are encouraged to become familiar with the Practice Act and to periodically obtain an updated copy through the methods listed below.

Book with CD Rom  
ISBN: 082057242X  
Price: \$14.00\*

\*Plus state and local sales tax and where applicable shipping and handling. Payment in advance will eliminate shipping and handling charges.

Ordering Information:

- ✓ On-line at: [www.lexisnexis.com/bookstore](http://www.lexisnexis.com/bookstore) (search: California Nursing)
- ✓ Phone: Toll free at 1-800-533-1637
- ✓ Credit Card Orders may be faxed to: 1-800-544-6572
- ✓ Pre-paid orders may be mailed to: Attn: Order Fulfillment, LexisNexis, 1275 Broadway, Albany, NY 12204

# APPLICATION REQUIREMENTS FOR NURSE PRACTITIONER (NP) CERTIFICATION

## **METHOD ONE** *(California Graduates Only)*

Successful completion of a nurse practitioner program of study which conforms with the Board's educational standards set forth in the California Code of Regulations Section 1484.

### **Documentation submitted directly to the Board of Registered Nursing:**

1. Completed Nurse Practitioner Certification application and applicable fee.
2. Verification of the Completion of a Nurse Practitioner Academic Program form submitted by the nurse practitioner academic program. (Page 8)
3. Official transcripts for the completed nurse practitioner academic program submitted by the nurse practitioner academic program.

## **METHOD TWO**

Certification by a national organization/association whose standards are equivalent to those set forth in the California Code of Regulations Section 1484.

### **Documentation submitted directly to the Board of Registered Nursing:**

1. Completed Nurse Practitioner Certification application and applicable fee.
2. Verification of Nurse Practitioner Certification by a National Organization/Association form submitted by the respective organization. (Page 9)
3. Verification of the Completion of a Nurse Practitioner Academic Program form submitted by the nurse practitioner program. (Page 8)
4. Official transcripts for the completed nurse practitioner academic program submitted by the nurse practitioner academic program.

The national organizations/associations listed below have met the certification requirements that are equivalent to the Board's standards for nurse practitioner certification:

- \* **American Academy of Nurse Practitioners (AANP)**  
P. O. Box 12846, Austin, TX 78711 (512) 442-4262 [www.aanp.org](http://www.aanp.org)
- \* **American Nurses Association - American Nurses Credentialing Center (ANCC)**  
8515 Georgia Ave., Suite 400, Silver Spring, MD 20910-3402 (800) 284-2378 [www.nursingworld.org/ancc](http://www.nursingworld.org/ancc)
- \* **National Certification Board of Pediatric Nurse Practitioners & Nurses (NCBPNP&N) or (NAPNAP)**  
800 S. Frederick Ave., Suite 204, Gaithersburg, MD 20877-4152 (888) 641-2767 [www.pncb.org](http://www.pncb.org)
- \* **National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties (NCC)**  
P. O. Box 11082, Chicago, IL 60611-0082 (312) 951-0207 [www.nccnet.org](http://www.nccnet.org)

<p style="text-align: center;"><b>APPLICATION REQUIREMENTS FOR NURSE PRACTITIONER (NP) CERTIFICATION – (continued)</b></p>
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**METHOD THREE - EQUIVALENCY**

A registered nurse who has not completed a nurse practitioner program of study which **meets** the Board of Registered Nursing's educational standards as specified in the California Code of Regulations Section 1484.

**Documentation submitted directly to the Board of Registered Nursing:**

1. Completed Nurse Practitioner Certification application and applicable fee.
2. Verification of the Completion of a Nurse Practitioner Academic Program form submitted by the nurse practitioner academic program. (Page 8)
3. Verification of "Clinical Competency" as a Nurse Practitioner form submitted by a **nurse practitioner**. (Page 10)
4. Verification of "Clinical Competency" as a Nurse Practitioner form submitted by a **physician**. (Page 11)
5. Verification of "Clinical Experience" form submitted by the physician **and/or** nurse practitioner. (Page 12)
6. Official transcripts for the completed nurse practitioner academic program and/or academic program submitted by the applicable program.
7. Curriculum and course descriptions for the completed academic program for the period of time attended.

**PLEASE REFER QUESTIONS REGARDING THE NURSE PRACTITIONER APPLICATION PROCESS  
TO THE ADVANCED PRACTICE UNIT IN SACRAMENTO AT (916) 322-3350.**



**APPLICATION FOR NURSE PRACTITIONER (NP) CERTIFICATION**

**APPLICATION FEE - \$75.00**

**PERSONAL DATA (PRINT OR TYPE)**

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS: Number and Street				DATE OF BIRTH: (Month/Day/Year)	
City		State	Country		Postal/Zip Code
HOME TELEPHONE NUMBER: ( )		ALTERNATE TELEPHONE NUMBER: ( )		E-MAIL ADDRESS:	
SOCIAL SECURITY NUMBER:**		PREVIOUS NAMES: (Including Maiden)		MOTHER'S MAIDEN NAME: (Last Name Only)	

**RN LICENSURE/NURSE PRACTITIONER CERTIFICATION**

California RN License Number: _____  Date Issued: _____  Expiration Date: _____	List <u>ALL</u> States Where You Hold/Held an <u>RN License</u> and Status:  List <u>ALL</u> States Where You Hold/Held a <u>Nurse Practitioner License/Certificate</u> and Status:
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**RN EDUCATION**

_____ <b>Name of Professional Registered Nursing Program</b>  _____ City State Country	<b>TYPE OF PROGRAM:</b> <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> BACCALAUREATE DEGREE <input type="checkbox"/> MASTERS DEGREE/NURSING  Entrance Date: _____  Graduation/Completion Date: _____
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**NURSE PRACTITIONER EDUCATION**

_____ <b>Name of Nurse Practitioner Academic Program</b>  _____ City State Country  Area of Specialization: _____	<b>TYPE OF NURSE PRACTITIONER ACADEMIC PROGRAM:</b> <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> MASTERS <input type="checkbox"/> POST-MASTERS  Entrance Date: _____  Graduation/Completion Date: _____
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NAME OF APPLICANT: \_\_\_\_\_

**NURSE PRACTITIONER PROFESSIONAL CERTIFICATION (If Applicable):**

<p>_____ Name of Organization/Association</p> <p>Area of Specialization: _____</p> <p>Certification Number: _____</p>	<p><b>METHOD OF CERTIFICATION:</b></p> <p><input type="checkbox"/> EXAMINATION</p> <p><input type="checkbox"/> OTHER (Please Explain): _____</p> <p>Original Date of Certification: _____</p> <p>Current Recertification Cycle Dates: _____</p>
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**BACKGROUND INFORMATION**

<p>Have you <b>applied</b> for a Nurse Practitioner certificate in California? If yes: Name on previous application: _____ Date Submitted: _____</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p>Have you ever been <b>issued</b> a Nurse Practitioner certificate in California? If yes: <b>STOP! DO NOT CONTINUE.</b> Please contact the Board regarding whether you should reapply or file a petition for reinstatement of your California Nurse Practitioner certification.</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p>Have you ever been convicted of <b>ANY</b> offense other than minor traffic violations? If yes, explain fully as described in the General Instructions – Section IV. Convictions must be reported even if they have been expunged under Penal Code Section 1203.4 or if a diversion program has been completed under the Penal Code or Article 5 of the Vehicle Code. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes convictions following a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. <b><u>YOU MUST INCLUDE MISDEMEANOR AS WELL AS FELONY CONVICTIONS.</u></b></p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p>Have you ever had a health-care related license/certificate to practice nursing revoked, suspended, placed on probation or otherwise disciplined or voluntarily surrendered in any way? If yes, please explain fully as described in the General Instructions – Section IV.</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p>Have you had a professional or vocational license/certificate to practice revoked, suspended, placed on probation or otherwise disciplined or voluntarily surrendered in any way? If yes, please explain fully as described in the General Instructions – Section IV.</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>

I understand that I am required to report immediately to the California Board of Registered Nursing if I am convicted of **ANY** offense that occurs between the date of this application and the date that a California registered nurse license is issued. I am also required to report to the California Board of Registered Nursing any disciplinary action and/or voluntary surrender against **ANY** health-care related license/certificate that occurs between the date of this application and the date that a California registered nurse license is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

**I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this 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.**

Attach a recent 2"x2" passport type photograph.  
Please tape on all four sides.  
Head and shoulders only

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

**\*\* SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT**

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA (c)(2)(C) authorizes collection of your social security number. Your social security number 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 social security number, 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.



**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 BE COMPLETED BY APPLICANT**

(PRINT OR TYPE)

<b>LAST NAME:</b>		<b>FIRST NAME:</b>		<b>MIDDLE NAME:</b>	
<b>ADDRESS: Number &amp; Street</b>				<b>DATE OF BIRTH: (Month/Day/Year)</b>	
<b>City</b>		<b>State</b>	<b>Country</b>	<b>Postal/Zip Code</b>	<b>SOCIAL SECURITY NUMBER:</b>
<b>TELEPHONE NUMBER:</b> Home ( ) Alternate ( )		<b>PREVIOUS NAMES: (Including Maiden)</b>		<b>MOTHER'S MAIDEN NAME: (Last Name Only)</b>	
<b>E-MAIL ADDRESS:</b>			<b>CALIFORNIA RN LICENSE NUMBER: _____</b> <b>EXPIRATION DATE: _____</b>		
<b>NAME OF ACADEMIC PROGRAM:</b>				<b>SPECIALTY:</b>	

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**B. TO BE COMPLETED BY THE PROGRAM DIRECTOR/REPRESENTATIVE FOR THE NURSE PRACTITIONER ACADEMIC PROGRAM**

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

<b>NAME OF NURSE PRACTITIONER ACADEMIC PROGRAM:</b>		<b>TELEPHONE NUMBER: ( )</b>			
<b>ADDRESS: Number &amp; Street</b>		<b>City</b>		<b>State</b>	<b>Postal/Zip Code</b>
<b>TYPE OF PROGRAM:</b> <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> MASTERS <input type="checkbox"/> POST-MASTERS  <b>SPECIALTY: _____</b>			<b>Entrance Date: _____</b> <i>(Month/Day/Year)</i>  <b>Completion Date: _____</b> <i>(Month/Day/Year)</i>  <b>Date Certificate/Degree Status Conferred: _____</b> <i>(Month/Day/Year)</i>		
<b>OUT OF STATE NP ACADEMIC PROGRAM GRADUATES:</b> Recognized by Commission on Collegiate Nursing Education: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Name: _____ <b>Program Approval Cycle Dates: _____</b>					

I certify under penalty of perjury that the documentation regarding the completion of the nurse practitioner academic program for the above named applicant is true and correct.

**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.

**A. TO BE COMPLETED BY APPLICANT**

*(PRINT OR TYPE)*

<b>LAST NAME:</b>		<b>FIRST NAME:</b>		<b>MIDDLE NAME:</b>	
<b>ADDRESS: Number &amp; Street</b>				<b>DATE OF BIRTH: (Month/Day/Year)</b>	
<b>City</b>	<b>State</b>	<b>Country</b>	<b>Postal/Zip Code</b>	<b>SOCIAL SECURITY NUMBER:</b>	
<b>TELEPHONE NUMBER:</b> Home ( ) Alternate ( )	<b>PREVIOUS NAMES: (Including Maiden)</b>		<b>MOTHER'S MAIDEN NAME: (Last Name Only)</b>		
<b>E-MAIL ADDRESS:</b>			<b>CALIFORNIA RN LICENSE NUMBER: _____</b>		
			<b>EXPIRATION DATE: _____</b>		
<b>NAME OF ACADEMIC PROGRAM:</b>				<b>SPECIALTY:</b>	

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**B. TO BE COMPLETED BY THE CERTIFYING NATIONAL ORGANIZATION/ASSOCIATION**

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

<b>NAME OF CERTIFYING NATIONAL ORGANIZATION/ASSOCIATION</b>		<b>TELEPHONE NUMBER: ( )</b>			
<b>ADDRESS: Number &amp; Street</b>		<b>City</b>		<b>State</b>	<b>Postal/Zip Code</b>
<b>METHOD OF CERTIFICATION:</b>	<b>CERTIFICATE NUMBER:</b>		<b>ORIGINAL DATE OF CERTIFICATION:</b>		
<b>NURSE PRACTITIONER SPECIALTY AREA:</b>					
<b>CURRENT RENEWAL CYCLE DATES FOR CERTIFICATION/RECERTIFICATION:</b> <i>(If not applicable, please explain)</i>					
From: _____ To: _____ <small>(Month/Year) (Month/Year)</small>					

I certify under penalty of perjury that the documentation regarding the nurse practitioner certification status for the above named applicant is true and correct.

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
 (OFFICIAL SEAL) (DATE)



**VERIFICATION OF "CLINICAL COMPETENCY" AS A NURSE PRACTITIONER**

**METHOD 3 - EQUIVALENCY**

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

**PRIMARY HEALTH CARE** is that care which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease. (*California Code of Regulations Section 1480(b)*).

**CLINICALLY COMPETENT** means that one possesses and exercises that degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice. (*California Code of Regulations Section 1480(c)*). The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary health care.

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 health care.**
3. **Direct observations of clinical practice.**

**A. TO BE COMPLETED BY APPLICANT**

(PRINT OR TYPE)

LAST NAME:	FIRST NAME:	MIDDLE NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH: (Month/Day/Year)	CALIFORNIA RN LICENSE NUMBER:

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**B. TO BE COMPLETED BY THE EVALUATING "NURSE PRACTITIONER"**

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

LAST NAME:	FIRST NAME:	MIDDLE NAME:
ADDRESS OF AGENCY: Number & Street	City	State
TELEPHONE NUMBER:	SOCIAL SECURITY NUMBER:	
RN LICENSE NUMBER: _____	DATES EMPLOYED IN SPECIALTY AREA:	
EXPIRATION DATE: _____	From: _____ To: _____	
NP CERTIFICATION NUMBER: _____	PROFESSIONAL SPECIALTY: _____	
METHOD(S) UTILIZED TO EVALUATE APPLICANT'S CLINICAL COMPETENCY:	PERIOD OF CLINICAL EVALUATION:	
	From: _____ To: _____ (Month/Year) (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 health care.

**SIGNATURE OF EVALUATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**VERIFICATION OF "CLINICAL COMPETENCY" AS A NURSE PRACTITIONER**

**METHOD 3 - EQUIVALENCY**

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

**PRIMARY HEALTH CARE** is that care which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease. (*California Code of Regulations Section 1480(b)*).

**CLINICALLY COMPETENT** means that one possesses and exercises that degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice. (*California Code of Regulations Section 1480(c)*). The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary health care.

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 health care.**
3. **Direct observations of clinical practice.**

**A. TO BE COMPLETED BY APPLICANT**

(PRINT OR TYPE)

LAST NAME:	FIRST NAME:	MIDDLE NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH: (Month/Day/Year)	CALIFORNIA RN LICENSE NUMBER:

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**B. TO BE COMPLETED BY THE EVALUATING "PHYSICIAN"**

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

LAST NAME:	FIRST NAME:	MIDDLE NAME:
ADDRESS OF AGENCY: Number & Street	City	State
TELEPHONE NUMBER:	SOCIAL SECURITY NUMBER:	
MD LICENSE NUMBER: _____	DATES EMPLOYED IN SPECIALTY AREA:	
EXPIRATION DATE: _____	From: _____ To: _____	
METHOD(S) UTILIZED TO EVALUATE APPLICANT'S CLINICAL COMPETENCY:		PROFESSIONAL SPECIALTY: _____
PERIOD OF CLINICAL EVALUATION:		
From: _____ To: _____		
(Month/Year)		(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 health care.

**SIGNATURE OF EVALUATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**VERIFICATION OF "CLINICAL EXPERIENCE" AS A NURSE PRACTITIONER**

**METHOD 3 - EQUIVALENCY**

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

**PRIMARY HEALTH CARE** is that care which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease. (*California Code of Regulations Section 1480(b)*).

**CLINICALLY COMPETENT** means that one possesses and exercises that degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice. (*California Code of Regulations Section 1480(c)*). The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary health care.

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 health care.**
3. **Direct observations of clinical practice.**

**A. TO BE COMPLETED BY APPLICANT**

(PRINT OR TYPE)

<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MIDDLE NAME:</b>
<b>SOCIAL SECURITY NUMBER:</b>	<b>DATE OF BIRTH:</b> (Month/Day/Year)	<b>CALIFORNIA RN LICENSE NUMBER:</b>

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**B. TO BE COMPLETED BY THE PHYSICIAN/NURSE PRACTITIONER VERIFYING THE APPLICANT'S CLINICAL EXPERIENCE**

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

<b>NAME OF AGENCY:</b>			
<b>ADDRESS OF AGENCY:</b>	Number & Street	City	State
			Postal/Zip Code
<b>NAME OF APPLICANT'S SUPERVISOR:</b>		<b>SUPERVISOR'S TELEPHONE NUMBER:</b>	
<b>SUPERVISOR'S TITLE:</b> _____		<b>DATES OF SUPERVISOR'S EMPLOYMENT:</b>	
<b>LICENSE NUMBER:</b> _____		From: _____ To: _____	
<b>EXPIRATION DATE:</b> _____		<b>SPECIALTY AREA:</b> _____	
<b>DATES OF SUPERVISED CLINICAL EXPERIENCE:</b>		<b>NUMBER OF HOURS:</b>	<b>CLINICAL SPECIALTY:</b>
From: _____ To: _____		_____	_____
From: _____ To: _____		_____	_____
From: _____ To: _____		_____	_____

I certify under penalty of perjury that I have verified that the above named applicant received the number of supervised clinical hours in the appropriate discipline in clinical practice in the performance of diagnostic and treatment procedures essential to the provision of primary health care.

**SIGNATURE OF SUPERVISOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**APPLICATION FOR TEMPORARY NURSE PRACTITIONER (NP) CERTIFICATE**

**INSTRUCTIONS:**

1. The application fee for the Temporary Nurse Practitioner Certificate (TC/NP) is **\$30.00**.
2. The TC/NP will not be issued until the **California RN Endorsement Application** and the **Application for Nurse Practitioner Certification** are 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 License (TL)** is required.

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

**TO BE COMPLETED BY APPLICANT**

*(PRINT OR TYPE)*

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS:      Number & Street				DATE OF BIRTH: <i>(Month/Day/Year)</i>	
City		State	Country	Postal/Zip Code	SOCIAL SECURITY NUMBER:
TELEPHONE NUMBER: Home (    ) Alternate (    )		PREVIOUS NAMES: <i>(Including Maiden)</i>		MOTHER'S MAIDEN NAME: <i>(Last Name Only)</i>	
E-MAIL ADDRESS:			TEMPORARY RN LICENSE NUMBER: _____ EXPIRATION DATE: _____		
NAME OF NURSE PRACTITIONER ACADEMIC PROGRAM:					
ADDRESS:      Number & Street		City		State	Postal/Zip Code
TYPE OF PROGRAM: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> MASTERS <input type="checkbox"/> POST-MASTERS  SPECIALTY: _____			ENTRANCE DATE: _____ <i>(Month/Day/Year)</i>  COMPLETION DATE: _____ <i>(Month/Day/Year)</i>		

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

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## 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:		<b>BOARD OF REGISTERED NURSING</b>	
Title of official responsible for information maintenance:		<b>EXECUTIVE OFFICER</b>	
Address:	Telephone Number:		
<b>P.O. BOX 944210, SACRAMENTO, CA 94244-2100</b>	<b>(916) 322-3350</b>		
Authority which authorizes the maintenance of the information:			
<b>SECTION 30, SECTION 2732.1(a), BUSINESS AND PROFESSIONS CODE</b>			
<b>ALL INFORMATION IS MANDATORY.</b>			
The consequences, if any of not providing all or any part of the requested information:			
<b>FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.</b>			
The principal purpose(s) for which the information is to be used:			
<b>TO DETERMINE ELIGIBILITY FOR LICENSURE. YOUR SOCIAL SECURITY NUMBER WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USCA 405(c)(3)(C)) AUTHORIZE COLLECTION OF YOUR SOCIAL SECURITY NUMBER. IF YOU FAIL TO DISCLOSE YOUR SOCIAL SECURITY NUMBER, 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.</b>			
Any known or foreseeable interagency or intergovernmental transfer which may be made of the information:			
<b>POSSIBLE TRANSFER TO LAW ENFORCEMENT, OTHER GOVERNMENT AGENCIES AND REPORTING SOCIAL SECURITY NUMBER TO THE FRANCHISE TAX BOARD OR FOR CHILD SUPPORT ENFORCEMENT PURPOSES PURSUANT TO SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE.</b>			
<b>EACH INDIVIDUAL HAS THE RIGHT TO REVIEW THE FILES ON RECORDS MAINTAINED ON THEM BY THE AGENCY, UNLESS THE RECORDS ARE EXEMPT FROM DISCLOSURE.</b>			

## **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 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 36 hours of receiving the information concerning the incident.**

**Failure to comply with the requirements of Section 11166 is a misdemeanor, 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 Code Section 11164, and subsequent sections.**