



## SPONSORED FREE HEALTH CARE EVENTS

### REGISTRATION OF SPONSORING ENTITY UNDER BUSINESS & PROFESSIONS CODE SECTION 901

In accordance with California Business and Professions Code section 901(d), a non-government organization administering an event to provide health-care services to uninsured and underinsured individuals at no cost, may include participation by certain health-care practitioners licensed outside of California if the organization registers with the California licensing authorities having jurisdiction over those professions. This form shall be completed and submitted by the sponsoring organization **at least 90 calendar days prior to the sponsored event**. *Note that the information required by Business and Professions Code section 901(d) must also be provided to the county health department having jurisdiction in each county in which the sponsored event will take place.*

#### PART 1 – ORGANIZATIONAL INFORMATION

1. Organization Name: \_\_\_\_\_

2. Organization Contact Information (*use principal office address*):

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Phone Number of Principal Office

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Website

\_\_\_\_\_  
County

Organization Contact Information in California (*if different*):

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
County

3. Type of Organization:

Is the organization operating pursuant to section 501(c)(3) of the Internal Revenue Code?     Yes     No

If not, is the organization a community-based organization\*?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Organization's Tax Identification Number \_\_\_\_\_

If a community-based organization, please describe the mission, goals, and activities of the organization (*attach separate sheet(s) if necessary*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* A "community-based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

**PART 2 – RESPONSIBLE ORGANIZATION OFFICIALS**

Please list the following information for each of the principal individual(s) who is the officer(s) or official(s) of the organization responsible for operation of the sponsoring entity.

Individual 1:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address Line 1  
\_\_\_\_\_  
Address Line 2  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
County

\_\_\_\_\_  
Title  
\_\_\_\_\_  
Phone  
\_\_\_\_\_  
Alternate Phone  
\_\_\_\_\_  
E-mail address

Individual 2:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address Line 1  
\_\_\_\_\_  
Address Line 2  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
County

\_\_\_\_\_  
Title  
\_\_\_\_\_  
Phone  
\_\_\_\_\_  
Alternate Phone  
\_\_\_\_\_  
E-mail address

Individual 3:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
County

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
E-mail address

*(Attach additional sheet(s) if needed to list additional principal organizational individuals)*

**PART 3 – EVENT DETAILS**

1. Name of event, if any: \_\_\_\_\_

2. Date(s) of event (not to exceed ten calendar days): \_\_\_\_\_

3. Location(s) of the event (be as specific as possible, including address):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Describe the intended event; including a list of all types of healthcare services intended to be provided (*attach additional sheet(s) if necessary*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Attach a list of all out-of-state health-care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, and state of licensure of each identified individual.

\_\_\_ *Check here to indicate that list is attached.*

**Note:**

- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application to the applicable licensing Board or Committee.
- The organization will be notified in writing whether authorization for an individual out-of-state practitioner has been granted.

This form, any attachments, and all related questions shall be submitted to:

Department of Consumer Affairs  
Attn: Sponsored Free Health-Care Events  
Division of Programs and Policy Review  
1625 North Market Blvd., Ste. S-308  
Sacramento, CA 95834

Tel: (916) 574-7970  
Fax: (916) 574-8613  
E-mail: CRP2@dca.ca.gov

- I understand that I must maintain records in either electronic or paper form both at the sponsored event and for five (5) years in California, per the recordkeeping requirements imposed by California Business and Professions Code section 901 and the applicable sections of Title 16, California Code of Regulations, for the regulatory bodies with jurisdiction over the practice to be engaged in by out-of-state practitioners
- I understand that our organization must file a report with each applicable Board or Committee within fifteen (15) calendar days of the completion of the event.

I certify under penalty of perjury under the laws of the State of California that the information provided on this form and any attachments is true and current, and that I am authorized to sign this form on behalf of the organization:

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PERSONAL INFORMATION COLLECTION, ACCESS AND DISCLOSURE**

Disclosure of your personal information is mandatory. The information on this form is required pursuant to Business and Professions Code section 901. Failure to provide any of the required information will result in the form being rejected as incomplete. The information provided will be used to determine compliance with the requirements promulgated pursuant to Business and Professions Code section 901. The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the applicable Board or Committee, unless the records are exempted from disclosure by section 1798.40 of the Civil Code. An individual may obtain information regarding the location of his or her records by contacting the Division of Programs and Policy Review at the address and telephone number listed above.



## **REQUEST FOR AUTHORIZATION TO PRACTICE WITHOUT A CALIFORNIA LICENSE AT A SPONSORED FREE HEALTH CARE EVENT**

In accordance with California Business and Professions Code Section 901, any registered nurse licensed and in good standing in another state, district, or territory in the United States may request authorization from the Board of Registered Nursing (Board) to participate in a free health care event offered by a local government or a sponsoring entity registered with the Board pursuant to Section 901, for a period not to exceed ten (10) days. The application should be submitted at least sixty (60) days prior to the free health care event.

### **ELIGIBILITY REQUIREMENTS**

To be eligible, the applicant must:

1. Have a current, valid, and active registered nurse license in good standing in another state, district, or territory of the United States.
2. Not have a registered nurse license that is not in good standing in any jurisdiction.
3. Not be a participant in a health care professional diversion program for chemical dependency or mental illness.
4. Have completed a prelicensure registered nursing program whose curriculum is equivalent to that required of California programs.
5. Be clinically competent to provide the registered nursing services he or she will be providing at the sponsored event.
6. Have provided the same or similar nursing services to be provided at the sponsored event within the last three (3) years.
7. Not have already participated in four (4) sponsored events during the twelve (12) month period immediately preceding the current application.
8. Submit a completed application with the non-refundable, non-transferrable fee.

### **APPLICATION INSTRUCTIONS**

An application must be complete and must be accompanied by all of the following:

- A processing fee of \$50.00, made payable to the Board of Registered Nursing.
- A copy of a current, valid, and active license and/or certificate authorizing the applicant to engage in the practice of registered nursing issued by any state, district, or territory of the United States.
- A copy of a valid photo identification of the applicant issued by the jurisdiction in which the applicant holds the license or certificate to practice.
- Complete the fingerprinting process by either: (1) submitting to the Board 2 fingerprint cards and a fee of forty-nine dollars (\$49) made payable to the Board of Registered Nursing; or (2) submitting a "Request for Live Scan Service" at an approved Live Scan site. The fingerprints/Live Scan inquiry will be used to establish identity and to permit the Board to conduct a criminal history record check.

The Board will not grant authorization until this form has been completed in its entirety, all required enclosures have been received by the Board, and any additional information requested by the Board has been provided by the applicant and reviewed by the Board, and a determination made to grant authorization.

The Board will process this request and will notify you and the sponsoring entity or local government entity named in this form whether the request is approved or denied within twenty (20) calendar days of receipt. If the Board requires additional or clarifying information, the Board will contact you directly. Written approval or denial of request will be provided directly to you and the sponsoring entity or local government entity. It is the applicant's responsibility to maintain contact with the sponsoring entity or the local government entity.



State/ Jurisdiction	Issuing Agency/Authority	License Number	Expiration Date	License is in Good Standing	
				Yes	No

2. Have you ever had a license or certification to practice registered nursing revoked, suspended, or subject to other disciplinary action?

\_\_\_ Yes \_\_\_ No

3. Have you ever been subject to any disciplinary action or proceeding by a licensing body?

\_\_\_ Yes \_\_\_ No

4. Have you ever allowed any license or certification to practice registered nursing to cancel or to remain in expired status without renewal?

\_\_\_ Yes \_\_\_ No

5. If you answered "Yes" to any of questions 2-3, please explain (*attach additional page(s) if necessary*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SPONSORED EVENT

1. Name and address of local government entity or non-profit or community-based organization (the "sponsoring entity") hosting the free health care event: \_\_\_\_\_

\_\_\_\_\_

2. Name of event: \_\_\_\_\_

\_\_\_\_\_

3. Date(s) & location(s) of the event: \_\_\_\_\_

\_\_\_\_\_

4. Date(s) & location(s) applicant will be performing health care services (if different):

\_\_\_\_\_

\_\_\_\_\_

5. Please specify the health care services you intend to provide: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Name and phone number of contact person with sponsoring entity or local government entity: \_\_\_\_\_



**ACKNOWLEDGMENT/CERTIFICATION**

I, the undersigned, declare under penalty of perjury under the laws of the State of California and acknowledge that:

- I have not committed any act or been convicted of a crime constituting grounds for denial of licensure by the board.
- I am in good standing with the licensing authority or authorities of all jurisdictions in which I hold licensure and/or certification to practice registered nursing.
- I will comply with all applicable practice requirements required of registered nurses and all regulations of the Board.
- I am clinically competent to perform the registered nursing services that I will be providing at the event, and have provided the same or similar services to clients within the last three (3) years.
- In accordance with Business and Professions Code Section 901(i), I will only practice within the scope of my licensure and/or certification and within the scope of practice for California-licensed registered nurse.
- I will provide the services authorized by this request and Business and Professions Code Section 901 to uninsured and underinsured persons only and shall receive no compensation for such services.
- I will provide the services authorized by this request and Business and Professions Code Section 901 only in association with the sponsoring entity or local government entity listed herein and only on the dates and at the locations listed herein for a period not to exceed ten (10) calendar days.
- I am responsible for knowing and complying with California law and practice standards while participating in a sponsored event located in California.
- I understand that practice of a regulated profession in California without proper licensure and/or authorization may subject me to potential administrative, civil and/or criminal penalties.
- I understand that the Board may notify the licensing authority of my home jurisdiction, other states in which I hold a registered nurse license, and/or other appropriate law enforcement authorities of any potential grounds for discipline associated with my participation in the sponsored event.
- All information provided by me in this application is true and complete to the best of my knowledge. By submitting this application and signing below, I am granting permission to the Board to verify the information provided and to perform any investigation pertaining to the information I have provided as the board deems necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
License Number

<p><b>Board Action</b></p> <p><b>Approved:</b>_____</p> <p><b>Denied:</b>_____</p> <p><b>Date:</b>_____</p> <p><b>Reviewer:</b>_____</p>
--

## **PERSONAL INFORMATION COLLECTION, ACCESS AND DISCLOSURE**

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Title 16, California Code of Regulations Section 1495.2, Business and Professions Code Section 901. Failure to provide any of the required information will result in the form being rejected as incomplete or denied. The information provided will be used to determine compliance with Article 10 of Division 14 of Title 16 of the California Code of Regulations, Section 1495.2. The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by section 1798.40 of the Civil Code. An individual may obtain information regarding the location of his or her records by contacting the Board's Executive Officer at the address and telephone number on this application.