



## REINSTATEMENT OF A LAPSED REGISTERED NURSE LICENSE (8-YEAR RENEWAL)

To be eligible for reinstatement of your lapsed California registered nurse license, applicants must meet the following criteria:

- ◆ Have once held a permanent registered nursing license in California that has been lapsed (expired) for eight (8) years or longer.
- ◆ Hold a current and active registered nurse license in another state or U.S. Territory including; Guam, Virgin Islands, Puerto Rico, American Samoa, the Northern Mariana Islands, OR Canada.

### APPLICATION REQUIREMENTS CHECKLIST

#### ALL APPLICANTS MUST PROVIDE THE FOLLOWING:

- Appropriate Fee(s). See **FEE SCHEDULE**
- Completed Application for Reinstatement of a Lapsed License (8-Year Renewal).
- Proof of completion of 30 hours of BRN approved Continuing Education (taken within the last two years).
- Completed fingerprints (if applicable) using either the Live Scan Process or the Fingerprint Card (Hard Card) processing method. See **FINGERPRINT REQUIREMENT** in the instructions to determine if you are required to submit fingerprints.
- License Discipline / Conviction Certification** and if applicable, documents and/or letters explaining prior convictions or disciplinary action. See instructions for **REPORTING LICENSE DISCIPLINE AND/OR CONVICTIONS**.
- A photocopy of your current, active, RN license.
- Completed Verification of License for OR **Nursys**® Verification Request Application if your board of nursing participates in **Nursys**®. The **Nursys**® application is a paperless application completed online with payment by credit card to post the verification immediately.

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### **BOARD ADDRESS AND WEBSITE**

**Mailing** Address:  
Board of Registered Nursing  
P.O. Box 944210  
Sacramento, CA 94244-2100

**Street** Address for overnight or in-person delivery:  
Board of Registered Nursing  
1625 North Market Blvd., Suite N-217  
Sacramento, CA 95834-1924

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

## APPLICATION FEE SCHEDULE

Submit the correct **TOTAL FEE** with your application, made payable to the **Board of Registered Nursing** by check or money order (U.S. currency). **The fee IS NOT refundable since it is an earned fee** for evaluation of your application and processing of the fingerprint card (if applicable). The portion of the fee for processing the fingerprint card or Live Scan process is subject to change without notice by the California Department of Justice.

**PLEASE NOTE:** There are **two (2) methods available** for completing the fingerprint requirement: Live Scan or Fingerprint Card (Hard Card) process. The fees payable to the Board depend on which fingerprint process you select. (Fingerprint instructions are included.)

**Application for 8-YEAR RENEWAL ONLY**  
***No Fingerprint Process Required***

Application .....	\$ 122.00
<b>TOTAL FEE payable to: BOARD OF REGISTERED NURSING:</b>	<b>\$ 122.00</b>

**Application for 8-Year Renewal**  
***Fingerprint Process Required***

**METHOD 1 - Application for 8-YEAR RENEWAL and LIVE SCAN**

Application .....	\$ 122.00
*Live Scan fee is paid directly to the Operator at the Live Scan site .....	\$ N/A
<b>TOTAL FEE payable to: BOARD OF REGISTERED NURSING:</b>	<b>\$122.00</b>

**OR**

**METHOD 2 - Application for 8-YEAR RENEWAL and FINGERPRINT CARD**

Application .....	\$ 122.00
One Fingerprint Card .....	\$ 51.00
<b>TOTAL FEE payable to: BOARD OF REGISTERED NURSING:</b>	<b>\$173.00</b>

**NOTE:** Applicants are required to pay the fingerprint processing and live scan fees at the live scan site in addition to the application fee payable to the Board of Registered Nursing.

# APPLICATION FOR REINSTATEMENT OF A LAPSED REGISTERED NURSE LICENSE (8-YEAR RENEWAL)

## GENERAL INFORMATION AND INSTRUCTIONS

### I. CONTINUING EDUCATION FOR LICENSE RENEWAL

Mandatory continuing education for license renewal has been in effect in California since July 1, 1978. Proof of 30 contact hours of continuing education hours is required for every renewal for an active license **except** for first time renewal by RNs who obtained their initial license by passing the national licensing within the past two years.

Courses must have been taken within the two years prior to the renewal date on your license and must meet the Board's requirements. Course content must be relevant to the practice of nursing and must be:

- ◆ related to the scientific knowledge and/or technical skills required for the practice of nursing, **or**
- ◆ related to direct and/or indirect patient/client care.
- ◆ at a level above that required for licensure.

In addition to classroom/academic courses, RNs may take courses offered by approved providers (including independent/home study) in the areas of administration, management, education, research, and other functional areas of nursing relating to direct/indirect patient/client care. Examples of acceptable providers include those approved by the California Board of Registered Nursing (a *provider number* is listed on their advertising), other California health professions licensing boards, and some interdisciplinary professional associations.

Courses taken out-of-state may be approved by registered nurse licensing agencies of other states, state nurses' associations, as well as offerings by nationally recognized health associations or their regional subdivisions. CME Category 1 courses meet BRN requirements.

Registered nurses are strongly encouraged to remain informed about current issues in nursing including:

- ◆ Prevention, detection and treatment of communicable diseases such as hepatitis, AIDS, tuberculosis, etc.
- ◆ Detection and treatment of abuse such as child, elder, dependent adult, spouse/partner.

ACLS (Advanced Cardiac Life Support) can be used only once during a two year cycle for renewal purposes. Courses that deal with self-improvement, changes in attitude, financial gain, CPR, BLS(Basic Life Support) or are designed for lay people are **not** acceptable.

For information concerning courses offered by approved providers of continuing education, contact your local colleges, universities, hospitals, and nursing organizations.

### II. FINGERPRINT REQUIREMENT

An applicant for renewal not previously fingerprinted by the Board is required to furnish to the Department of Justice (DOJ), as directed by the Board, a full set of fingerprints for the purpose of conducting a criminal history record check. This requirement applies to RNs licensed prior to August 1, 1990, since fingerprints were not required for licensure prior to that date. Failure to submit a full set of fingerprints, if required or otherwise directed, on or before the date required for renewal of a license is grounds for discipline by the Board. It shall be certified on the renewal form whether the fingerprints have been submitted. This requirement is waived if the licensee is renewed in an inactive status, or is actively serving in the military outside the country. (See section titled, "**Title 16 of the California Code of Regulations Sections: 1419, 1419.1 and 1419.3.**")

In order to satisfy the fingerprint requirement you must complete one of the following two methods:

## **II. FINGERPRINT REQUIREMENT (Cont.)**

### **METHOD 1 – LIVE SCAN PROCESS**

If you are in California, you may use the Live Scan service. A Live Scan form can be downloaded from the Board's website. Complete the sections on the form as indicated and print three copies. Take all three copies of the completed form to a Live Scan site, along with the processing fee. At the Live Scan site your fingerprints will be electronically scanned and transmitted immediately to DOJ for processing. After you have had your fingerprints scanned, be sure to send the second copy to the above address.

Visit <http://ag.ca.gov/fingerprints/publications/contact.htm> to locate Live Scan sites. Most local law enforcement agencies in California have Live Scan equipment. Hours of operation and fees may vary, so please contact the Live Scan site directly for information. The Board can only accept Live Scan completed in California.

#### **Completing the Request for Live Scan Service Form:**

1. Complete all areas on the form as indicated. Make two copies of the completed form.
2. Take all three forms (one original and two copies) to the Live Scan site with your fee.
3. After your fingerprints are scanned:
  - 1<sup>st</sup> copy (original) of form is kept by the Live Scan Operator
  - 2<sup>nd</sup> copy of form must be sent to the Board or Bureau
  - 3<sup>rd</sup> copy of form is for your records

### **METHOD 2 – MANUAL FINGERPRINTING CARD (HARD CARD)**

To submit a manual fingerprint card (hard card), you may request an 8" X 8" fingerprint card (FD-258) from the Board's website at <https://app.dca.ca.gov/rn/requests.asp>. Failure to submit a full set of fingerprints if required will make your license ineligible for renewal and may be grounds for discipline by the Board.

**Licensees must complete all items which are marked by a black "X" on the card. To facilitate prompt and accurate processing of the fingerprint card by the DOJ and FBI, type or print legibly in BLACK INK all requested information on the card. If any color other than black is used, the card will be rejected and another card will have to be completed and submitted.**

Use the abbreviations listed below for the physical description items:

- **Height (HGT)** - Express in feet and inches. Do not use fractions of an inch; round off to the nearest inch. DO NOT USE THE METRIC SYSTEM. Correct example: 5' 9".
- **Weight (WGT)** - Express in pounds. Do not use fractions of a pound; round off to the nearest pound. DO NOT USE THE METRIC SYSTEM. Correct example: 139 lbs.
- **Color of EYES** -

Black	<b>BLK</b>	Gray	<b>GRY</b>
Blue	<b>BLU</b>	Green	<b>GRN</b>
Brown	<b>BRN</b>	Hazel	<b>HZL</b>
- **Color of HAIR** -

Bald	<b>BAL</b>	Gray	<b>GRY</b>
Black	<b>BLK</b>	Red/ Auburn	<b>RED</b>
Blonde	<b>BLN</b>	Sandy	<b>SDY</b>
Brown	<b>BRN</b>	White	<b>WHI</b>

Each licensee **MUST** have his/her fingerprints imprinted only in BLACK INK on fingerprint card. Fingerprints should be taken at a local law enforcement agency. There may be a fee for this service. We advise that you should call first as to a convenient time.

**DO NOT FOLD FINGERPRINT CARD.** Use a 9" X 12" envelope to return your completed fingerprint card with fee. Write "DO NOT FOLD" on the envelope. If your card is folded, you will need to complete and submit a new fingerprint card.

The fingerprint processing fee of \$51 is payable to the Board of Registered Nursing by check or money order in U.S. currency. This fee is not refundable and is subject to change by the DOJ and FBI without notice.

### **III. REPORTING LICENSE DISCIPLINE AND/OR CONVICTIONS**

Check the box next to "YES" if since your last renewal, you have had a license disciplined by a government agency or other disciplinary body, or have or if you have been convicted of any crime. "Conviction" includes a plea of guilty or no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanors, and felonies. You do not need to report a conviction of an infraction with a fine of less than \$300 unless the infraction involved alcohol or a controlled substance. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code. "License" includes permits, registrations, and certificates. "Discipline" includes, but is not limited to, suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license held by you.

Check the box next to "NO" if since your last renewal you have not had a license disciplined by a government agency or other disciplinary body, or if you have not been convicted of any crime.

If "YES" please provide the following information for each license discipline or conviction sustained:

1. A detailed written explanation describing the circumstances and events that led to your license discipline, arrest(s) and conviction(s).
2. Documents relating to your license discipline or disciplinary actions taken against any other license by a government agency or disciplinary body.
3. Certified documents relating to the arrest, such as: police report, arrest report, booking report, complaint, citation or ticket.
4. Certified Court documents, such as: Notice of Charges, Complaint, or Indictment; Plea Agreement, Sentencing Order, Probation Order, or Judgment; Dismissal, Probation Release, or Court Discharge.
5. Related mitigating evidence or evidence of rehabilitation.

### **IV. VERIFICATION OF LICENSE**

There are two (2) methods available for obtaining license verification:

#### **Method 1 – Verification of License form**

The state board from which you are submitting proof of clear, current and active RN licensure must complete the **Verification of License** form. Be sure to include the processing fee that is required by that state.

**OR**

#### **Method 2 – Nursys® Verification Request Application**

If you are licensed as an RN in a state that is a member of the **Nursys®** verification system, visit [www.nursys.com](http://www.nursys.com) to complete the online verification request application process. Nursys.com applicants can pay by credit card using the secure and private payment system. Once the application is complete and the credit card payment approved, the verification is posted immediately.

**No telephone verifications will be made.** Official license verification must be received in writing from the other state board before this board can issue a license.



**BOARD OF REGISTERED NURSING**  
 P.O. Box 944210, Sacramento, CA, 94244-2100  
 P (916) 322-3350 | www.rn.ca.gov  
 Ruth Ann Terry, MPH, RN, Executive Officer



**APPLICATION FOR REINSTATEMENT OF A LAPSED LICENSE  
 (8-YEAR RENEWAL)**

PRINT OR TYPE

<b>LAST NAME:</b>		<b>FIRST NAME:</b>			<b>MIDDLE NAME:</b>	
<b>ADDRESS: Number and 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>E-MAIL ADDRESS:</b>			<b>STATE OR COUNTRY OF CURRENT, ACTIVE LICENSE:</b>	
<b>PREVIOUS NAMES: (Including Maiden)</b>					<b>YEAR GRADUATED NURSING SCHOOL:</b>	
<b>ORIGINAL STATE OF RN LICENSURE:</b>		<b>CA RN LICENSE NO:</b>	<b>YEARS OF CA LICENSURE:</b>		<b>CA ADVANCED PRACTICE CERTIFICATION: (If applicable)</b>	
<b>State:</b>	<b>Year Issued:</b>		<b>From:</b>	<b>To:</b>	<b>Type:</b>	<b>No:</b>
<b>CONTINUING EDUCATION CERTIFICATION</b>						<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you successfully completed 30 hours of Board approved continuing education (taken within the past two years) as required for active status? <b>YOU MUST SUBMIT A COPY OF YOUR CE CERTIFICATE(S) WITH THIS APPLICATION.</b>						
<b>FINGERPRINT REQUIREMENT (Read Instructions carefully before answering)</b>						<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you complied with the fingerprint requirement?						
<b>LICENSE DISCIPLINE AND/OR CONVICTIONS (Read Instructions carefully before answering)</b>						<input type="checkbox"/> YES <input type="checkbox"/> NO
Since you last renewed your license, have you had a license disciplined by a government agency or other disciplinary body; or, have you been convicted of any crime in any state, the USA and its territories, military court or other country?						

**\*\* 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.

**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.**

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

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



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Ruth Ann Terry, MPH, RN, Executive Officer

VERIFICATION OF LICENSE

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 in a state that is a member of the Nursys verification system, use the enclosed Nursys License Verification Request Form. (The form lists states participating in Nursys.)

Form section containing fields for Name, Previous Names, Current Street Address of Record, City, State, Zip Code, Name as it Appeared on Original License, Date of Birth, 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: \_\_\_\_\_

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
If yes, please attach certified documents. 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]

**Title 16 of the California Code of Regulations**  
**Sections: 1419, 1419.1 and 1419.3**

**1419. Renewal of License.**

(a) A renewal application shall be on the form provided by the board, accompanied by the fee specified in Section 1417(a)(3) and required information and filed with the board at its office in Sacramento.

(b) For a license that expires on or after March 1, 2009, as a condition of renewal, an applicant for renewal not previously fingerprinted by the board, or for whom a record of the submission of fingerprints no longer exists, is required to furnish to Department of Justice, as directed by the board, a full set of fingerprints for the purpose of conducting a criminal history record check and to undergo a state and federal level criminal offender record information search conducted through the Department of Justice. Failure to submit a full set of fingerprints to the Department of Justice on or before the date required for renewal of a license is grounds for discipline by the board. It shall be certified on the renewal form whether the fingerprints have been submitted. This requirement is waived if the licensee is renewed in an inactive status, or is actively serving in the military outside the country.

(c) As a condition of renewal, an applicant for renewal shall disclose on the renewal form whether he or she has been convicted, as defined in Section 2765, of any violation of the law in this or any other state, the United States, or other country, omitting traffic infractions under \$300 not involving alcohol, dangerous drugs, or controlled substances.

(d) Failure to provide all of the information required by this section renders any application for renewal incomplete and not eligible for renewal.

NOTE: Authority cited: Sections 2708.1, 2715 and 2761(f), Business and Professions Code. Reference: Sections 2715, 2761(f) and 2811, Business and Professions Code; and Section 11105(b)(10), Penal Code.

**1419.1. Inactive License.**

A license may be maintained in an inactive status by paying the renewal fee as it becomes due. The licensee shall not practice nursing during the time the license is inactive.

To activate an inactive license, the licensee must submit a written request and evidence of 30 hours of approved continuing education taken during the two-year period immediately preceding the request for activation. A licensee activating a license pursuant to this section shall furnish a full set of fingerprints as required by and set out in section 1419(b) as a condition of activation.

NOTE: Authority cited: Sections 2708.1, 2715 and 2761(f), Business and Professions Code. Reference: Sections 2734 and 2761(f), Business and Professions Code; and Section 11105(b)(10), Penal Code.

**1419.3. Reinstatement of Expired License.**

In the event a licensee does not renew his/her license as provided in Section 2811 of the code, the license expires. A licensee renewing pursuant to this section shall furnish a full set of fingerprints as required by and set out in section 1419(b) as a condition of renewal.

(a) A licensee may renew a license that has not been expired for more than eight years by paying the renewal and penalty fees as specified in Section 1417 and providing evidence of 30 hours of continuing education taken within the prior two-year period.

(b) A licensee may renew a license that has been expired for more than eight years by paying the renewal and penalty fees specified in Section 1417 and providing evidence that he or she holds a current valid active and clear registered nurse license in another state, a United States territory, or Canada, or by passing the Board's current examination for licensure.

NOTE: Authority cited: Sections 2708.1, 2715, 2761(f), and 2811.5, Business and Professions Code. Reference: Sections 2761(f), 2811 and 2811.5, Business and Professions Code; and Section 11105(b)(10), Penal Code.

**BOARD OF REGISTERED NURSING**

P.O. Box 944210, Sacramento, CA 94244-2100

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## LICENSE INFORMATION

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### ***FIRST CALIFORNIA LICENSE:***

Your first California license is issued for two birthdays--NOT **two** years--and expires the last day of the month following your birth date. From that date on, it will expire every two years, if renewed timely.

### ***CALIFORNIA LICENSURE:***

Once a California license number is issued, it will always remain the same number whether active, inactive or delinquent. If the license lapses and later the licensee wishes to renew, the same license number and renewal cycle will apply. EXAMPLE: If the license expired 8/31/96 and the licensee asked to renew in January 1998, the delinquent fee and proof of 30 contact hours of continuing education taken within the last two years would be required. The license would then expire 8/31/98 and another 30 hours of continuing education would be needed at that time. A licensee cannot practice in California with an expired license.

### ***INACTIVE STATUS:***

"Inactive status" means that the RN has paid the renewal fee, but has not completed the continuing education requirement. A licensee **cannot** practice in California with an inactive license. To change to an active status, the licensee must submit proof of 30 contact hours of continuing education taken within the past two years. NOTE: This does not extend the expiration date. The same expiration date will apply and another 30 hours of continuing education will be needed at the time of renewal.

### ***LAPSED LICENSE:***

A late renewal fee and proof of 30 contact hours of continuing education are required in order to renew a lapsed license if the active license is desired. If a license remains lapsed for more than 8 years the licensee will be required to retake and pass the licensing examination to be reinstated.

### ***RENEWAL APPLICATIONS:***

Applications are mailed out approximately three months prior to the expiration date of the license. If it is not received two months before the expiration date, please contact the Board. To insure receipt of renewal applications, **always** keep the Board informed of any address change. Registered nurses are responsible for renewing their licenses even if they do not receive a renewal notice.

### ***NAME/ADDRESS CHANGES:***

The law requires that RN's notify the Board within 30 days of any name or address changes. Address changes may be given to the Board over the telephone or in writing. **NAME CHANGES MUST** be submitted in writing, listing the old name, new name, birth date, social security number and RN license number.

## ABUSE REPORTING REQUIREMENTS

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### **CHILD ABUSE:**

Section 11166 of the Penal Code REQUIRES that any child care custodian, health practitioner, or employee of a child protective agency who has knowledge of or observes a child (in his or her professional capacity or within the scope of his or her employment) whom he or she knows or reasonably suspects has been the victim of child abuse **must** report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information about the incident.

### **ELDER AND DEPENDENT ADULT ABUSE:**

Section 15630 of the Welfare and Institutions Code REQUIRES that care custodians, health practitioners, employees of adult protective services agencies, or local law enforcement agencies who (in their professional capacity or within the scope of their employment) observe evidence of or have been told by an elder or dependent adult that he or she is a victim of physical abuse **must** report this to county adult protective services or a local law enforcement agency immediately, or as soon as possible, by telephone with a written report submitted within two working days. For persons in long term care facilities, the observed physical abuse or client described abuse should be reported to the long-term care ombudsman coordinator or local law enforcement agency. State law PERMITS reporting of other types of abuse such as neglect, intimidation, fiduciary abuse, abandonment, isolation, or other treatment that results in physical harm, pain, or mental suffering when the reporter has knowledge of or reasonably suspects one or more of these types of abuse have occurred. Elders are defined as persons 65 years or older and dependent adults are defined as persons between the ages of 18 and 64 whose physical or mental limitations restrict their ability to care for themselves.

### **GENERAL ABUSE**

Section 11160 of the Penal Code REQUIRES health practitioners who, in their professional capacity or within their scope employment, provide medical services for a physical condition to a patient whom they know or reasonably suspect has an injury that is the result of assaultive or abusive conduct to report this to a local law enforcement agency immediately or as soon as practically possible. A written report to the law enforcement agency is due within two working days. This statute is extremely broad. It includes **adults, children and other persons (including spouses)**.

"Health practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, **licensed nurses**, dental hygienists, optometrists, or any person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, as well as additional practitioners as defined in Section 11166 of the Penal Code or Section 15632 of the Welfare and Institutions Code.

Failure to comply with these laws is a misdemeanor, punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000) or by both, as well as unprofessional conduct and can result in disciplinary action against the RN's license.



## 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: <b>P.O. BOX 944210, SACRAMENTO, CA 94244-2100</b>	Telephone Number: <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.**