



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

Continuing Education Certification

If your license is being HELD due to a failure to sign your renewal application form and/or certify the completion of the CE requirement for active license status, complete and submit this form as instructed.

Full Name: License No:
Mailing Address:
City, State, Zip:
Phone Number: Email address:

PLEASE COMPLETE ITEMS 1 AND 2 BELOW:

1. LICENSE STATUS / CONTINUING EDUCATION:

PLEASE CHECK APPROPRIATE BOX:

- RENEW MY LICENSE TO ACTIVE STATUS BASED ON ONE OF THE FOLLOWING:
I SUCCESSFULLY COMPLETED 30 HOURS OR MORE OF CONTINUING EDUCATION DURING MY LAST LICENSE PERIOD
I AM EXEMPT FROM THE CE REQUIREMENT HAVING PASSED THE NCLEX EXAMINATION WITHIN THE LAST 2 YEARS
RENEW MY LICENSE TO INACTIVE STATUS (Not subject to CE requirements)

2. CERTIFICATION:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Licensee Date

Return this letter to the Board of Registered Nursing, Attn: Renewals Unit, P.O. Box 944210, Sacramento, CA 94244-2100 or fax to (916) 574-7699 as soon as possible. IF YOUR LICENSE HAS EXPIRED, YOU MAY NOT ENGAGE IN ANY PRACTICE WHERE A VALID AND ACTIVE LICENSE ISSUED BY THE BOARD IS REQUIRED UNTIL THIS FORM IS COMPLETED AND RETURNED.