



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



REQUEST FOR DUPLICATE LICENSE
\$30.00 per License/Certificate

CHECK REQUESTED LICENSE(S) AND/OR CERTIFICATE(S) BELOW:

LICENSE/CERTIFICATE TYPE	Pocket ID	Certificate
<input type="checkbox"/> Registered Nurse (RN)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nurse Anesthetist (NA)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nurse Practitioner (NP)	Not applicable - NP number appears on RN License	<input type="checkbox"/>
<input type="checkbox"/> Nurse Midwife (NMW)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clinical Nurse Specialist (CNS)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Furnishing Number (NPF)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Furnishing Number (NMF)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Health Nurse (PHN)	Not applicable	<input type="checkbox"/>
<input type="checkbox"/> Psychiatric Mental Health Nurse (PMH)	Not applicable	<input type="checkbox"/>
<input type="checkbox"/> Continuing Education Provider (CEP)	Not applicable	<input type="checkbox"/>
TOTAL FEE ENCLOSED:		_____

YOU **MUST** RETURN YOUR CURRENT POCKET ID AND SUBMIT A PHOTOCOPY OF THE LEGAL DOCUMENTATION WITH THIS FORM FOR NAME CHANGES. Examples of acceptable forms of legal documentation are **birth certificate, marriage certificate, divorce decree and/or court documents.**

PLEASE PRINT OR TYPE:

California RN No:	Certificate or Permit No:	Expiration Date:	Birthdate:
Full Name: Last	First	Middle	Telephone Number:
Current Address: Street	City	State	Zip Code
Name on Last Renewal: Last	First	Middle	Mother's Maiden Name:
Explanation of Request:			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
Signature of Applicant: _____			Date: _____