



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

REQUEST FOR DUPLICATE CERTIFICATE
\$60 per Certificate

CHECK REQUESTED CERTIFICATE(S) BELOW:

LICENSE/CERTIFICATE TYPE	Certificate
Registered Nurse (RN)	<input type="checkbox"/>
Nurse Anesthetist (NA)	<input type="checkbox"/>
Nurse Practitioner (NP)	<input type="checkbox"/>
Nurse Midwife (NMW)	<input type="checkbox"/>
Clinical Nurse Specialist (CNS)	<input type="checkbox"/>
Furnishing Number (NPF)	<input type="checkbox"/>
Furnishing Number (NMF)	<input type="checkbox"/>
Public Health Nurse (PHN)	<input type="checkbox"/>
Psychiatric Mental Health Nurse (PMH)	<input type="checkbox"/>
Continuing Education Provider (CEP)	<input type="checkbox"/>
TOTAL FEE ENCLOSED:	\$ _____

YOU MUST SUBMIT A PHOTOCOPY OR ELECTRONIC COPY OF THE FOLLOWING **TWO** REQUIRED DOCUMENTS FOR NAME CHANGES: A current government-issued photographic identification (e.g. driver license, alien registration, passport, etc.) **AND** one of the following legal documents as proof of name change: certified court order, marriage certificate, or dissolution of marriage (divorce).

PLEASE PRINT OR TYPE:

First Name:	Middle Name:	Last Name:
RN License or CEP Number:	Date of Birth: (MM/DD/YYYY)	

Reason for Request:

IF DUPLICATE REQUEST IS DUE TO NAME CHANGE, COMPLETE THE FOLLOWING:

Former First Name:	Former Middle Name:	Former Last Name:
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PERSONAL ATTESTATION:

I certify under penalty of perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license or certificate by the Department of Consumer Affairs.

Signature of Applicant: _____ **Date:** _____