

## STEP BY STEP GUIDE FOR APPLYING FOR NP INDEPENDENT PRACTICE (104 NP)

**NOTE: The Nurse Practitioner has practiced as a Nurse Practitioner Group Setting without Standardized Procedures (103 NP) in good standing for at least three full-time equivalent years or 4,600 hours in direct patient care.**

### Step 1

1. Log in to your BreEZe account – <https://www.breeze.ca.gov/datamart/mainMenu.do>
2. Enter User ID
3. Enter Password
4. Press Sign In

**DCA BreEZe Online Services**

Welcome to the California Department of Consumer Affairs (DCA) BreEZe Online Services. BreEZe is DCA's licensing and enforcement system and a one-stop shop for consumers, licensees and applicants! BreEZe enables consumers to verify a professional license and file a consumer complaint. Licensees and applicants can submit license applications, renew a license and change their address among other services.

- BreEZe only accepts credit card payments for American Express, Discover, MasterCard, and Visa.

**FOR CONSUMERS**  
Check Licenses and file complaints.

**FOR APPLICANTS AND LICENSEES**  
Applicant and licensing needs are available here.  
You will need to [register](#), or use your existing user name and password

**Returning User**  
Fields marked with \* are required

\* User ID:   
\* Password:

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**New Users**  
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## Step 2

1. Select drop down menu under Nurse Practitioner

**NOTE: Do not choose “Start a New Application”.**

2. Select NP Independent Practice
3. Press Select

The screenshot shows the BREEZE application interface. At the top, there is a navigation bar with links for 'About BREEZE', 'FAQ's', and 'Help Tutorials'. Below the navigation bar, the California Department of Consumer Affairs logo and the BREEZE logo are displayed. A 'Skip navigation' link is also present. The main content area is titled 'Quick Start Menu' and contains a sub-section titled 'License Activities'. Under 'License Activities', there is a dropdown menu labeled '<Choose Application>' with several options: 'Nurse Practitioner Furnishing', 'Nurse Practitioner', 'Additional NP Specialty', 'Additional Nurse Practitioner Providers', 'Duplicate Certificate With Fee', 'Military Active - Renewal Waiver Application', 'Military Inactive - Renewal Waiver Application', 'NP - Change of Address', 'NP Group Setting Without Standardized Procedures', 'NP Independent Practice', and 'Submit Additional Documents'. The 'NP Independent Practice' option is highlighted with a blue selection bar. To the right of the 'License Activities' section, there is a 'Additional Activities' section with three items: 'Application Summaries (0)', 'Add Authorized Representative', and 'License Notification Subscriptions', each with a 'Select' button. At the bottom of the page, there are links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with a copyright notice: 'Copyright © 2025 State of California'.

### Step 3

1. Read the NP Independent Practice – Introduction
2. Press Next

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**NP Independent Practice - Introduction**

**BPC 2837.104 Scope of Practice for Nurse Practitioner with Independent Practice**

The nurse practitioner may perform the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision outside of the settings or organizations specified under subparagraphs (A) to (F), inclusive, of paragraph (2) of subdivision (a) of Section 2837.103.

The nurse practitioner, consistent with applicable standards of care, shall not practice beyond the scope of their clinical and professional education and training, including specific areas of concentration and shall only practice within the limits of their knowledge and experience and national certification.

**CCR § 1482.4 Requirements for a Nurse Practitioner Certification Pursuant to Business and Professions Code Section 2837.104.**

To obtain certification as a nurse practitioner pursuant to Section 2837.104 of the code, an applicant must hold a valid and active certification as a nurse practitioner pursuant to Section 2837.103 of the code and submit a completed application with all of the following information to obtain certification as a Nurse Practitioner with Independent Practice:

1. Meets all of the requirements specified in paragraph (1) of subdivision (a) of Section 2837.103.
2. Holds a valid and active license as a registered nurse in California and a master's degree in nursing or in a clinical field related to nursing or a doctoral degree in nursing.
3. Holds a valid and active certification as a Nurse Practitioner Group Setting Without Standardized Procedures pursuant to Section 2837.103 of the code.
4. Has practiced as a nurse practitioner in good standing for at least three years, not inclusive of the transition to practice required pursuant to subparagraph (D) of paragraph (1) of subdivision (a) of Section 2837.103. For purposes of this subdivision, "practice as a nurse practitioner pursuant to Section 2837.103 of the code in good standing" means practice conducted under a current, active, and unrestricted license. "Unrestricted" means the applicant was not subject to a disciplinary action by the Board, including probation, suspension, or public reproof.
5. Holds a certification as a nurse practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the board. The verification of this certification shall be provided directly to the board by the issuing organization.

Press "Next" to continue.  
Press "Cancel" to exit this application.

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## Step 4

1. Read the NP Independent Practice – Information Privacy Act
2. Press Agree

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**NP Independent Practice - Information Privacy Act**

**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:** Board of Registered Nursing

**Title of official responsible for information maintenance:** Executive Officer

**Address:** P.O. BOX 944210, SACRAMENTO, CA 94244-2100

**Telephone Number:** (916) 322-3350

**Authority which authorizes the maintenance of the information:** Section 30, Section 2732.1(a), Business and Professions code all information is mandatory.

**The consequences, if any of not providing all or any part of the requested information:** Failure to provide any of the requested information will result in the application being rejected as incomplete.

**The principal purpose(s) for which the information is to be used:** Section 30 of the business and professions code and public law 94-455 (42 usca 405(c)(2)(c)) authorize collection of your social security number or individual taxpayer identification number. Your social security number or individual taxpayer identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the welfare and institutions code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination where licensure is reciprocal with the requesting state. If you fail to list your social security number or individual taxpayer identification number, your application for initial or renewal license will not be processed. 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 or renewed.

**Any known or foreseeable interagency or intergovernmental transfer which may be made of the information:** Possible transfer to law enforcement, other government agencies and reporting social security number or individual taxpayer identification number to the franchise tax board or for child support enforcement purposes pursuant to Section 30 of the business and professions code. Each individual has the right to review the files on records maintained on them by the agency, unless the records are exempt from disclosure.

**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 practicable 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.

Press "Agree" to continue.

Press "Cancel" to exit this application.

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 \$1,000, or by both imprisonment and fine.

For further details, consult Penal Code Section 11164 and subsequent sections.

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## Step 5

1. Read the NP Independent Practice – Function Suitability
2. Answer the questions
3. Press Next

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**NP Independent Practice - Function Suitability**

The following question will determine if you are able to submit the online application.

Below is a list of the specialties/categories of a nurse practitioner.

1. Family/individual across the lifespan  
2. Adult-Gerontology Primary Care  
3. Adult-Gerontology, Acute Care  
4. Neonatal  
5. Pediatrics, Primary Care  
6. Pediatrics, Acute Care  
7. Women's Health/Gender-related  
8. Psychiatric-Mental Health across the lifespan  
9. Acute Care  
10. Adult  
11. Adult Psychiatric-Mental Health  
12. Gerontological

Press "Previous" to return to the previous section.

Answer the questions and press "Next".

Press "Cancel" to exit this application.

Question	Answer
Do you hold a current and active certification as a nurse practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the board?	<input type="radio"/> Yes <input type="radio"/> No
Did you complete a master's degree in nursing, or in a clinical field related to nursing or a doctoral degree in nursing per CCR § 2837.104(b)(2) in the same specialty/category as your national certification?	<input type="radio"/> Yes <input type="radio"/> No
Have you practiced as a nurse practitioner in good standing for at least three years, not inclusive of the transition to practice required pursuant to subparagraph (D) of paragraph (1) of subdivision (a) of Section 2837.103? For purposes of this subdivision, "practice as a nurse practitioner pursuant to Section 2837.103 of the code in good standing" means practice conducted under a current, active, and unrestricted license. "Unrestricted" means the applicant was not subject to a disciplinary action by the Board, including probation, suspension, or public reproof.	<input type="radio"/> Yes <input type="radio"/> No

Here is a list of the certifications available through a National Organization/Association:

**American Academy of Nurse Practitioners Certification Board (AANPCB)**  
Capital Station, LBJ Building, P.O. Box 12926, Austin, TX 78711-2926  
(855) 822-6727 [www.aanpcert.org](http://www.aanpcert.org)

**American Nurses Credentialing Center (ANCC)**  
8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492  
(800) 284-2378 [www.nursingworld.org](http://www.nursingworld.org)

**Pediatric Nursing Certification Board (PNCB)**  
9605 Medical Center Drive, Suite 250, Rockville, MD 20850  
(888) 641-2767 [www.pncb.org](http://www.pncb.org)

**National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialists (NCC)**  
676 N. Michigan Ave, Suite 3600, Chicago, IL 60611  
(312) 951-0207 [www.nccwebsite.org](http://www.nccwebsite.org)

**American Association of Critical-Care Nurses (AACN)**  
101 Columbia, Aliso Viejo, CA 92656-4109  
(800) 899-2226 [www.aacn.org](http://www.aacn.org)

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## **Step 6**

1. Read the NP Independent Practice – Application Questions
2. Select No and press Next button until you see your category/specialty.
3. Select Yes and press Next

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**NP Independent Practice - Application Questions**

If the following questions are not applicable to your application, please make sure to select "No" as your response.

Answer the questions and press "Next" to continue.

Press "Previous" to return to the previous section.

Press "Cancel" to exit this application.

Did you complete a master's degree in nursing or in a clinical field related to nursing or a doctoral degree in nursing, Nurse Practitioner program as an Adult-Gerontology Acute Care Nurse Practitioner, and obtained national certification as an Adult-Gerontology Acute Care Nurse Practitioner?

Will you be utilizing practice experience gained in the course of the doctoral education experience?

If you want to obtain certification as a Nurse Practitioner with Independent Practice within the categories of Adult-Gerontology Acute Care, Adult-Gerontology Primary Care, Family/Individual Across the Lifespan, Neonatal, Pediatric Acute Care, Pediatric Primary Care, Psychiatric-Mental Health Across the Lifespan, Women's Health/Gender-Related, Acute Care, Adult, Adult Psychiatric-Mental Health or Gerontological then the following must be the same specialty/category:

1. Nurse Practitioner Education Program must be in the same specified with Independent Practice.  
2. National Certification must be in the same specified specialty/category as your Nurse Practitioner Education Program.  
3. The California Board of Registered Nursing may request an updated transcript that displays a master's degree in nursing or in a clinical field related to nursing or a doctoral degree in nursing.

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## Step 7

1. Verify the NP Independent Practice – Name and Personal Details
2. Press Next

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**NP Independent Practice - Name and Personal Details**

If the following personal information is not correct, click on the following link and follow the instructions on the Notification of Name Change form: <https://www.rn.ca.gov/address.shtml>

Press "Previous" to return to the previous screen.  
Enter your personal details and Press "Next" to continue.  
Press "Cancel" to exit this application.

**Name and Personal/Organization Details**

Title:

First Name:

Middle Name:

Last Name:

Suffix:

SSN/ITIN:  [?](#)

Birth Date:  (mm/dd/yyyy)

Gender:  Male  Female

Effective July 1, 2012, the Board of Registered Nursing is required to deny an application for licensure and to suspend the license/certificate/registration of any applicant or licensee who has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000. (AB 1424, Perea, Chapter 455, Statutes of 2011).

During the online application process, do not select the "Back" button on your browser. This will cause your session to end without any updates.

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## **Step 8**

1. Verify the NP Independent Practice – Address Detail Summary
2. Press Next

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**NP Independent Practice - Address Detail Summary**

The following address types are mandatory. Please add these in order to continue.

Press "Add" to add an optional or mandatory address.  
Press "Previous" to return to the previous section.  
Press "Next" when finished adding/changing addresses.  
Press "Cancel" to exit this application.

**License Specific Addresses**

Address of Record Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Pursuant to the California Code of Regulations 1409.1, an address change must be reported to the Board within 30 days by way of mail, telephone, or the BRN webpage. The BRN is now assessing a citation and fine for violations of this section. Items with an asterisk (\*) are required for the online application.

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## Step 9

1. Read the NP Independent Practice – NP National Certification – Information
2. Press Add

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**NP Independent Practice - NP National Certification - Information**

To obtain certification as a nurse practitioner, the applicant must display the Date of passage of the national nurse practitioner board certification examination. Verification of this passage shall be provided directly to the board by the organization that administered the examination.

The nurse practitioner needs to hold a certification as a nurse practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the board. Verification of this certification shall be provided directly to the board by the issuing organization.

Please add the information pertaining to your professional certification through the various National Organization/Association; AANPCB, ANCC, PNCB, NCC and/or AACN if it has expired.

Below is a list of the specialties/categories of a nurse practitioner.

1. Family/Individual across the lifespan  
2. Adult-Gerontology Primary Care  
3. Adult-Gerontology, Acute Care  
4. Neonatal  
5. Pediatrics, Primary Care  
6. Pediatrics, Acute Care  
7. Women's Health/Gender-related  
8. Psychiatric-Mental Health across the lifespan  
9. Acute Care  
10. Adult  
11. Adult Psychiatric-Mental Health  
12. Gerontological

Press the "Edit" link to edit the record.  
Press the "Remove" link to remove the record.  
Press "Add" to add a new record.  
Press "Previous" to return to the previous section.  
Enter appropriate details and press "Next" to continue.  
Press "Cancel" to exit this application.

Did you obtain a professional certification through AANPCB, ANCC, PNCB, NCC and/or AACN? If you answered "Yes," please enter the appropriate information regarding your professional certification below	Certificate Number	Certificate Issue Date (mm/dd/yyyy)	Certificate Expiration Date (mm/dd/yyyy)	Name of National Organization/Association	Select the California Nurse Practitioner category in direct patient care.
Required Documents: Additional required documents and forms will be accepted electronically. Required Nurse Practitioner forms and documents will not be accepted from applicants and will only be accepted from the appropriate school, national organizations, and associations electronically to the following Board email address: <a href="mailto:BRN.APRN.eDocs@dca.ca.gov">BRN.APRN.eDocs@dca.ca.gov</a> .					

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## **Step 10**

1. Read the NP Independent Practice – NP National Certification – Add
2. Answer questions
3. If No, you cannot proceed
4. If Yes, see **Step 11**

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**NP Independent Practice - NP National Certification - Add**

To obtain certification as a nurse practitioner, the applicant must display the Date of passage of the national nurse practitioner board certification examination. Verification of this passage shall be provided directly to the board by the organization that administered the examination.

The nurse practitioner needs to hold a certification as a nurse practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the board. Verification of this certification shall be provided directly to the board by the issuing organization.

Please add the information pertaining to your professional certification through the various National Organization/Association; AANPCB, ANCC, PNCB, NCC and/or AACN if it has expired.

Below is a list of the specialties/categories of a nurse practitioner.

1. Family/Individual across the lifespan  
2. Adult-Gerontology Primary Care  
3. Adult-Gerontology, Acute Care  
4. Neonatal  
5. Pediatrics, Primary Care  
6. Pediatrics, Acute Care  
7. Women's Health/Gender-related  
8. Psychiatric-Mental Health across the lifespan  
9. Acute Care  
10. Adult  
11. Adult Psychiatric-Mental Health  
12. Gerontological

Press "Next" to save this record and continue.  
Press "Cancel" if you do not want to save your changes.

Did you obtain a professional certification through AANPCB, ANCC, PNCB, NCC and/or AACN? If you answered "Yes," please enter the appropriate information  Yes  No regarding your professional certification below.

**Required Documents:** Additional required documents and forms will be accepted electronically. Required Nurse Practitioner forms and documents will not be accepted from applicants and will only be accepted from the appropriate school, national organizations, and associations electronically to the following Board email address: [BRN.APRN.eDocs@dca.ca.gov](mailto:BRN.APRN.eDocs@dca.ca.gov).

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## Step 11

1. Answer questions
2. Press Next

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**NP Independent Practice - NP National Certification - Add**

To obtain certification as a nurse practitioner, the applicant must display the Date of passage of the national nurse practitioner board certification examination. Verification of this passage shall be provided directly to the board by the organization that administered the examination.

The nurse practitioner needs to hold a certification as a nurse practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the board. Verification of this certification shall be provided directly to the board by the issuing organization.

Please add the information pertaining to your professional certification through the various National Organization/Association: AANPCB, ANCC, PNCB, NCC and/or AACN if it has expired.

Below is a list of the specialties/categories of a nurse practitioner.

1. Family/individual across the lifespan  
2. Adult-Gerontology Primary Care  
3. Adult-Gerontology, Acute Care  
4. Neonatal  
5. Pediatrics, Primary Care  
6. Pediatrics, Acute Care  
7. Women's Health/Gender-related  
8. Psychiatric-Mental Health across the lifespan  
9. Acute Care  
10. Adult  
11. Adult Psychiatric-Mental Health  
12. Gerontological

Press "Next" to save this record and continue.  
Press "Cancel" if you do not want to save your changes.

Did you obtain a professional certification through AANPCB, ANCC, PNCB, NCC and/or AACN? If you answered "Yes," please enter the appropriate information regarding your professional certification below.

Yes  No

Certificate Number:

Certificate Issue Date:  (mm/dd/yyyy)

Certificate Expiration Date:  (mm/dd/yyyy)

Name of National Organization/Association:  AACN  ANCC  AANPCP  NCC  PNCB

You will need to contact the national organization/association listed below, regarding the process for submitting a paperless verification to the California Board of Registered Nursing.

**American Academy of Nurse Practitioners Certification Board (AANPCB)**  
Capital Station, LBJ Building, P.O. Box 12926, Austin, TX 78711-2926  
(855) 822-6727 [www.aanpcert.org](http://www.aanpcert.org)

**American Nurses Credentialing Center (ANCC)**  
8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492  
(800) 284-2378 [www.nursingworld.org](http://www.nursingworld.org)

**Pediatric Nursing Certification Board (PNCB)**  
9605 Medical Center Drive, Suite 250, Rockville, MD 20850  
(888) 641-2767 [www.pncb.org](http://www.pncb.org)

**National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialists (NCC)**  
676 N. Michigan Ave, Suite 3600, Chicago, IL 60611  
(312) 951-0207 [www.nccwebsite.org](http://www.nccwebsite.org)

**American Association of Critical-Care Nurses (AACN)**  
101 Columbia, Aliso Viejo, CA 92656-4109  
(800) 699-2226 [www.aacn.org](http://www.aacn.org)

Select the California Nurse Practitioner category in direct patient care.

**Required Documents:** Additional required documents and forms will be accepted electronically. Required Nurse Practitioner forms and documents will not be accepted from applicants and will only be accepted from the appropriate school, national organizations, and associations electronically to the following Board email address: [BRN.APRN.eDocs@cdca.ca.gov](mailto:BRN.APRN.eDocs@cdca.ca.gov)

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## Step 12

1. Verify the NP Independent Practice – NP National Certification – Information
2. Press Next

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**NP Independent Practice - NP National Certification - Information**

To obtain certification as a nurse practitioner, the applicant must display the Date of passage of the national nurse practitioner board certification examination. Verification of this passage shall be provided directly to the board by the organization that administered the examination.

The nurse practitioner needs to hold a certification as a nurse practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the board. Verification of this certification shall be provided directly to the board by the issuing organization.

Please add the information pertaining to your professional certification through the various National Organization/Association; AANPCB, ANCC, PNCB, NCC and/or AACN if it has expired.

Below is a list of the specialties/categories of a nurse practitioner.

1. Family/Individual across the lifespan  
2. Adult-Gerontology Primary Care  
3. Adult-Gerontology, Acute Care  
4. Neonatal  
5. Pediatrics, Primary Care  
6. Pediatrics, Acute Care  
7. Women's Health/Gender-related  
8. Psychiatric-Mental Health across the lifespan  
9. Acute Care  
10. Adult  
11. Adult Psychiatric-Mental Health  
12. Gerontological

Press the "Edit" link to edit the record.  
Press the "Remove" link to remove the record.  
Press "Add" to add a new record.  
Press "Previous" to return to the previous section.  
Enter appropriate details and press "Next" to continue.  
Press "Cancel" to exit this application.

Did you obtain a professional certification through AANPCB, ANCC, PNCB, NCC and/or AACN? If you answered "Yes," please enter the appropriate information regarding your professional certification below	Certificate Number	Certificate Issue Date (mm/yyyy)	Certificate Expiration Date (mm/yyyy)	Name of National Organization/Association	Select the California Nurse Practitioner category in direct patient care.
Yes					

**Required Documents:** Additional required documents and forms will be accepted electronically. Required Nurse Practitioner forms and documents will not be accepted from applicants and will only be accepted from the appropriate school, national organizations, and associations electronically to the following Board email address: [BRN.APRN.eDocs@dca.ca.gov](mailto:BRN.APRN.eDocs@dca.ca.gov).

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## Step 13

1. Read the NP Independent Practice – Nurse Practitioner Independent Practice Group Setting Employment Information – Information
2. Press Add

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**NP Independent Practice - Nurse Practitioner Independent Practice Group Setting Employment Information - Information**

The nurse practitioner has practiced as a nurse practitioner in good standing for at least three years, not inclusive of the transition to practice required pursuant to subparagraph (D) of paragraph (1) of subdivision (a) of Section 2837.103. For purposes of this subdivision, "practice as a nurse practitioner pursuant to Section 2837.103 of the code in good standing" means practice conducted under a current, active, and unrestricted license. "Unrestricted" means the applicant was not subject to a disciplinary action by the Board, including probation, suspension, or public reproof.

1. The nurse practitioner has performed certain functions without standardized procedures in settings or organizations in which one or more physicians or surgeons practice with the nurse practitioner.  
2. Practiced in California, as a Nurse Practitioner Group Setting Without Standardized Procedures, for at least three years in direct patient care.  
3. Completed within five years prior to the date the applicant applies for certification as a Nurse Practitioner Independent Practice.  
4. Completed after certification by the California Board of Registered Nursing as a Nurse Practitioner Group Setting Without Standardized Procedures, Section 2837.103 of the code.

Press the "Edit" link to edit the record.  
Press the "Remove" link to remove the record.  
Press "Add" to add a new record.  
Press "Previous" to return to the previous section.  
Enter appropriate details and press "Next" to continue.  
Press "Cancel" to exit this application.

Name	Address	City	State	Zip	Telephone	Email	Website	point of contact	point of contact	Outside a Group Setting.	Outside a Group Setting.	Outside a Group Setting.

[Add](#) [Previous](#) [Next](#) [Cancel](#)

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## **Step 14**

1. Read the NP Independent Practice – Nurse Practitioner Independent Practice Group Setting Employment Information – Add

**NOTE: The Start date of obtaining the 4,600 hours as a 104 NP must be after obtaining designation of 103 NP.**

2. Answer questions

3. Press Next

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**NP Independent Practice - Nurse Practitioner Independent Practice Group Setting Employment Information - Add**

The nurse practitioner has practiced as a nurse practitioner in good standing for at least three years, not inclusive of the transition to practice required pursuant to subparagraph (D) of paragraph (1) of subdivision (a) of Section 2837.103. For purposes of this subdivision, "good standing" means practice as a registered nurse pursuant to Section 2837.103 of the code in good standing. "Unrestricted" means practice conducted under a current, active, and unrestricted license. "Unrestricted" means the applicant was not subject to a disciplinary action by the Board, including probation, suspension, or public reprimand.

1. The nurse practitioner has performed certain functions without standardized procedures in settings or organizations in which one or more physicians or surgeons practice with the nurse practitioner.  
2. Practice in California as a Nurse Practitioner Group Setting Without Standardized Procedures, for at least three years in non-patient care settings.  
3. Completed within five years prior to the date the applicant applies for certification as a Nurse Practitioner Independent Practice.  
4. Completed after certification by the California Board of Registered Nursing as a Nurse Practitioner Group Setting Without Standardized Procedures, Section 2837.103 of the code.

Press "Next" to save this record and continue.  
Press "Cancel" if you do not want to save your changes.

**Employment Facility**

• Name:

• Address:

• City:

• State:

• Zip Code:

• Telephone Number:

• Email:

• Website:

• Name of Employment Facility

• point of contact:

• Job title of Employment Facility

• point of contact:

Provide the Start date of when you started obtaining the 4,600 hours as a Nurse Practitioner, Independent Practice

• Outside a Group Setting:  (month/year)

Provide the End date of when you completed the 4,600 hours as a Nurse Practitioner, Independent Practice

• Outside a Group Setting:  (month/year)

Provide the number of hours that you have completed as a Nurse Practitioner, Independent Practice

• Outside a Group Setting:

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## Step 15

1. Verify the NP Independent Practice – Nurse Practitioner Independent Practice Group Setting Employment Information – Information
2. The overall total hours associated with three years in direct patient care, must add up and be equal to or greater than 4,600 hours
3. If the total hours are less than 4,600 hours, press Add to add additional hours
4. Press Next

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**NP Independent Practice - Nurse Practitioner Independent Practice Group Setting Employment Information - Information**

The nurse practitioner has practiced as a nurse practitioner in good standing for at least three years, not inclusive of the transition to practice required pursuant to subparagraph (D) of paragraph (1) of subdivision (a) of Section 2837.103. For purposes of this subdivision, "practice as a nurse practitioner pursuant to Section 2837.103 of the code in good standing" means practice conducted under a current, active, and unrestricted license. "Unrestricted" means the applicant was not subject to a disciplinary action by the Board, including probation, suspension, or public reprimand.

1. The nurse practitioner has performed certain functions without standardized procedures in settings or organizations in which one or more physicians or surgeons practice with the nurse practitioner.  
2. Practiced in California, as a Nurse Practitioner Group Setting Without Standardized Procedures, for at least three years in direct patient care.  
3. Completed within five years prior to the date the applicant applies for certification as a Nurse Practitioner Independent Practice.  
4. Completed after certification by the California Board of Registered Nursing as a Nurse Practitioner Group Setting Without Standardized Procedures, Section 2837.103 of the code.

Press the "Edit" link to edit the record.  
Press the "Remove" link to remove the record.  
Press "Add" to add a new record.  
Press "Previous" to return to the previous section.  
Enter appropriate details and press "Next" to continue.  
Press "Cancel" to exit this application.

Name	Address	City	State	Zip Code	Telephone Number	Email	Website	point of contact.

Add Previous Next Cancel

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## Step 16

1. Read the NP Independent Practice – Attachments

**NOTE: Do not attach any items. The attachment option does not apply to this application.**

2. Press Next

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**NP Independent Practice - Attachments**

Begin adding your document(s) below. You MUST click the Attach button below EACH time you add a new file.

The California Board of Registered Nursing may request an updated transcript that displays a master's degree in nursing or in a clinical field related to nursing or a doctoral degree in nursing.

**Transcripts:** The Nurse Practitioner transcripts can be sent to our Board electronically from a certified third-party electronic transcripts vendor such as Parchment, National Student Clearinghouse\*, or directly from your school. Electronic transcripts must be sent to [BRN.APRN.eTranscripts@dca.ca.gov](mailto:BRN.APRN.eTranscripts@dca.ca.gov)

\*If requesting transcripts via National Student Clearinghouse, please use these instructions available on the Boards website to ensure proper delivery of your electronic transcripts to the Board. [https://rn.ca.gov/pdfs/applicants/nsc\\_instructions.pdf](https://rn.ca.gov/pdfs/applicants/nsc_instructions.pdf)

**Required Documents:** Additional required documents and forms will be accepted electronically. Required Nurse Practitioner forms and documents will not be accepted from applicants and will only be accepted from the appropriate school, national organizations, and associations electronically to the following Board email address: [BRN.APRN.eDocs@dca.ca.gov](mailto:BRN.APRN.eDocs@dca.ca.gov)

Locate a file with the "Browse" button and press "Attach" or "Remove" as required.

Press "Next" when there are no more files to attach.

Press "Previous" to return to the previous screen.

Press "Cancel" to exit this application.

File Name:  No file chosen

Notes:

You can attach more than one file to your application. You MUST click the Attach button below each time you add a new file, even if you are only attaching one file. If you do not click the Attach button below before continuing with the online application, your file(s) will NOT be uploaded. Once the online application is submitted, you will not be able to attach any additional documents.

IF ATTACHED CORRECTLY, YOU WILL SEE THE MESSAGE "FILES UPLOADED" HIGHLIGHTED IN GREEN. PLEASE VERIFY THAT YOUR FILE(S) ARE ATTACHED CORRECTLY BEFORE PROCEEDING WITH THE APPLICATION.

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## Step 17

1. Verify the NP Independent Practice – Application Summary
2. Press Proceed to Payment to submit this application

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**NP Independent Practice - Application Summary**

Press "Previous" to return to the previous section.  
Review the data and press "Proceed to Payment" to submit this application.  
Press "Cancel" to exit this application.

**NP Independent Practice Summary**

License Type:
File Number:
License Number:
Application Date: (mm/dd/yyyy)

**Application Questions**

Did you complete a master's degree in nursing or in a clinical field related to nursing or a doctoral degree in nursing, Nurse Practitioner program as an Adult-Gerontology Acute Care Nurse Practitioner, and obtained national certification **Yes** as an Adult-Gerontology Acute Care Nurse Practitioner?

Will you be utilizing practice experience gained in the course of the doctoral education experience? **Yes**

**Personal Details**

Title: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
SSN/ITIN: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Gender: \_\_\_\_\_

**Addresses**

**License Specific Addresses**

**Address of Record** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**License Attributes Selected**

**Qualification**

NP National Certification

Did you obtain a professional certification through AANPCB, ANCC, PNCB, NCC and/or AACN? If you answered "Yes," please enter the appropriate information regarding your professional certification below

Yes

**Nurse Practitioner Independent Practice Group Setting Employment Information**

Name	Address	City	State	Zip	Telephone	Email	Website	point of contact.

After submitting your online application, you may log in to your online BreeZE account at [www.m.ca.gov](http://www.m.ca.gov) at any time to view the most up-to-date status of your application. Processing times may vary, depending on the receipt of physician and surgeon clinical hours attestation and national certification documentation from national organization or association.

**Due to varying processing times, please allow a minimum of 4-6 weeks for the initial evaluation of this online application. Once evaluated, your application status will be updated in your online BreeZE account.**

Once you click "Proceed to Payment" you will be unable to add/delete/change/modify the data contained in this online application and you will be directed to the Attestation page.

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## Step 18

1. Read the NP Independent Practice – Attestation
2. Answer Yes or No to the Attestation

**NOTE: Complete the attestation by choosing the “Yes” radio button just below the “Proceed to Payment” instructions.**

3. Click the blue “Proceed to Payment” button to submit the application, no fee is due at this time.

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**NP Independent Practice - Attestation**

Press "Previous" to return to the previous section.  
Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue.  
Press "Cancel" to exit this application.

I declare under penalty of perjury under the laws of the State of California that I am the person herein submitting this application and that I have read the complete application, know the full content thereof, that the information contained in this application and, if necessary, copies of all documents submitted as part of the application are true and correct and that I have read and understand the disclosure statements provided in the instructions for this application. I hereby grant the Department of Consumer Affairs entity permission to verify any information contained in this application.

I understand that any omission, falsification or misrepresentation of any item or response on this application or any attachment hereto is a sufficient basis for denying or revoking a license.

Failure to provide any of the requested information will delay the processing of your application.

Click "Proceed to Payment" to submit the application, no fee is due at this time.

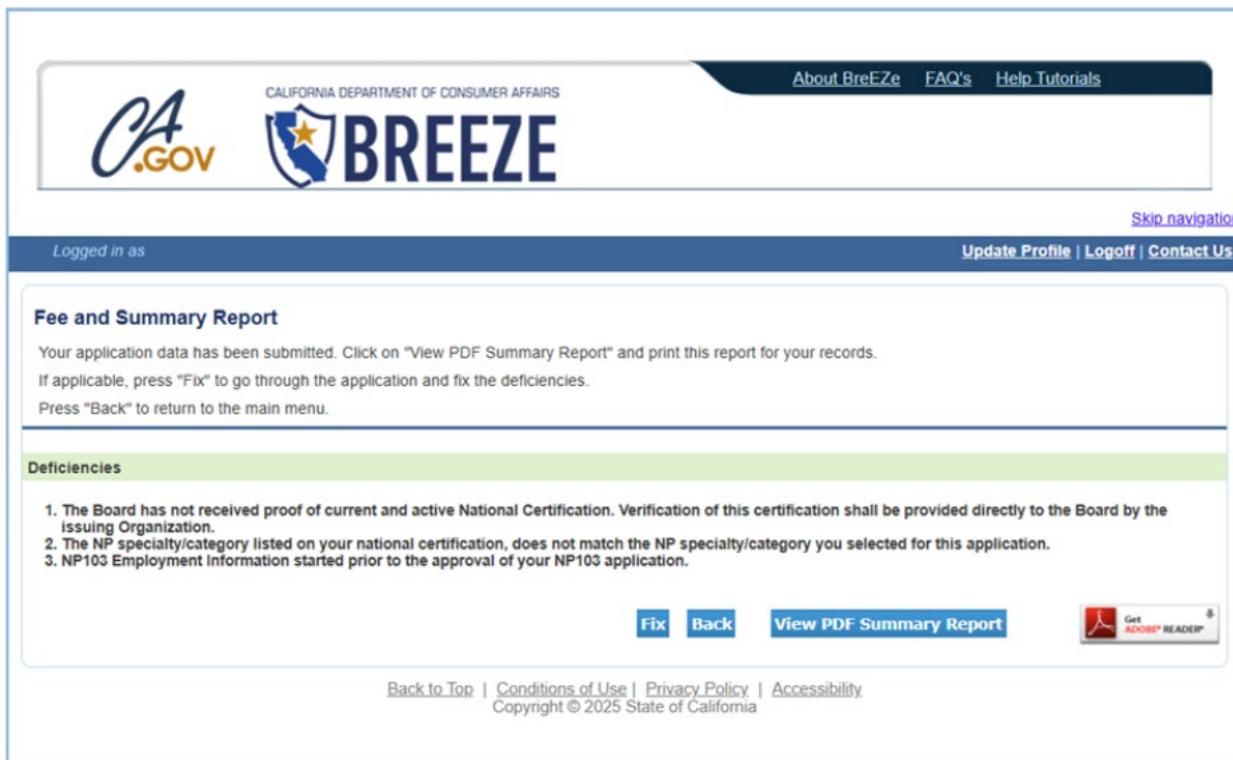
Yes  
 No

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## Step 19

1. Application has been submitted
2. If you see "The Board has not received proof of current and active National Certification. Verification of this certification shall be provided directly to the Board by the issuing Organization." Contact your Organization regarding the process of submitting an electronic National Certification to the California Board of Registered Nursing to: [brn.aprn.edocs@dca.ca.gov](mailto:brn.aprn.edocs@dca.ca.gov).



The screenshot shows a web-based application interface for the California Board of Registered Nursing (BREEZE). The top navigation bar includes links for About BreEZE, FAQ's, and Help Tutorials. The main content area is titled "Fee and Summary Report". It displays a message about application submission and links to "View PDF Summary Report" and "Update Profile | Logoff | Contact Us". A "Deficiencies" section lists three items: 1. The Board has not received proof of current and active National Certification. Verification of this certification shall be provided directly to the Board by the issuing Organization. 2. The NP specialty/category listed on your national certification, does not match the NP specialty/category you selected for this application. 3. NP103 Employment Information started prior to the approval of your NP103 application. At the bottom, there are links to Back to Top, Conditions of Use, Privacy Policy, and Accessibility, along with a copyright notice for the State of California. A "Get Adobe Reader" link is also present.