



COURSEWORK EXEMPTION - ATTESTATION FORM

California Code of Regulations, Title 16, section 1410.5 provides a coursework exemption from the natural sciences laboratory requirement for certain out of state applicants.

To receive this exemption, an out of state applicant must have a minimum of 2 consecutive years since their initial licensure during which they were actively practicing in good standing.

- For the purposes of this exemption, actively practicing means that the applicant performed at least one activity within the scope and under the authority of their professional license.
- For the purposes of this exemption, in good standing means they were not involved in the disciplinary process for any of the following actions: probation, suspension, public reprimand, censure, or reproval.

APPLICANT INFORMATION:

Last Name	First Name	Middle Name	Date of Birth
Home Phone	Email	File Number	

DATES APPLICANT WAS ACTIVELY PRACTICING IN GOOD STANDING:

Consecutive 2-year time period:	From: _____ <i>mm/dd/yyyy</i>	To: _____ <i>mm/dd/yyyy</i>
---------------------------------	----------------------------------	--------------------------------

Please Note - All information on this form is subject to verification.

ATTESTATION:

In accordance with California Code of Regulations, Title 16, section 1410.5, I attest that there has been a consecutive two-year period since my initial licensure in which I performed at least one activity within the scope and under the authority of my professional registered nursing license AND, was not involved in the disciplinary process for any of the following actions: probation, suspension, public reprimand, censure, or reproval.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this Attestation is true, correct, and complete.

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. The Board may take disciplinary action against a licensee who helps an applicant obtain a license by fraud, deceit, or misrepresentation.

Applicant's Signature: _____ **Date:** _____

SUBMISSION INSTRUCTIONS:

Preferred Submission Instructions

Once completed please upload this form to your BreEZe account by doing the following:

1. Log into your BreEZe account: <https://www.breeze.ca.gov>
2. Under the “Manage your application” dropdown select “Submit Additional Documents”
3. Follow the instructions to upload and attach the document.
4. Complete the application by selecting the “Proceed to Payment” button to submit the document. There is no payment associated with this submission – this will simply submit the document to the Board for processing.

Alternate Submission Instructions

If you are unable to upload the form to your BreEZe account, you can mail a hard copy to the address below:

Coursework Exemption Attestation
California Board of Registered Nursing
1747 North Market Blvd., Suite 150
Sacramento, CA 95834

Notice Regarding Collection and Use of Personal Information

Mandatory Submission of Personal Information

Except for any noted optional information, disclosure of your personal information is mandatory. Failure to provide any of the required information is grounds for the form being rejected as incomplete.

Collection and Use of Personal Information

The information on this application is required pursuant to California Code of Regulations, Title 16, section 1410.5. The Board collects the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act, Civil Code sections 1798 *et seq.* The Board uses this information principally to identify and evaluate applicants for permit or licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Access to Your Information

You may review the records maintained by the Board pertaining to you that contain your personal information, as permitted by the Information Practices Act.

Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. However, we may need to share the information you give us with other government agencies. This may include sharing any personal information you gave us. The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following).
- To another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, you may contact the Board of Registered Nursing at the following website: <https://rn.ca.gov/contact.shtml>.

For questions about the Department’s Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Blvd., Sacramento, CA 95834; by phone at (800) 952-5210; or by email at dca@dca.ca.gov.

For questions about the Information Practices Act, you may contact the Office of the Attorney General, California Department of Justice - Attention: Public Inquiry Unit, PO Box 944255, Sacramento, CA 94244, by phone at (800) 952-5225, or online at www.oag.ca.gov.