



CALIFORNIA BOARD OF REGISTERED NURSING GENERAL INSTRUCTIONS AND APPLICATION REQUIREMENTS REGARDING CLINICAL NURSE SPECIALIST (CNS) CERTIFICATION

GENERAL INSTRUCTIONS

I. General Application Requirements

Clinical Nurse Specialist certification eligibility requires the possession of a current, clear and active California RN license. The following must be submitted to the Board of Registered Nursing for Clinical Nurse Specialist certification purposes:

- 1. A completed Clinical Nurse Specialist Certification Application form (Pages 7 & 8).**
- 2. Clinical Nurse Specialist certification fee of \$500.00.**
- 3. One recent 2" x 2" passport type photograph.**
- 4. Required documentation to determine certification eligibility. Please refer to the application requirements for Clinical Nurse Specialist certification (Pages 4, 5 & 6) and select the appropriate method by which to qualify.**

If you do not possess a current, clear and active California RN license and have never applied for a California RN license, an Application for California RN Licensure by Endorsement must also be submitted. If you have had a permanent California RN license, you must renew/reactivate the California RN license.

Clinical Nurse Specialist application fee is an earned fee; therefore, when an applicant is found ineligible the application fee is not refunded. Processing times for certification may vary, depending on the receipt of documentation from academic programs, associations/national organizations or evaluators. Processing a Clinical Nurse Specialist certification application indicating disciplinary action(s) and/or voluntary surrender(s) may take longer. A pending application file is not a public record; therefore, an applicant must sign a release of information before the Board of Registered Nursing will release information to the public, including employers, relatives or other third parties. Once you are certified, your address of record must be disclosed to the public upon request. All requests for information are mandatory.

GENERAL INSTRUCTIONS (CONT'D)

II. Name and/or Address Changes

California Code of Regulations, Section 1409.1 requires that you notify the Board of Registered Nursing of all name and address changes within thirty (30) days of any change. You may call the Board of Registered Nursing regarding the change of address of record. If you have changed your name, please submit a letter of explanation regarding the requested name change plus applicable documentation such as a copy of a marriage certificate, divorce decree or a driver's license.

III. U.S. Social Security Number or Individual Taxpayer Identification Number (ITIN)

Disclosure of your U.S. Social Security Number/ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C)) authorize collection of your U.S. Social Security Number/ITIN. Your U.S. Social Security Number/ITIN 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, certification or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. **If you fail to disclose your U.S. Social Security Number/ITIN, your application for initial or renewal of licensure/certification will not be processed.** You will be reported to the Franchise Tax Board, who may assess a \$100 penalty against you.

ALERT: Effective July 1, 2012, the Board of Registered Nursing is required to deny an application for licensure and to suspend the license/certification/registration of any applicant or licensee who has outstanding tax obligations due to the Franchise Tax Board (FTB) of the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100.00. (AB 1424, Perea, Chapter 455, Statutes of 2011)

IV. Reporting ALL Discipline(s) and/or Voluntary Surrender(s) Against Licenses/Certificates

Applicants are required under law to report all disciplinary action(s) and/or voluntary surrender(s) against an applicant's clinical nurse specialist, registered nurse, practical nurse, vocational nurse or other professional license/certificate.

Failure to report prior disciplinary action(s) and/or voluntary surrender(s) is considered falsification of application and is grounds for denial of licensure/certification or revocation of license/certificate.

When reporting prior disciplinary action(s) and/or voluntary surrender(s), **applicants are required to provide a full written explanation of:** circumstances surrounding the disciplinary action(s) and/or voluntary surrender(s), the date of incident(s), disciplinary action(s) and/or voluntary surrender(s). State board determinations/decisions should also be included.

GENERAL INSTRUCTIONS (CONT'D)

NOTE: Applicants must also submit a description of the rehabilitative changes in their lifestyle which would enable them to avoid future occurrences.

To make a determination in these cases, the Board of Registered Nursing considers the nature and severity of the offense, additional subsequent acts, recency of acts or crimes, compliance with court sanctions and evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation. Examples of rehabilitation evidence include, but are not limited to:

- Recent dated letter from applicant describing rehabilitative efforts or changes in life to prevent future problems.
- Letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse.
- Proof of community work, schooling, self-improvement efforts.

All of the above items should be mailed **directly** to the Board of Registered Nursing by the individual(s) or agency who is providing information about the applicant. Have these items sent to the Board of Registered Nursing, Licensing Unit – Advanced Practice Certification (CNS), P.O. Box 944210, Sacramento, CA 94244-2100.

It is the responsibility of the applicant to provide sufficient rehabilitation evidence on a timely basis so that a certification determination can be made.

An applicant is also required to immediately report, in writing, to the Board of Registered Nursing any disciplinary action(s) and/or voluntary surrender(s) which occur between the date the application was filed and the date that a California Clinical Nurse Specialist certificate is issued. Failure to report this information is grounds for denial of licensure/certification or revocation of license/certificate.

NOTE: The application must be completed and signed by the applicant under penalty of perjury.

GENERAL INSTRUCTIONS (CONT'D)

V. Address Information

The Board of Registered Nursing's mailing address is:

Advanced Practice Unit – CNS Certification
Board of Registered Nursing
P. O. Box 944210, Sacramento, CA 94244-2100

The Board of Registered Nursing's street address for overnight mail is:

Advanced Practice Unit – CNS Certification
Board of Registered Nursing
1747 North Market Blvd., Suite 150, Sacramento, CA 95834

VI. California Nursing Practice Act

California statutes and regulations pertaining to Registered Nurses/Clinical Nurse Specialists may be obtained by contacting:

LexisNexis at:
www.lexisnexis.com/bookstore (search: California Nursing)ervices

APPLICATION REQUIREMENTS FOR CLINICAL NURSE SPECIALIST (CNS) CERTIFICATION

METHOD ONE

Successful completion of a master's program with a clinical field of nursing which conforms with the standards set forth in the California Business and Professions Code Section 2838.2.

Documentation submitted directly to the Board of Registered Nursing:

1. Verification of the Completion of a Master's Degree in a Clinical Field of Nursing or Clinical Field Related to Nursing form submitted by the academic program. (Page 9)
2. Official transcripts for the completed master's program in a clinical field of nursing submitted by the academic program.
3. Verification of Clinical Nurse Specialist Clinical Experience form submitted by a valid verifier. (Page 11)

APPLICATION REQUIREMENTS FOR CLINICAL NURSE SPECIALIST (CNS) CERTIFICATION (CONT'D)

METHOD TWO

Certification by a national organization/association whose standards are equivalent to those set forth in the California Business and Professions Code Section 2838.2.

Documentation submitted directly to the Board of Registered Nursing:

1. Verification of the Completion of a Master's Degree in a Clinical Field of Nursing or Clinical Field Related to Nursing form submitted by the academic program. (Page 9)
2. Official transcripts for the completed master's program in a clinical field of nursing or clinical field related to nursing submitted by the academic program.
3. Verification of Clinical Nurse Specialist Certification by a National Organization/Association form submitted by the national organization/association. (Page 10)

Listed below are the national organization/associations that have met the Clinical Nurse Specialist certification requirements that are equivalent to the Board's standards for Clinical Nurse Specialist certification as defined in California Business and Professions Code Section 2838.2. A clinical nurse specialist (CNS) is a registered nurse with advanced education, who participates in expert clinical practice, education, research, consultation, and clinical leadership as the major components of his or her role.

American Association of Critical-Care Nurses

101 Columbia, Aliso Viejo, CA 92656-1491 (800) 899-2226 <http://www.aacn.org>

American Nurses Association - American Nurses Credentialing Center (ANCC)

600 Maryland Ave., SW, Suite 100 West, Washington, DC 20024-2571 (800) 284-2378
<http://www.nursingworld.org/ancc>

Oncology Nursing Certification Corporation

501 Holiday Dr., Pittsburgh, PA 15220-2749 (412) 928-8597 <http://www.oncc.org>

(Above Information Subject to Change)

METHOD THREE

California Business and Professions Code Section 2838.2 defines a clinical nurse specialist (CNS) as a registered nurse with advanced education, who participates in expert clinical practice, education, research, consultation, and clinical leadership as the major components of his or her role.

All documentation submitted to the Board of Registered Nursing is for the purpose of validating your eligibility for clinical nurse specialist certification. Since your master's degree is related to nursing, you may qualify if you are able to demonstrate graduate course work in advanced nursing in the areas of expert clinical practice, consultation, clinical leadership, research and education. If your master's degree content included education, research and consultation content that is equivalent to a master's degree in a nursing curriculum, those courses may be listed.

APPLICATION REQUIREMENTS FOR CLINICAL NURSE SPECIALIST (CNS) CERTIFICATION (CONT'D)

METHOD THREE (Cont'd)

The Verification of Required Advanced Nursing Component Areas to Meet the Requirements for Clinical Nurse Specialist (CNS) Certification form (Page 12) should be used to validate your advanced nursing competencies identified in the related courses for the advanced nursing education and practice. Please refer to Page 13 for an example of a completed form to evidence the course work validation for the five (5) advanced nursing component areas.

Documentation submitted directly to the Board of Registered Nursing:

1. Verification of the Completion of a Master's Degree in a Clinical Field of Nursing or Clinical Field Related to Nursing form submitted by the academic program. (Page 9)
2. Official transcripts for the completed master's program in a clinical field related to nursing submitted by the academic program.
3. Verification of Clinical Nurse Specialist Clinical Experience form submitted by a valid verifier. (Page 11) A valid verifier of CNS clinical experience is one who is knowledgeable about the CNS's roles and must have observed you performing the roles for the five (5) advanced nursing component areas. The person who has observed you only in your advanced practice setting in a field related to nursing (where you did not carry out the advanced nursing role) is not a valid verifier.
4. Submission of the Method 3 - Verification of Required Advanced Nursing Component Areas to Meet the Requirements for Clinical Nurse Specialist Certification form to detail the required five (5) advanced nursing component areas. (Page 12) Please refer to an example of a completed verification form. (Page 13)
5. Curriculum and course descriptions for the completed master's level course work in advanced nursing with accompanying official transcripts or certificate of completion.

VII. HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES RECEIVE EXPEDITED REVIEW

Notwithstanding any other law, on and after July 1, 2016, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged (Business and Professions Code section 115.4.).

If you would like to be considered for this expedited review and process, please provide the following documentation with your application:

1. Report of Separation form.

The report of separation form issued in most recent years is the **DD Form 214, Certificate of Release or Discharge from Active Duty**. Before January 1, 1950, several similar forms were used by the military services, including the WD AGO 53, WD AGO 55, WD AGO 53-55, NAVPERS 553, NAVMC 78PD and the NAVCG 553.

Information shown on the Report of Separation may include the service member's date and place of entry into active duty, date and place of release from active duty, last duty assignment and rank, military job specialty, military education, total creditable service, separation information, etc.



APPLICATION FOR CLINICAL NURSE SPECIALIST (CNS) CERTIFICATION
APPLICATION FEE - \$500.00

A. PERSONAL DATA (Please print or type):

MILITARY HONORABLE DISCHARGE - Check here if you served as an active duty member of the Armed Forces of the United States and were honorably discharged.

Name: <div style="display: flex; justify-content: space-between; width: 90%; margin-left: 20px;"> (Last) (First) (Middle) </div>	Previous Names (Including Maiden Name):
Address of Record: <div style="text-align: center; width: 80%; margin-left: 20px;">(Number & Street)</div>	Date of Birth: <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> (Month) (Day) (Year) </div>
<div style="display: flex; justify-content: space-between; width: 90%; margin-left: 20px;"> (City) (State) (Zip Code) </div>	U.S. Social Security Number or Individual Taxpayer ID Number:
Primary Telephone Number:	Email address:

B. RN LICENSURE/CLINICAL NURSE SPECIALIST CERTIFICATION:

California RN License Number:	Date Issued:	Expiration Date:
List ALL States Where You Hold/Held an RN License and Status:	List ALL States Where You Hold/Held a Clinical Nurse Specialist License/Certificate and Status:	
Original State of RN Licensure:	RN License Number:	Date Issued:
Original State of Clinical Nurse Specialist Certification:	Clinical Nurse Specialist Certificate Number:	Date Issued:
		Expiration Date:

C. RN EDUCATION:

Name of Professional Registered Nursing Program:	Location: <div style="display: flex; justify-content: space-between; width: 90%; margin-left: 20px;"> (City) (State or Country) </div>
Type of RN Program: <input type="checkbox"/> ADN <input type="checkbox"/> DIP <input type="checkbox"/> BSN <input type="checkbox"/> MSN	Entrance Date: Graduation/Completion Date:

D. MASTER'S DEGREE WITH A CLINICAL FIELD OF NURSING/CLINICAL FIELD RELATED TO NURSING:

Name of Master's Degree Academic Program:	Location: <div style="display: flex; justify-content: space-between; width: 90%; margin-left: 20px;"> (City) (State or Country) </div>
Area of Specialization/Clinical Field:	Entrance Date: Graduation/Completion Date:

E. CLINICAL NURSE SPECIALIST PROFESSIONAL CERTIFICATION (If Applicable):

Name of National Organization/Association:	Original Date of Certification:
Area of Specialization:	
Certification Number:	Current Renewal/Recertification Cycle Dates:
Method of Certification: <input type="checkbox"/> Examination <input type="checkbox"/> Other (Please Explain)	

F. BACKGROUND INFORMATION:

I. Have you ever applied for a Clinical Nurse Specialist certificate in California? If yes: Name at Time of Application: _____ Date Submitted: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
II. Have you ever been issued a Clinical Nurse Specialist certificate in California? If yes: STOP. DO NOT CONTINUE. Please contact the Board regarding whether you should reapply or file a petition for reinstatement of your California Clinical Nurse Specialist certification.	Yes <input type="checkbox"/> No <input type="checkbox"/>
III. Have you ever had a health-care related license/certificate to practice nursing revoked, suspended, placed on probation or otherwise disciplined or voluntarily surrendered in any way? If yes, please explain fully as described in the General Instructions – Section IV. Have you ever had a professional or vocational license/certificate to practice revoked, suspended, placed on probation or otherwise disciplined or voluntarily surrendered in any way? If yes, please explain fully as described in the General Instructions – Section IV.	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

I understand that I am required to report immediately to the California Board of Registered Nursing **ANY** disciplinary action and/or voluntary surrender against **ANY** health-care related license/certificate that occurs between the date of this application and the date that a California Clinical Nurse Specialist certificate is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for Clinical Nurse Specialist certification is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure/certification or licensure/certification revocation in California.

SIGNATURE OF APPLICANT: _____

DATE: _____

NOTE:

**PLEASE TAPE A
RECENT 2" x2"
PASSPORT SIZE
PHOTOGRAPH**



**VERIFICATION OF THE COMPLETION OF A MASTER'S DEGREE IN A
 CLINICAL FIELD OF NURSING OR CLINICAL FIELD RELATED TO NURSING
 (CNS)**

A. TO BE COMPLETED BY APPLICANT: Please complete Section A and forward to the program director/representative for the master's level academic program for completion. Official transcripts must include all completed course work with the master's degree status conferred and must be sent directly to the Board of Registered Nursing by the Registrar's Office/Transcript Office. A processing fee may be required for the submission of the official transcripts. Please print or type.

Name: (Last) (First) (Middle)		Previous Names (Including Maiden Name):	
Address of Record: (Number & Street)		Date of Birth: (Month) (Day) (Year)	
(City) (State) (Zip Code)		U.S. Social Security Number or Individual Taxpayer ID Number:	
Telephone Number: Home () Work ()		California RN License Number: Expiration Date:	
Name of Master's Level Academic Program:			
Entrance and Completion Dates:		Clinical Field:	
Signature of Applicant: _____ Date: _____			

B. TO BE COMPLETED BY THE PROGRAM DIRECTOR/REPRESENTATIVE FOR THE MASTER'S LEVEL ACADEMIC PROGRAM: Please complete Part B regarding the above named applicant and return to the Board of Registered Nursing.

Name of Master's Academic Program:		Telephone Number: ()	
Address: (Number & Street) (City) (State) (Zip Code)			
Clinical Field of Master's Program:			
Entrance and Completion Dates: From: To: (Month) (Day) (Year) (Month) (Day) (Year)			
Date Master's Degree Status Conferred:			
I certify under penalty of perjury that the documentation regarding the completion of the master's degree in a clinical field of nursing or clinical field related to nursing program for the above named applicant is true and correct.			
Signature: _____ Date: _____			
Title: _____ Telephone Number: (_____) _____			



**VERIFICATION OF CLINICAL NURSE SPECIALIST (CNS) CERTIFICATION BY
 A NATIONAL ORGANIZATION/ASSOCIATION
 METHOD 2**

A. TO BE COMPLETED BY APPLICANT: Please complete Part A and submit to the applicable national organization/association to verify your Clinical Nurse Specialist certification status. **A fee is required by the national organization/association for the processing of the verification form.** Please print or type.

Name: (Last) (First) (Middle)	Previous Names (Including Maiden Name):
Address of Record: (Number & Street)	Date of Birth: (Month) (Day) (Year)
(City) (State) (Zip Code)	U.S. Social Security Number or Individual Taxpayer ID Number:
Telephone Number: Home () Work ()	California RN License Number: Expiration Date:
Name of Academic Program:	
Entrance and Completion Dates:	Clinical Field:
Signature of Applicant: _____ Date: _____	

B. TO BE COMPLETED BY THE CERTIFYING NATIONAL ORGANIZATION/ASSOCIATION: Please complete Part B regarding the above named applicant and return to the Board of Registered Nursing.

Name of Certifying National Organization/Association:	Telephone Number: ()
Address: (Number & Street) (City) (State) (Zip Code)	Method of Certification:
Certificate Number:	Original Date of Certification:
Current Renewal Cycle Dates for Certification/Recertification: From: To: (If not applicable, please explain.) (Month) (Year) (Month) (Year)	
Clinical Nurse Specialist Specialty/Clinical Field:	

I certify under penalty of perjury that the documentation regarding the Clinical Nurse Specialist certification status for the above named applicant is true and correct.

Signature: _____ Date: _____
 Title: _____ Telephone Number: (_____) _____ **(OFFICIAL SEAL)**



VERIFICATION OF CLINICAL NURSE SPECIALIST (CNS) CLINICAL EXPERIENCE

A. TO BE COMPLETED BY APPLICANT: Please complete Part A and submit to the appropriate verifier to evidence your clinical experience for the five nursing component areas. Please print or type.

Name: (Last) (First) (Middle)	Telephone Number: Home: () Work: ()
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U.S. Social Security Number or Individual Taxpayer ID Number:	California RN License Number:
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B. VERIFICATION OF CLINICAL NURSE SPECIALIST CLINICAL NURSING EXPERIENCE: Please complete Part B and return the completed form to the Board of Registered Nursing. A valid verifier of CNS clinical experience is one who is knowledgeable about the CNS's roles and must have observed you performing the roles for the five (5) advanced nursing component areas. **The person who has observed you only in your advanced practice setting in a field related to nursing (where you did not carry out the advanced nursing role) is not a valid verifier.**

Name of Verifier & Credentials: _____ Telephone Number: () _____

Position: _____ Profession: _____

Address: _____
 (Number & Street) (City) (State) (Zip Code)

Licensed By: _____ License Number: _____ Expiration Date: _____

Location of Clinical Nursing Experience: _____
 (Name of Agency or Institution) (Address)

Professional Relationship to Applicant: _____

From: _____ To: _____ Applicant's Clinical Specialty: _____
 Month (Day) (Year) ((Month) (Day) (Year)

Please place a check mark (✓) in the appropriate square(s) to indicate the following advanced nursing component area(s) in which the above named applicant has participated for the above specified period of time:

- Expert Clinical Nursing Practice** – Works with the staff to provide improved clinical care; assesses and intervenes in complex health care problems within the selected clinical specialty; management of client populations; mentor/preceptor for students.
- Education** – Staff development; formal/informal classes; coaching; precepting; teaching in-services; community education; development of program materials; presentations.
- Research** – Utilizes quality improvement as a basis for nursing care decision making process; stays abreast of current literature in clinical specialty; critical analysis of data; product evaluation; initiates research studies or publishes.
- Consultation** – Provides clinical expertise and recommendations to physicians, other health care providers, insurance companies, patients and/or health organizations; review of standards and evaluation of policy and procedures for clinical practice; development of critical pathways or maps; internal (within the unit) and external (between units/agencies).
- Clinical Leadership** – Professional involvement and development/participation in professional organizations; facilitating goal setting and achievement; serves as a change agent; leadership role in committees and nursing presentations; participation in setting and developing standards; publishing.

I certify under penalty of perjury that the **verification of clinical nurse specialist clinical experience** for the specified period for the above named applicant is true and correct.

Signature: _____ Date: _____

METHOD 3

VERIFICATION OF REQUIRED ADVANCED NURSING COMPONENT AREAS TO MEET THE REQUIREMENTS FOR CLINICAL NURSE SPECIALIST (CNS) CERTIFICATION**

On the form provided below, please list the **graduate level advanced nursing courses** you have successfully completed to satisfy the required five (5) advanced nursing component areas. Please refer to the following list of the five (5) required advanced nursing component areas:

- 1) Expert Clinical Nursing Practice 2) Education 3) Research 4) Consultation 5) Clinical Leadership**

It is essential that you evidence completion of **each of the five (5) advanced nursing component areas** in order that the Board of Registered Nursing will have sufficient information/documentation to evaluate your eligibility for Clinical Nurse Specialist certification in California. The format below may be used and you may duplicate the form as necessary. For specific clarification regarding the standards for a Clinical Nurse Specialist please refer to the Business and Professions Code Section 2838.2.

Component Area	Component Area Completed (Course Name, Course Number, Entrance & Completion Dates)	Name of Component Provider/Academic Program	Credit

**** Documentation (official transcripts, course descriptions, curriculum information, etc.) must be submitted to verify successful completion and content of each required advanced nursing component area.**

METHOD 3

VERIFICATION OF REQUIRED ADVANCED NURSING COMPONENT AREAS TO MEET THE REQUIREMENTS FOR CLINICAL NURSE SPECIALIST (CNS) CERTIFICATION**

On the form provided below, please list the **graduate level advanced nursing courses** you have successfully completed to satisfy the required five (5) advanced nursing component areas. Please refer to the following list of the five (5) required advanced nursing component areas:

- 1) Expert Clinical Nursing Practice 2) Education 3) Research 4) Consultation 5) Clinical Leadership**

It is essential that you evidence completion of **each of the five (5) advanced nursing component areas** in order that the Board of Registered Nursing will have sufficient information/documentation to evaluate your eligibility for Clinical Nurse Specialist certification in California. The format below may be used and you may duplicate the form as necessary. For specific clarification regarding the standards for a Clinical Nurse Specialist please refer to the Business and Professions Code Section 2838.2.

Component Area	Component Area Completed (Course Name, Course Number, Entrance & Completion Dates)	Name of Component Provider/Academic Program	Credit
Expert Clinical Practice (1)	Advanced Pathophysiology for Advanced Practice Nursing Nursing 510 – Spring Semester, 1997	CSU – Waterford Post-Graduate Nursing Program	3
Expert Clinical Practice (1)	Advanced Pharmacology for Advanced Nursing Practice Nursing 520 – Spring Semester, 1997	CSU – Waterford Post-Graduate Nursing Program	3
Expert Clinical Practice (1)	Advanced Physical Assessment for Advanced Practice Nurses Nursing 530 – Fall Semester, 1997	CSU – Waterford Graduate Nursing Program	3
Education (2)	Independent Study (Staff Development Project at Clinical Agency) Nursing 590 – Fall Semester, 1997	CSU – Waterford Graduate Nursing Program	2
Expert Clinical Practice (1)	Psychiatric-Mental Health Clinical Studies for Advanced Practice Nursing I Nursing 688A – Spring Semester, 1998	CSU – Waterford Graduate Nursing Program	4

**** Documentation (official transcripts, course descriptions, curriculum information, etc.) must be submitted to verify successful completion and content of each required advanced nursing component area.**



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:	TO DETERMINE ELIGIBILITY FOR LICENSURE. YOUR U.S. SOCIAL SECURITY NUMBER/ITIN WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USCA 405(c)(2)(C)) AUTHORIZE COLLECTION OF YOUR U.S. SOCIAL SECURITY NUMBER/ITIN. IF YOU FAIL TO DISCLOSE YOUR U.S. SOCIAL SECURITY NUMBER/ITIN, 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.	
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 U.S. SOCIAL SECURITY NUMBER/ITIN 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 practicably 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.

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 one thousand dollars (\$1,000), or by both imprisonment and fine.

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