

Online RN Endorsement Application

CA BOARD OF REGISTERED NURSING

This screen-by-screen overview will assist you in completing the **Online RN Endorsement Application** through your online BreEZe account.

IMPORTANT TIPS WHEN APPLYING

- Submit your payment the same day you submit the online application. Applications submitted without payment will NOT be processed.
- Please fully read the instructions on each page and follow them carefully. You will NOT be able to make any changes to your application once it has been submitted.
- If you would like to request a Temporary RN License, you will need to submit the “**RN Endorsement**” application FIRST, and you will then be able to submit the “**RN Request for Temporary License**” online application through your BreEZe account (you cannot apply for a temporary license only).
- If you submit your online application and forget to attach any required documentation to the application, you can still submit additional document(s) through your BreEZe account. When you log into your BreEZe account, the online application titled “Submit Additional Documents” is located at the Quick Start Menu under the “Applicant Activities” section.

Introduction

- Carefully and fully read the Introduction screen, as it contains important information and helpful links, such as our current Processing Times.
- Important Fingerprinting requirement instructions are found here.

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14 - RN Endorsement - Introduction

To qualify for endorsement into California as a registered nurse, you must hold a current and active license in another U.S. State/U.S. Territory or Canada, have completed an educational program meeting all California requirements **and** have passed the national licensure examination (NCLEX-RN: ENU or NCLEX-RN-1: ENU) or acceptable five-part Canadian examination. The Canadian Comprehensive Examination is not acceptable.

If you do not possess these qualifications, you must apply for licensure by Examination. For further information click the following link: http://www.rn.ca.gov/online/breeze_online.shtml

The California Board of Registered Nursing will not issue a license if you are lacking any educational requirements. You must successfully complete an approved course(s) in that subject(s) before a California registered nurse license can be issued.

The Registered Nurse endorsement application fee is an earned fee; therefore, if an applicant is found ineligible the application fee is not refundable. Your application will not get placed into our queue for processing until payment is received.

Due to varying processing times, please allow appropriate processing time for the initial evaluation of your application. Once your application has been evaluated, your application status will be updated in your online BreEZe account. Processing times may vary, depending on the receipt of documentation from academic programs, agencies and other states or countries. Current processing times can be found here: <http://rn.ca.gov/times.shtml>

For assistance in completing this online application, step-by-step instructions can be found here: <http://www.rn.ca.gov/pdfs/applicants/end-app-instructions.pdf>. It is helpful to have these instructions open while completing your online application.

Processing a Registered Nurse endorsement application indicating a conviction(s), 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 licensed, your address of record must be disclosed to the public upon request. All requests for information are mandatory.

Please refer to the General Instructions and Application Requirements regarding the Application to obtain Licensure by Endorsement for a Registered Nurse (RN). www.rn.ca.gov/pdfs/applicants/end-app.pdf

California statutes and regulations pertaining to Registered Nurses may be obtained by contacting: LexisNexis at: www.lexisnexis.com/bookstore (search: California Nursing)

FINGERPRINTING REQUIREMENT: Fingerprinting is required for all applicants for the purpose of conducting a criminal history record check. The fingerprints remain on file with the California Department of Justice, who provides reports to the Board of Registered Nursing of any future convictions on an ongoing basis. **Federal Bureau of Investigations (FBI) guidelines requires applicants to complete a criminal history background check AFTER they have submitted their application.**

Two fingerprinting methods are available:

- **Live Scan Process:** You must use a Live Scan site located in California to use this method. The Board will NOT be able to receive results for fingerprints taken at Live Scan locations that are outside of California. The Live Scan form can be downloaded here: [\[REDACTED\]](#)

The Live Scan form will print in triplicate; take all three copies to the Live Scan site. Complete the required fields (marked with red "X"). At the Live Scan site, they will scan your fingerprints electronically and submit them immediately for processing.

After your fingerprints have been scanned:

1. First copy of the form is kept by the Live Scan operator.
2. Second copy may be submitted to the Board through your online BreEZe account (this is NOT required - please only submit a completed copy if it is being specifically requested by the Board).
3. Third copy can be kept by you for your records.

- **Manual Fingerprint Process:** If you are outside of California or are unable to access Live Scan, you may use the manual fingerprint (hard card) method. A fingerprint card can be requested by using the request form on the Board's website here: <https://www.dca.ca.gov/webapps/rn/requests.php>

Information Privacy Act

- The Information Privacy Act screen contains information on the Information Practices Act, Section 1798.17 Civil Code. You must Agree to this section before continuing with the application.

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14 - RN Endorsement - 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: To determine eligibility for licensure. Your social security number 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)(3)(C)) authorize collection of your social security number. If you fail to disclose your social security number, 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 social security 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 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 \$1,000, or by both imprisonment and fine.

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

Press "Agree" to continue.

To save and exit this application, click on the "Cancel" button.

Agree

Cancel

Transaction Suitability Questions

- The questions on this screen will determine if you are eligible to submit the Endorsement application.
- Please note that a valid U.S. Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is required to apply to the Board.

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Information Privacy Act	The following questions will determine if you are able to submit the online application. Press "Previous" to return to the previous section. Answer the questions and press "Next". To save and exit this application, click on the "Cancel" button.														
Transaction Suitability Questions															
Application Questions															
Name and Personal/Organization Details	<table><thead><tr><th>Question</th><th>Answer</th></tr></thead><tbody><tr><td>Do you have a U.S. Social Security Number or Individual Taxpayer Identification Number?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Did you pass the National Council Licensure Examination (NCLEX-RN), or the State Board Test Pool Examination (SBTPE) for Registered Nurses in the United States, or the five-part licensing examination in Canada?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Do you possess a current and active license from another U.S. State/U.S. Territory or from Canada?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Have you ever been issued a Registered Nurse license in California?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Did you review the General Instructions and Application Requirements regarding the Application for RN Endorsement?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Do you have a recent 2" X 2" passport type photograph ready to be attached to this online application? You will need to upload the photo as part of the online application.</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr></tbody></table>	Question	Answer	Do you have a U.S. Social Security Number or Individual Taxpayer Identification Number?	<input type="radio"/> Yes <input type="radio"/> No	Did you pass the National Council Licensure Examination (NCLEX-RN), or the State Board Test Pool Examination (SBTPE) for Registered Nurses in the United States, or the five-part licensing examination in Canada?	<input type="radio"/> Yes <input type="radio"/> No	Do you possess a current and active license from another U.S. State/U.S. Territory or from Canada?	<input type="radio"/> Yes <input type="radio"/> No	Have you ever been issued a Registered Nurse license in California?	<input type="radio"/> Yes <input type="radio"/> No	Did you review the General Instructions and Application Requirements regarding the Application for RN Endorsement?	<input type="radio"/> Yes <input type="radio"/> No	Do you have a recent 2" X 2" passport type photograph ready to be attached to this online application? You will need to upload the photo as part of the online application.	<input type="radio"/> Yes <input type="radio"/> No
Question	Answer														
Do you have a U.S. Social Security Number or Individual Taxpayer Identification Number?	<input type="radio"/> Yes <input type="radio"/> No														
Did you pass the National Council Licensure Examination (NCLEX-RN), or the State Board Test Pool Examination (SBTPE) for Registered Nurses in the United States, or the five-part licensing examination in Canada?	<input type="radio"/> Yes <input type="radio"/> No														
Do you possess a current and active license from another U.S. State/U.S. Territory or from Canada?	<input type="radio"/> Yes <input type="radio"/> No														
Have you ever been issued a Registered Nurse license in California?	<input type="radio"/> Yes <input type="radio"/> No														
Did you review the General Instructions and Application Requirements regarding the Application for RN Endorsement?	<input type="radio"/> Yes <input type="radio"/> No														
Do you have a recent 2" X 2" passport type photograph ready to be attached to this online application? You will need to upload the photo as part of the online application.	<input type="radio"/> Yes <input type="radio"/> No														
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The Board of Registered Nursing (BRN) does not accept applications without a U.S. Social Security Number or Individual Taxpayer Identification Number.

The Nursing Practice Act provides for a unified examination and licensing application. Once an application is deemed to have met all of California's requirements, a license is automatically issued. Under these circumstances the BRN cannot accept applications for examination and licensure without a U.S. Social Security Number or Individual Taxpayer Identification Number.

Pursuant to Section 30(c) of the Business and Professions code the BRN may not process any application for licensure unless the applicant provides a U.S. Social Security Number or Individual Taxpayer Identification Number. Section 30 of the Business and Professions code states in part:

30.(a) Notwithstanding any other provision of law, any board, as defined in Section 22, shall at the time of issuance of the license require that the licensee provide his or her Social Security Number or Individual Taxpayer Identification Number.

(b) Any licensee failing to provide the Social Security Number or Individual Taxpayer Identification Number shall be reported by the licensing board to the Franchise Tax Board and, if failing to provide after notification pursuant to paragraph (1) of subdivision (b) of Section 19528 of the Revenue and Taxation Code, shall be subject to the penalty provided in paragraph (2) of subdivision (b) of Section 19528 of the Revenue and Taxation Code.

(c) In addition to the penalty specified in subdivision (b), a licensing board may not process any application for an original license unless the applicant or licensee provides its Social Security Number or Individual Taxpayer Identification Number where requested on the application.

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Application Questions

- On this page, you can specify the type of nursing program completed and find other important information regarding submission of fingerprints and military expedite information.

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Information Privacy Act	If the following questions are not applicable to your application, make sure to select "No" as your response.
Transaction Suitability Questions	Answer the questions and press "Next" to continue. Press "Previous" to return to the previous section. To save and exit this application, click on the "Cancel" button.
Application Questions	
Name and Personal/Organization Details	Did you graduate from a Registered Nursing program located in the United States of America/US territory? For additional information, please refer to section VI of the Endorsement application instructions. <input type="text"/>
Contact Details	Are you reporting any type of prior convictions or discipline against any licenses? For additional information please refer to section II of the Exam Application Instructions. <input type="text"/>
Education History	Are you requesting a third party to obtain information regarding the status of your pending application? <input type="text"/>
Out of State License Information	Will you be submitting fingerprints via a fingerprint hard card? If "Yes", this will add an additional \$49.00 to your application fee. To request a fingerprint card or Live Scan form, refer to the following instructions below: REQUESTING FINGERPRINT CARD/LIVE SCAN FORM <input type="text"/>
Healing Art Survey	Have you served or are you currently serving in the military? <input type="text"/>
Discipline and Conviction Questions	Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the Armed Forces? If "Yes", refer to the following instructions below regarding MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS. <input type="text"/>
Previous Name(s)	Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces? <input type="text"/>
File Attachments	
Application Summary	REQUESTING FINGERPRINT CARD/LIVE SCAN FORM If you are located outside of California, you must submit a physical fingerprint card. Click here https://www.dca.ca.gov/webapps/rn/requests.php to request a fingerprint hard card to be mailed to you. If you are in California, you may submit fingerprints by electronic Live Scan. Click here http://www.rn.ca.gov/pdfs/applicants/livescan.pdf to print the Live Scan form. You must have your fingerprints taken at a Live Scan site in California for the BRN to receive your fingerprint results. Live Scan fingerprints taken anywhere outside of California cannot be received by the BRN. Once you have your fingerprints taken by Live Scan, the completed Live Scan form may be scanned and uploaded to the Attachments section of this application. MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS Note: If you meet the military spouse or domestic partner requirements, please scan and attach the following documentation on the File Attachments section of this application (you may be asked to submit original documentation). <ul style="list-style-type: none">Certificate of marriage or domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.Verification of current licensure in another state, district, or territory of the United States in the profession or vocation for which you are seeking licensure. MILITARY HONORABLE DISCHARGE REQUIREMENTS Note: If you meet the U.S. Armed Forces expedite requirement, please scan and attach a copy of the following documentation on the attachments page of this application. <ul style="list-style-type: none">DD214 or other supporting documentation.
	<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>

Name and Personal Details

- Enter your identifying information on this screen.

Introduction	<h3>14 - RN Endorsement - Name and Personal Details</h3> <p>Your name must match EXACTLY as it appears on your photo identification.</p> <p>Items with an asterisk (*) are required for the online application. If your culture does not permit a First Name or Last Name please enter "." in the appropriate name field.</p> <p>Pursuant to Business and Professions Code section 30, you MUST provide either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). The number you provide will be used for purposes related to tax enforcement, compliance with a judgment or order for child or family support in accordance with Family Code section 17520, or for verification of licensure or examination status when a reciprocity agreement or comity exists between that state and California. If you fail to disclose your SSN or ITIN your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a penalty against you.</p> <p>With the exception of your SSN or ITIN this application and the information contained herein may be disclosed pursuant to a request made under the California Public Records Act.</p> <p>Press "Previous" to return to the previous screen.</p> <p>Enter your personal details and Press "Next" to continue.</p> <p>To save and exit this application, click on the "Cancel" button.</p> <p>Title: <input type="text"/></p> <p>* First Name: <input type="text"/></p> <p>Middle Name: <input type="text"/></p> <p>* Last Name: <input type="text"/></p> <p>Suffix: <input type="text"/></p> <p>* SSN/ITIN  <input type="text"/></p> <p>* Date of Birth <input type="text"/> (mm/dd/yyyy)</p> <p>* Gender: <input type="text" value="v"/></p> <p>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).</p> <p>Previous Next Cancel</p>
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Contact Details

- Add an “Address of Record” here. The Board will use this address, your email address and/or telephone number for any follow-up correspondence.
- *Please enter a valid e-mail address to receive important updates from the Board.*
- Your “Address of Record” (mailing address) can be updated at any time throughout the application process. Just log into your BreEZe account, and access the online application titled “RN-Change of Address”, located at the Quick Start Menu under the “Application Activities” section.

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Information Privacy Act	Press "Previous" to return to the previous section.		
Transaction Suitability Questions	Press "Next" when finished adding/changing addresses.		
Application Questions	To save and exit this application, click on the "Cancel" button.		
Name and Personal/Organization Details	License Specific Addresses		
Contact Details	Address of Record	Address:	555 Main St Sacramento , CA 95834 US
Education History		Phone Number:	9165551234
Out of State License Information		E-mail:	firstlast@email.com
Healing Art Survey		Alternate Phone	
Discipline and Conviction Questions	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.		
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Education History

Please fully read the information on this screen.

- Enter your nursing school information. School names are sorted alphabetically. If you do not see your school listed, select the "Other" option, located at the top of the list.
- Please leave the "End Date" blank.
- **U.S. nursing program graduates: we are now accepting electronic transcripts! Please CAREFULLY read the information on this screen for the process on submitting your transcripts to our Board electronically.**



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Information Privacy Act	Please enter the following information: Name of Registered Nurse (RN) Program, Graduation Date, Degree/Program and School Address. If you are unable to locate your school on the list, please select the "99999 - OTHER" option, located at the top of the list.
Transaction Suitability Questions	PLEASE DO NOT ENTER AN END DATE.
Application Questions	Press "Continue" when you have finished entering data.
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Name of Registered Nursing (RN) Program	B2150 - GEORGIA STATE UNIVERSITY
Start Date	01/01/2012 (mm/dd/yyyy)
End Date	(mm/dd/yyyy)
Graduation Date	12/15/2015 (mm/dd/yyyy)
Degree/Program	BSN -Bachelor of Science in Nursing
School Address	123 Main St, Atlanta GA 30302

Official transcripts submitted directly from the nursing school, must include all completed course work with the certificate/degree status conferred and must be sent directly to the California Board of Registered Nursing (BRN).

OUT-OF-STATE U.S. GRADUATES ONLY:

THE BRN IS NOW ACCEPTING ELECTRONIC TRANSCRIPTS FOR OUT-OF-STATE U.S. NURSING PROGRAMS. TRANSCRIPTS MUST BE SENT BY EITHER YOUR SCHOOL OF NURSING OR A THIRD-PARTY VENDOR SUCH AS PARCHMENT, NATIONAL STUDENT CLEARINGHOUSE, ETC.

ELECTRONIC TRANSCRIPTS MUST BE SENT DIRECTLY FROM THE SCHOOL OR THIRD-PARTY VENDOR TO:
BRN.eTranscripts@dca.ca.gov

ELECTRONIC TRANSCRIPTS SENT FROM APPLICANTS TO THIS E-MAIL ADDRESS WILL NOT BE ACCEPTED. TRANSCRIPTS MUST BE SENT TO THIS E-MAIL ADDRESS DIRECTLY FROM THE SCHOOL OR THIRD-PARTY VENDOR. PLEASE HAVE YOUR TRANSCRIPTS SENT ELECTRONICALLY TO THE BOARD ONLY AFTER YOU HAVE SUBMITTED THIS APPLICATION, NOT BEFORE.

The BRN requires transcripts from all colleges and/or universities you attended that reflect courses required for a degree in nursing. This includes general education course requirements (anatomy, physiology, microbiology, general psychology, social sciences, oral and written communications) and all nursing courses.

FOR INTERNATIONAL GRADUATES:

A.) Send the Breakdown of Educational Program for International Nursing Programs form to your school with the Request for Transcript form. Also, provide the Certified English Translation form to your certified translator if your transcript is not in English.

B.) Submit a copy of your license or diploma that allows you to practice professional nursing in the country where you were educated. Also, provide copies of your certificates for midwifery and psychiatric nursing, if applicable.

Out of State RN License Information

- Enter information for where you hold a current and active out-of-state RN license (if you hold multiple active licenses, only information for one active RN license is required).
- If your other State Board of Nursing participates in Nursys online licensure verification, be sure to have that verification registered on the Nursys website and sent to the California Board of Registered Nursing.

Introduction	<h3>14 - RN Endorsement - Out of State License Information - Information</h3> <p>The following pertains to the U.S. State/U.S. Territory or Canadian Province where you hold a current and active Registered Nurse (RN) license and the U.S. State/U.S. Territory or Canadian Province where you were licensed by examination. Items with an asterisk (*) are required for the online application.</p> <p>Press "Previous" to return to the previous section.</p> <p>Enter appropriate details and press "Next" to continue.</p> <p>To save and exit this application, click on the "Cancel" button.</p> <hr/> <p>* U.S. State/U.S. Territory or Canadian Province where you hold a current and active Registered Nurse (RN) License? <input type="text"/></p> <p>* RN License Number: <input type="text"/></p> <p>* RN License Issue Date: <input type="text"/> (mm/dd/yyyy)</p> <p>* RN License Expiration Date: <input type="text"/> (mm/dd/yyyy)</p> <p>* U.S. State/U.S. Territory or Canadian Province where you were licensed by examination as a Registered Nurse (RN)? <input type="text"/></p> <p>* RN License Number by Exam: <input type="text"/></p> <p>* RN License Issue Date by Exam: <input type="text"/> (mm/dd/yyyy)</p> <p>* Which RN Exam did you pass? <input type="text"/></p> <p>The California Board of Registered Nursing requires verification of your out-of-state RN license. If your Board of Nursing participates in Nursys®, visit https://www.nursys.com/ to complete verification online and have the verification sent to the California BRN electronically.</p> <p>In addition, international graduates must submit license verification from your Board of Nursing where you took the examination (NCLEX-RN, SBTPE, or five-part licensing examination in Canada).</p> <p>Previous Next Cancel</p>
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Healing Art Survey

- The (optional) Healing Art Survey will assist in gathering information on health profession shortages and other relevant data.
- If you do not wish to complete this optional survey, simply click the “Next” button.

Introduction	<h3>14 - RN Endorsement - Healing Art Survey - Information</h3> <p>Please consider completing the following optional survey questions relating to your healing arts profession. Completion of the survey helps determine health professionals' shortages and improves access to patient care. If you do not wish to complete this component of the survey, select 'Next' at the bottom of the screen to proceed forward with your application.</p> <p>Press "Previous" to return to the previous section.</p> <p>Enter appropriate details and press "Next" to continue.</p> <p>To save and exit this application, click on the "Cancel" button.</p> <hr/> <p>Additional Credentials/Certificates:</p> <p>Are you presently pursuing credentials or certifications in addition to your previously obtained qualifying degree? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If you answered 'Yes' to the previous question, please enter the name of the credential/certification: <input type="text"/></p> <p>If you are pursuing additional credentials or certifications, what is the expected year of completion (e.g. 2018)? <input type="text"/></p> <p>If applicable, please enter the name of the school at which you are pursuing your additional credential/certification: <input type="text"/></p> <p>If applicable, please enter the address of the school at which you are pursuing your additional credential/certification: <input type="text"/></p> <p>Cultural/Ethnic Background:</p> <p>If you identify your cultural/ethnic background as African American, please select 'Yes.' <input type="radio"/> Yes <input type="radio"/> No</p> <p>If you identify your cultural/ethnic background as American Indian/Native American/Alaskan Native, please select 'Yes.' <input type="radio"/> Yes <input type="radio"/> No</p> <p>If you identify your cultural/ethnic background as Caucasian/White European/Middle Eastern, please select 'Yes.' <input type="radio"/> Yes <input type="radio"/> No</p> <p>If you identify your cultural/ethnic background as Latino/Hispanic, please select 'Yes.' <input type="radio"/> Yes <input type="radio"/> No</p> <p>If you identify your cultural/ethnic background as Latino/Hispanic, please select the appropriate value from the dropdown options. <input type="text"/></p> <p>If you identify your cultural/ethnic background as Asian, please select 'Yes.' <input type="radio"/> Yes <input type="radio"/> No</p>
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Discipline & Prior License Denial Questions

- These questions relate to the applicant's prior discipline or license denial information, if any.
- Answering "Yes" to any of these questions may extend processing time.
- *If answering "Yes" to any of these questions, you may attach a written statement (may be typed) explaining your situation on the "File Attachments" screen of the online application.*

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Please answer the following questions. Items with an asterisk (*) are required for the online application.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

Have you ever had disciplinary proceedings against any license as a RN or any health-care related license or certificate including revocation, suspension, probation, voluntary surrender, or any other proceeding in any state or country? Yes No

If yes, prepare a written statement including the date, state and/or country where the discipline occurred. You may attach the statement to the Attachments section of this application.

* Have you ever been denied an RN or any other health-care related license in any state/territory? Yes No

If yes, prepare a detailed written explanation, including the date, state and/or country where the denial occurred. You may attach the explanation to the Attachments section of this application.

Notes:

I understand that I am required to report 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 the California license/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.

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

Previous Name(s)

- On this screen, click the “Add” button to add any previous name information (such as a former last name).
- This may help us in locating transcripts and other documents that may come to our Board under a previously used last name, etc.
- If you do not have any previous names, simply click the “Next” button.

14 - RN Endorsement - Previous Name(s) - Information

Enter any previous name(s) you have. Previous name(s) include i.e. maiden name, also known as (AKA) and alias. Items with an asterisk(*) are required for the online application.

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.

To save and exit this application, click on the "Cancel" button.

First Name	Middle Name	Last Name	Suffix (Jr, Sr, II)
<			>

Add **Previous** **Next** **Cancel**

File Attachments

- You can upload multiple documents to your online application. Please note, after clicking "Browse" and selecting the file on your computer, you MUST click the "Attach" button at the bottom of the screen each time you add a new file. If you do not click the "Attach" button before continuing with the online application, your file(s) will NOT be uploaded.
- The screenshots below are a comparison – the screenshot labeled "1" shows a file that has been selected from your computer but has NOT YET been attached. The screenshot labeled "2" shows a file that is successfully attached. You will see the message "Files Uploaded" when you have successfully attached your document(s).
- PLEASE MAKE SURE TO VERIFY THAT YOUR FILE(S) ARE ATTACHED CORRECTLY BEFORE CONTINUING WITH THE APPLICATION. A HEADSHOT PHOTO IS REQUIRED FOR EVERY APPLICATION.**

1 – File Not Uploaded

14 - RN Endorsement - Attachments

The following items may be attached to your online application. Only the first item, a recent 2x2" photo, is REQUIRED. The remaining items are optional. You MUST click the Attach button below each time you add a new file.

- One recent 2" X 2" passport type photograph (REQUIRED).
- A copy of your NURSYS.com online verification receipt, if applicable.
- Any written explanations regarding prior conviction(s), discipline, etc., if applicable.
- Military discharge DD-214 document, If applicable.

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.

To save and exit this application, click on the "Cancel" button.

File Name: Browse...

Notes:

You can attach more than one file to your application. You MUST click the Attach button 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.

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.

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

2 – File Uploaded

- One recent 2" X 2" passport type photograph (REQUIRED).
- A copy of your NURSYS.com online verification receipt, if applicable.
- Any written explanations regarding prior conviction(s), discipline, etc., if applicable.
- Military discharge DD-214 document, If applicable.

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.

To save and exit this application, click on the "Cancel" button.

Files Uploaded

Photo.rtf	Photo	View	Remove
------------------	--------------	----------------------	------------------------

Total Size of Attached Files (MB): **4.92**

File Name: Browse...

Notes:

You can attach more than one file to your application. You MUST click the Attach button 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.

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.

Be sure to click the Attach button here  [Attach](#) [Previous](#) [Next](#) [Cancel](#)

Application Summary

- The Application Summary screen is an overview of all the information you have entered for your online application. Review the accuracy of the information before continuing.

- Introduction
- Information Privacy Act
- Transaction Suitability Questions
- Application Questions
- Name and Personal/Organization Details
- Contact Details
- Education History
- Out of State License Information
- Healing Art Survey
- Discipline and Conviction Questions
- Previous Name(s)
- File Attachments
- Application Summary**

14 - RN Endorsement - Application Summary

NOTICE:

Recent legislation has passed requiring the Board to collect certain demographic data relating to our licensees at the time of licensure and renewal and report this data to the Office of Statewide Health Planning and Development. Completion of this survey will help the State analyze and report gaps in the health care workforce in California to the California Legislature.

You are required to complete a short survey to comply with this legislation when you receive your initial license and at renewal. The survey is available for you at https://www.dca.ca.gov/webapps/oshpd_survey.php. Please go to this web address and complete the survey at this time. Instructions will be provided in the survey.

Once you have completed this survey, please submit the application.

Press "Previous" to the return to the previous section.

Review the data and press "Proceed to Payment" to submit this application.

To save and exit this application, click on the "Cancel" button.

14 - RN Endorsement Summary

License Type:	Registered Nurse
Application Date:	08/11/2020 (mm/dd/yyyy)

Application Questions

Did you graduate from a Registered Nursing program located in the United States of America/US territory? For additional information, please refer to section VI of the Endorsement application instructions.	Yes
Are you reporting any type of prior discipline against any licenses? For additional information please refer to section II of the Exam Application Instructions.	No
Are you requesting a third party to obtain information regarding the status of your pending application?	No
Will you be submitting fingerprints via a fingerprint hard card? If "Yes", this will add an additional \$49.00 to your application fee. To request a fingerprint card or Live Scan form, refer to the following instructions below: REQUESTING FINGERPRINT CARD/LIVE SCAN FORM	Yes
Have you served or are you currently serving in the military?	Yes
Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the Armed Forces? If "Yes", refer to the following instructions below regarding MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS.	No
Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?	No

Attestation

- Review the Attestation statement before clicking “Yes”.
- Please note that paid application fees are not refunded for any reason.

Introduction	14 - RN Endorsement - Attestation
Information Privacy Act	Press "Previous" to return to the previous section.
Transaction Suitability Questions	Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue. To save and exit this application, click on the "Cancel" button.
Application Questions	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.
Name and Personal/Organization Details	I understand that any 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.
Contact Details	Failure to provide any of the requested information will delay the processing of your application.
Education History	I understand that the Application for Licensure by Endorsement fee is an earned fee; therefore, if an applicant is found ineligible the application fee is not refunded.
Out of State License Information	<input checked="" type="radio"/> Yes <input type="radio"/> No
Healing Art Survey	
Discipline and Conviction Questions	
Previous Name(s)	Previous Proceed to Payment Cancel
File Attachments	
Application Summary	

Fee and Summary Report

- You will be shown a summary of required fees. Please click the “Pay Now” button to begin payment.
- **Please submit payment the same day you submit the online application. Applications received without payment will NOT be processed.**

Fee and Summary Report

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.

You are required to pay the amount below for your application to be processed.

Press "Pay Now" to proceed to the fee payment page.

Press "Add to Cart" to Add to Shopping Cart and return to the main menu.

Fees	
DOJ - Hard Card Processing Fee:	\$32.00
RN Endorsement Application Fee:	\$350.00
FBI - Hard Card Processing Fee:	\$17.00
Total Amount Due:	\$399.00

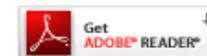
Due to varying processing times, please allow appropriate processing time for the initial evaluation of your application. Once your application has been evaluated, your application status will be updated in your online BreEZe account. Processing times may vary, depending on the receipt of documentation from academic programs, agencies and other states or countries. Current processing times can be found here: <http://rn.ca.gov/times.shtml>

The Application for Licensure by Endorsement fee is an earned fee; therefore, if an application is found ineligible, the application fee is not refunded.

[Pay Now](#)

[Add to Cart](#)

[View PDF Summary Report](#)



NOTE: Fees are subject to change and the fees shown above are used as an example and may be different for your own application.

- After submission of payment, a copy of your payment receipt will be available on your BreEZe profile home page, shown below.

Quick Start Menu

To start, choose an option, and you will return to this Quick Start menu after you have finished.

License/Registration Information

No License Information Available

Applicant Activities

- Manage your application
Registered Nurse - RN File #2158630
<Choose Application>

Applications

- Start a New Application or Take an Exam
<Choose Board>
<Choose Application>
- View Application Status

Additional Activities

- Payment Receipts (2)
- Add Authorized Representative
- License Notification Subscriptions

Checking Your Application Status

- After submitting an Endorsement application, you may check your current status from your BreZE account homepage by clicking on the “**Details**” button under the “**View Application Status**” heading.
- *Please consult our current Processing Times at <http://www.rn.ca.gov/times.shtml> for the dates in which we are currently processing applications before contacting the Board for details regarding your application status.*

The screenshot displays the BreZE account homepage with several sections. At the top right, a box labeled "License/Registration Information" shows "No License Information Available". The main content is divided into "Applicant Activities" and "Additional Activities".

Quick Start Menu
To start, choose an option, and you will return to this Quick Start menu after you have finished.

Applicant Activities

- Manage your application
 - Registered Nurse - RN File #2167595
<Choose Application> [Select]
 - Registered Nurse - RN File #2167594
<Choose Application> [Select]
- View Application Status (highlighted with a red box)
 - Board of Registered Nursing - Initial RN License by Exam Status: Pending [Details]
 - Board of Registered Nursing - 14 - RN Endorsement Status: Pending [Details] (highlighted with a red box)

Applications

- Start a New Application or Take an Exam
 - <Choose Board> [Select]
 - <Choose Application> [Select]

Additional Activities

- Payment Receipts (2) [Select]
- Add Authorized Representative [Select]
- License Notification Subscriptions [Select]

Checking Your Application Status (cont'd)

- When clicking on the “Details” button, if there are no deficiencies listed, this means your application has not yet been evaluated. If there are deficiencies listed, your application has been evaluated and is awaiting receipt of additional requirements.
- *Please consult our current Processing Times at <http://www.rn.ca.gov/times.shtml> for the dates in which we are currently processing applications before contacting the Board for details regarding your application status.*

NOT YET EVALUATED:

The screenshot shows the 'Quick Start Menu' with a 'License/Registration Information' box indicating 'No License Information Available'. Under 'Applicant Activities', a table displays application details: Submission Date (03/23/2018), Application Name (14 - RN Endorsement), and Status (Open). The 'Deficiencies' row is highlighted with a red border and is empty. A 'Done' button is visible at the bottom right of the table. At the bottom of the page, the application is identified as 'Board of Registered Nursing - 14 - RN Endorsement' with a 'Status: Pending' and a 'Details' button.

Submission Date	03/23/2018
Application Name	14 - RN Endorsement
Status	Open
Deficiencies	
Notes	

EVALUATED AND DEFICIENT:

The screenshot shows the 'Quick Start Menu' with a 'License/Registration Information' box indicating 'No License Information Available'. Under 'Applicant Activities', a table displays application details: Submission Date (03/23/2018), Application Name (14 - RN Endorsement), and Status (Open). The 'Deficiencies' row is highlighted with a red border and contains one item: '1. * Official license verification from a State Board of Nursing or Nursys, where you hold a current and active RN license.' A 'Done' button is visible at the bottom right of the table. At the bottom of the page, the application is identified as 'Board of Registered Nursing - 14 - RN Endorsement' with a 'Status: Pending' and a 'Details' button.

Submission Date	03/23/2018
Application Name	14 - RN Endorsement
Status	Open
Deficiencies	1. * Official license verification from a State Board of Nursing or Nursys, where you hold a current and active RN license.
Notes	

Checking Your Application Status (cont'd)

- Upon application approval, your RN license information will be shown in the top right corner of your BreEZe profile home page, seen below. Your license information will also be viewable to the public on our online license verification system at <https://search.dca.ca.gov/>
- The “Manage your license information” menu allows you to submit a Change of Address application for your license, as well as other items.
- **NOTE: The Board will no longer issue physical pocket cards upon initial licensure or renewal of an RN license and advanced practice certificates. License statuses can change at any time during a two-year renewal cycle. A license status can change from Active to Inactive, Inactive to Active, and can be disciplined which will change the license status. The most up to date information about licenses and certificates is available through our online search system. Changes made to a license status are immediately reflected on the BreEZe system. Employers can verify license status online 24 hours a day, 7 days a week. Wall Certificates will continue to be issued to licensees, only at the time of initial licensure.**

The screenshot displays the BreEZe profile home page. On the right side, a box titled "License/Registration Information" contains the following details:

License/Registration Number:	95144734
License/Registration Type:	Registered Nurse

Below this box is a "Show Details" button. On the left side, under the "Quick Start Menu", there is a "License Activities" section. A red box highlights the "Manage your license information" option, which shows "Registered Nurse 95144734" and a dropdown menu with "<Choose Application>" selected. A "Select" button is located to the right of this dropdown. In the "Additional Activities" section, there are two options: "Add Authorized Representative" and "License Notification Subscriptions", each with a "Select" button.