STATE OF CALIFORNIA

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DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

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

ONLINE LICENSURE BY ENDORSEMENT APPLICANT IDENTIFICATION FORM

You <u>must</u> complete and submit this form via your online BreEZe account, or by mailing to:

Board of Registered Nursing, ATTN: Licensing Program, P.O. Box 944210, Sacramento, CA 94244-2100.

Print Full Name:

        (Last)   *(First)*   *(Middle)*

U.S. Social Security Number or Individual Taxpayer Identification Number: **E-Mail:**

Address: **Date of Birth:**

Name of Registered Nursing Program:

City, State and Country of Registered Nurse Program:

HAVE YOU COMPLETED THE FOLLOWING ITEMS (check all that apply):

Have you attached a recent 2" x 2" passport type photograph?   ☐ **YES** ☐ **NO**

Have you completed fingerprints via **Live Scan** or a **Fingerprint Card**?   ☐ **YES** ☐ **NO**

Have you submitted a **Verification of License** form to be completed by other State Board **OR** registered an out-of-state RN license via **NURSYS.com**?   ☐ **YES** ☐ **NO**

Has the **Request for Transcript** form been mailed to your nursing program?   ☐ **YES** ☐ **NO**

If applicable, if you are relocating to California as a result of your spouse's/partner's active duty military service, is the supplemental information enclosed?   ☐ **YES** ☐ **NO**

If applicable, is supplemental information regarding reporting prior convictions or discipline against licenses enclosed?   ☐ **YES** ☐ **NO**

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

Signature of Applicant:

Date:

> **Tape Your 2" x 2"**
> Passport Type
> **Photograph Here**