Online RN Initial Exam Application

CA BOARD OF REGISTERED NURSING

This screen-by-screen overview will assist you in completing the Online RN Initial Exam 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 an Interim Permit, you will need to submit the “RN Initial Exam Application” FIRST, and then you may submit the online application “Request for Interim Permit”.

• If you submit your online application and forgot to attach any required documentation to the application, you can submit the 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.
• Carefully read the Introduction screen, as it contains important information and helpful links, such as our current Processing Times.

• Please note that paid application fees are not refundable for any reason.

• **Important: new California nursing program graduates - Do not submit your application any sooner than 2-3 weeks prior to your graduation date.**
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.
Transaction Suitability Questions

- The questions on this screen will determine if you are eligible to submit the Exam 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.
### Application Questions

- On this page, you can request Special Testing Accommodations (this will require additional documentation), specify the type of nursing program completed, and read other important information regarding fingerprints and military expedite information.

#### 1 - RN Initial Exam Application - Application Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
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<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Are you requesting a third party to obtain information regarding the status of your pending application?</td>
<td></td>
</tr>
<tr>
<td>Will you be submitting fingerprints via a fingerprint card? If “Yes,” this will add an additional $40.00 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</td>
<td></td>
</tr>
<tr>
<td>Will you be requesting Special Testing Accommodations? For additional information please refer to section VIII of the Exam Application Instructions and refer to the following instructions below: REQUESTING SPECIAL TESTING ACCOMMODATIONS</td>
<td></td>
</tr>
<tr>
<td>Will you or have you graduated from a Board-approved Registered Nursing program located in California? For a list of Board-approved schools in California, please refer to our website.</td>
<td></td>
</tr>
<tr>
<td>Have you served or are you currently serving in the military?</td>
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**REQUESTING SPECIAL TESTING ACCOMMODATIONS**

Refer to section VIII of the Exam Application Instructions for Candidates with Disabilities - Request for Accommodations and complete the “Request for Accommodations of Disabilities” and “Professional Evaluation and Documentation of a Disability” forms. If necessary, please use this link [www.m.ca.gov/dfs/applicants/ dismantle.pdf](http://www.m.ca.gov/dfs/applicants/dismantle.pdf) to download the required accommodation documents. The completed forms may be scanned and uploaded to the File Attachments section of this application.

**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/m/requestc.php](https://www.dca.ca.gov/webapps/m/requestc.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.m.ca.gov/dfs/applicants/livescan.pdf](http://www.m.ca.gov/dfs/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 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:

- DD214 or other supporting documentation.
Name and Personal Details

- Enter your identifying information on this screen.

- Please note, the name on your application must match exactly with the name on your photo ID. If the name on your application does not match the name on your photo ID, the testing vendor, Pearson VUE, will not allow you access to the testing site.

- Pursuant to Business and Professions Code section 330, you MUST provide either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) if you are an individual, or a Federal Employer Identification Number (FEIN) if you are applying on behalf of a partnership. 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 credit exists between that state and California. If you fail to disclose your SSN, ITIN, or FEIN, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a penalty against you.

- With the exception of your SSN, ITIN, and FEIN, this application and the information contained herein may be disclosed pursuant to a request made under the California Public Records Act.

- Press "Next" to continue.

- To save and exit this application, click on the "Cancel" button.
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 note: a valid e-mail address and phone number are required to receive your NCLEX-RN Authorization to Test (ATT) from the testing vendor.

- 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.
Education History

- Please fully read the information on this screen.
- Enter your nursing school information here.
- 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.
Out of Country License Information

This screen is only for Internationally-educated applicants.

To add information for an out-of-country nursing license, click the “Add” button to begin adding the information.

If this screen does not apply to you, click the “Next” button.
Additional Questions

- Answer all questions on this screen to continue.

1 - RN Initial Exam Application - Additional Questions - Information

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.

* Please enter Mother’s Maiden Name (last name only):

Have you ever been licensed as an LVN or any health-care related license/certificate in California?

Have you ever been licensed by examination as an RN in another state?

Have you ever applied for RN licensure in California?

* Taken RN Exam:
Discipline and Conviction Questions

- These questions relate to the applicant’s prior discipline or conviction information.
- 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.

1 - RN Initial Exam Application - Discipline and Conviction Questions - Information

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 convicted of any offense other than minor traffic violations?  
  * Yes  * No

If yes, prepare a written statement which fully describes the incident as stated in the applicant instructions. You may attach the statement to the Attachments section of this application. Convictions must be reported even if they have been adjudicated, dismissed or expunged or if a diversion program has been completed under the Penal Code or Article 5 of the Vehicle Code. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. YOU MUST INCLUDE MISDEMEANOR AS WELL AS FELONY CONVICTIONS.

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.

I understand that I am required to report immediately to the California Board of Registered Nursing if I am convicted of ANY offense that occurs between the date of this application and the date that a California license/certificate is issued. I am also 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 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.
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 the 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.
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.

### Application Summary

- **License Type:** Registered Nurse - RN
- **Application Date:** 03/22/2018

#### Application Questions

- Are you reporting any type of prior convictions or discipline against any licensees? Yes
- Are you requesting a third party to obtain information regarding the status of your pending application? No
- Would you be submitting fingerprints via a fingerprint card? Yes
- Will you be requesting Special Testing Accommodations? Yes
- Have you served or are you currently serving in the military? No
- Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces? No

### Personal Details

#### Introduction

- **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.dica.ca.gov/registry/initial_survey.php](https://www.dica.ca.gov/registry/initial_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 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.

#### Application Summary

- Are you reporting any type of prior convictions or discipline against any licensees? Yes
- Are you requesting a third party to obtain information regarding the status of your pending application? No
- Would you be submitting fingerprints via a fingerprint card? Yes
- Will you be requesting Special Testing Accommodations? Yes
- Have you served or are you currently serving in the military? No
- Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces? No
Review the Attestation statement before clicking “Yes”.

Please note that paid application fees are not refunded for any reason.

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<td>File Attachments</td>
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### 1 - RN Initial Exam Application - Attestation

Press “Previous” to return to the previous section.

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.

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 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.

I understand that the Application for Licensure by Examination fee is an earned fee, therefore, if an applicant is found ineligible the application fee is not refunded.

- Yes
- No

[Previous] [Proceed to Payment] [Cancel]
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.

<table>
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<th>Fees</th>
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<tr>
<td>RN Exam Application Fee:</td>
<td>$300.00</td>
</tr>
<tr>
<td>Total Amount Due:</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

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 Breezie 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](http://rn.ca.gov/times.shtml)

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

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.
Checking Your Application Status

- After submitting an Exam application, you may check your current status from your BreEZe 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.
- Note that the name of the application is “RN Initial Exam Application”. This means the applicant has not yet been approved to take the NCLEX-RN exam.
Checking Your Application Status (cont’d)

- When clicking on the “Details” button, if there are no deficiencies listed for the “RN Initial Exam Application”, that means the application has been received but has NOT YET been evaluated:
Checking Your Application Status (cont’d)

- If there are deficiencies listed, the application has been evaluated and is awaiting receipt of additional requirements:
Upon application approval, the name of your application will change from “RN Initial Exam Application” to “Initial RN License by Exam”, shown below.

“Initial RN License by Exam” means that your exam application has been approved and you have been issued testing eligibility to take the NCLEX-RN. You now need to register with the testing vendor, Pearson VUE, who will issue your Authorization to Test (ATT) by e-mail.

If you have submitted the application for an Interim Permit (IP), your IP will automatically be issued to you upon application approval (may take 24-48 hours) and you may verify your IP using our online verification system at https://search.dca.ca.gov/

Good luck on your exam!