STATE OF CALIFORNIA
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

APPLICATION FEE SCHEDULE

EXAMINATION APPLICATION

Submit the correct **TOTAL FEE** with your application, made payable to the **Board of Registered Nursing** by check or money order (U.S. currency). **ALL FEES ARE NON-REFUNDABLE**.

PLEASE NOTE: there are **two (2) ways** to complete the fingerprint requirement:

Electronic Live Scan **OR** Fingerprint Card (Hard Card)

Please refer to Page 3 of this application packet for more information on the fingerprint requirement.

NOTE: For applicants submitting fingerprints by electronic Live Scan, you will pay the appropriate fingerprinting fees to the Live Scan operator where you have your fingerprints taken (do not submit the fingerprint card fee to the Board). You must use a Live Scan site located in California to use this method. The Board will NOT be able to receive results for Live Scan fingerprints taken at Live Scan locations that are outside of California.

The total fees payable to the Board of Registered Nursing depend on your application method:

Method 1 - CALIFORNIA GRADUATE

Method 1 is for applicants who completed a nursing program at a Board-approved California school. For a list of Board-approved California RN programs, please visit our website at www.rn.ca.gov

APPLICATION:	**$300.00**
INTERIM PERMIT (OPTIONAL):	**$100.00**
FINGERPRINT CARD (IF OUT OF STATE):	**$49.00**

SUBMIT TOTAL APPLICABLE PAYMENT TO THE BOARD BY CHECK OR MONEY ORDER.

Method 2 - OUT-OF-STATE US GRADUATE

Method 2 is for applicants who completed a nursing program outside of California, but within the United States or a US territory.

APPLICATION:	**$350.00**
INTERIM PERMIT (OPTIONAL):	**$100.00**
FINGERPRINT CARD (IF OUT OF STATE):	**$49.00**

SUBMIT TOTAL APPLICABLE PAYMENT TO THE BOARD BY CHECK OR MONEY ORDER.

Method 3 - INTERNATIONAL GRADUATE

Method 3 is for applicants who completed a nursing program outside of the United States of America.

APPLICATION:	**$750.00**
INTERIM PERMIT (OPTIONAL):	**$100.00**
FINGERPRINT CARD (IF OUT OF STATE):	**$49.00**

SUBMIT TOTAL APPLICABLE PAYMENT TO THE BOARD BY CHECK OR MONEY ORDER.

Examination Application Requirements Checklist

Applicants must provide the following:

- ☐ Appropriate **Fees** (see Application Fee Schedule).
- ☐ Completed **Application for Licensure by Examination.**
- ☐ Completed fingerprints using either the **Live Scan Process** or the **Applicant Fingerprint Card (Hard Card)** processing method as directed in the INSTRUCTIONS FOR SUBMITTING A FINGERPRINT CARD. Submit the appropriate non-refundable TOTAL FEE as directed on the attached Application Fee Schedule.
- ☐ One recent 2" x 2" passport-type **photograph**.
- ☐ Completed **Request for Accommodation of Disabilities** form(s), if applicable.
- ☐ **Transcripts** sent directly from your school of nursing.
- ☐ **If applicable, documents and/or letters explaining disciplinary action and attesting to your rehabilitation as directed in Section II of the General Information and Instructions**.

☐ **For International Graduates only**:

A.) Send **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. (See Supplemental Application Instructions for International Graduates.)

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.

Board Address & Web Site

Mailing Address:

Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100

Street Address for overnight or in-person delivery:

Board of Registered Nursing
1747 North Market Blvd., Suite 150
Sacramento, CA 95834

Web Site: **www.rn.ca.gov**

The Nursing Practice Act (NPA) is available on the Board's web site.

Many licensing questions are answered on the web site. Due to the heavy volume of telephone calls to the Board, we encourage use of the web site to avoid busy signals or long waits.

CALIFORNIA BOARD OF REGISTERED NURSING
APPLICATION FOR LICENSURE AS A REGISTERED NURSE

General Information and Instructions

By Examination

I. INTRODUCTION

You must take the National Council Licensure Examination (NCLEX-RN) if you have never been licensed as a registered nurse in another state or if you have not passed the national licensing examination. If you are licensed in Canada, you must take the NCLEX-RN unless you have passed an acceptable five-part Canadian examination. You must have completed an educational program meeting all California requirements. If you are lacking any educational requirements, you must successfully complete an approved course in that subject before taking the examination.

The NCLEX-RN is administered by Computerized Adaptive Testing (CAT) and is designed to test knowledge, skills and abilities essential to the safe and effective practice of nursing at the entry level. With CAT, there is continuous, year-round testing, allowing eligible candidates to schedule their own examination on a date and at the location of their choice. Examination applicants should submit their application to the Board at least six to eight weeks prior to when they wish to take the examination to allow time for processing and receipt of all required documents. Note: Application processing times vary depending on workload volumes received.

The Board will evaluate your application and, if found eligible, you will be provided with important and detailed instructions regarding the registration process with the NCLEX testing service.

PLEASE NOTE: All NCLEX examination registrations with the NCLEX testing service will remain effective for a 365-day time period. Candidates who are not made eligible by our Board within the 365-day time period will forfeit their registration and fee with the NCLEX testing service. The Board encourages candidates to wait until they are made Board eligible before registering with the NCLEX testing service.

PLEASE NOTE THE FOLLOWING IMPORTANT ISSUES:

- Processing times may vary, depending on when the Board receives documents from schools, agencies, and other states or countries. Current processing times can be found on our website at www.rn.ca.gov. The time to process an application indicating prior discipline may take longer than other applications. Delays may also occur with the fingerprint processing by the Department of Justice (DOJ) and/or the Federal Bureau of Investigation (FBI).
- If you change your name and/or address after submitting an application for licensure, you must notify the Board immediately in order to receive current information. Applicants are required to submit legal documentation of a name change to the Board. Examples of acceptable forms of legal documentation are a birth certificate, marriage certificate, divorce decree, and/or court documents, social security card or passport. A copy of a driver's license is not acceptable.
- PLEASE NOTE: Your name must match EXACTLY as it appears on your photo identification that you will present at the test center. The same name must also be provided to the NCLEX test service at the time you register in order to prevent delays with issuing your Authorization to Test.
- Pending application files are not public record, therefore an applicant must sign and submit a release of information before the Board will release information to the public (employers, relatives, or other third parties).
- Once you are licensed, your address of record must be disclosed to the public upon request, under California law.
- Applicant fees are earned; therefore, fees are non-refundable even if an applicant is found ineligible.

II. REPORTING PRIOR DISCIPLINE AGAINST LICENSES

All disciplinary action against an applicant's registered nurse, practical nurse, vocational nurse or other health care related license or certificate must be reported.

Failure to report prior disciplinary action is considered falsification of application and is grounds for denial of licensure or revocation of license.

For disciplinary proceedings against any license as a RN or any health-care related license; include copies of state board determinations/decisions, citations and letters of reprimand.

To make a determination in these cases, the Board 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 be limited to:

- Recent, dated letter from applicant describing the event and rehabilitative efforts or changes in life to prevent future problems or occurrences.
- Recent and signed letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, Support Group Facilitators or sponsors, 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.
- Submit copies of recent work evaluations.
- Proof of community work, schooling, self-improvement efforts.

All of the above items should be mailed **directly** to the Board 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, 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 licensing determination can be made. All evidence of rehabilitation must be submitted prior to being found eligible for licensure.

An applicant is also required to immediately report, in writing, to the Board any disciplinary action(s) which occur between the date the application was filed and the date that a California registered nursing license is issued. Failure to report this information is grounds for denial of licensure or revocation of license.

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

III. INSTRUCTIONS FOR SUBMITTING A FINGERPRINT CARD *OR* LIVE SCAN PROCESS

All applicants for licensure by examination are required to complete and submit one (1) set of fingerprints. All requests from the Board of Registered Nursing for background checks of applicants must be submitted to the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) either by Live Scan ***or*** on an Applicant Fingerprint Card (Hard Card). The Applicant Fingerprint Card (Hard Card) *or* Request for Live Scan Service Applicant Submission form (BCII 8016) must be submitted in the **same name** as shown on your application for licensure.

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.

There are **two (2) methods available** for completing the fingerprint requirement:

Method 1 -- Live Scan Process

For licensees residing in California, the Board of Registered Nursing recommends you use Live Scan to submit your fingerprints in order to shorten the time for your fingerprint process. Licensees must complete and submit the Request for Live Scan Service Applicant Submission form (BCII 8016) at a Live Scan site. You may request for a Live Scan form to be sent to you by e-mail by using our online request form at https://www.dca.ca.gov/webapps/rn/requests.php. Take the form to a Live Scan site within California for processing. Federal Bureau of Investigations (FBI) guidelines requires applicants to complete a criminal history background check AFTER they have submitted their application.

Processing Fee for Live Scan Service:

The fee for the Live Scan service varies, so please contact the Live Scan site directly to obtain the correct information. To see a listing of the California Department of Justice (DOJ) applicant Live Scan agency locations, fees and hours of operation, go to www.ag.ca.gov/fingerprints/publications/contact.php.

When using the Live Scan process, the fingerprint processing fee must be paid at the Live Scan site when you provide your live scan fingerprints. Do not send your fingerprint processing fee to the Board. Please be aware that these processing fees are in addition to the "rolling" fee charged by the Live Scan operator.

Once your fingerprints have been scanned and you have completed the sections marked with a red X, the Live Scan operator will keep one copy and return the second and third copies to you**.** Typically, the Board receives results without issue; however if there is an error with receiving your results, the Board may ask you for a copy of your completed Live Scan form. Submit a copy to the Board only if you are asked to submit a copy. You may retain the third copy for your records.

Using Live Scan can speed your licensure because the Board receives fingerprint results from this new technology much quicker than through the manual fingerprint card process. On average, Live Scan results take 1-2 weeks, while manual fingerprint cards can take 1-2 months. (Processing times at DOJ and FBI vary.)

Method 2 -- Applicant Fingerprint Card (Hard Card)

You may request for a fingerprint card to be sent to you by using our online request form at https://www.dca.ca.gov/webapps/rn/requests.php. Applicants must complete all items which are marked by a black "X" on the card. To facilitate prompt and accurate processing of the fingerprint card by the DOJ and FBI, type or print legibly in BLACK INK all requested information on the card. If any color other than black is used, the card will be rejected and another card will have to be completed and submitted.

Use the abbreviations listed below for the physical description items:

- **Height (HGT)** - Express in feet and inches. Do not use fractions of an inch; round off to the nearest inch. DO NOT USE THE METRIC SYSTEM. Correct example: 5' 9".

- **Weight (WGT)** - Express in pounds. Do not use fractions of a pound; round off to the nearest pound. DO NOT USE THE METRIC SYSTEM. Correct example: 139 lbs.

III. INSTRUCTIONS FOR SUBMITTING A FINGERPRINT CARD *OR* LIVE SCAN PROCESS - (continued)

- **Color of EYES** -

Black	**BLK**	Gray	**GRY**
Blue	**BLU**	Green	**GRN**
Brown	**BRN**	Hazel	**HZL**

- **Color of HAIR** -

Bald	**BAL**	Gray	**GRY**
Black	**BLK**	Red/ Auburn	**RED**
Blonde	**BLN**	Sandy	**SDY**
Brown	**BRN**	White	**WHI**

Each applicant MUST have his/her fingerprints imprinted only in BLACK INK on fingerprint card. Fingerprints should be taken at a local law enforcement agency. There may be a fee for this service. We advise that you should call first as to a convenient time.

DO NOT FOLD FINGERPRINT CARD. Use a 9" X 12" envelope to return your completed application and fingerprint card with fees. Write "DO NOT FOLD" on the envelope. If your card is folded, you will need to complete and submit a new fingerprint card. THIS WILL CAUSE A DELAY IN DETERMINING YOUR ELIGIBILITY FOR EXAMINATION OR LICENSURE.

Fingerprint Processing Fee for Applicant Fingerprint Card (Hard Card):

The fingerprint processing fee is in addition to the application fee. This fee is non-refundable and is subject to change by the DOJ and FBI without notice.

The appropriate fingerprint processing fee is payable to the Board of Registered Nursing by check or money order in U.S. currency. The application fee and fingerprint fee may be combined and submitted to the Board with one check or money order in U.S. currency. (See Licensure by Examination fee schedule.)

IV. U.S. SOCIAL SECURITY NUMBER & TAX INFORMATION

Disclosure of your U.S. Social Security Number or individual taxpayer identification number (ITIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USC section (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 or examination status by a licensing or examination entity which utilizes a national examination 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 license will not be processed.** You will also be reported to the Franchise Tax Board, which may assess a $100 penalty against you. Questions regarding the Franchise Tax Board should be directed to (800) 852-5711.

ALERT: 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).

V. TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL)

Proof of passage of an English comprehension examination if you are from a non-English speaking country or did not take your country's licensing examination in English. Passage of the Test of English as a Foreign Language (TOEFL) is acceptable. It is suggested that if you decide to take the TOEFL, you should apply as soon as possible as it takes several months from the time of filing until your TOEFL results are received. TOEFL is located at P.O. Box 6151, Princeton, NJ 08541-6151; phone number (609) 771-7100. You may also visit their web site at www.toefl.org.

VI. INTERIM PERMIT

First-time examination candidates may apply for an Interim Permit to work while awaiting the results of their examination. Important facts to keep in mind about Interim Permits:

Interim Permits cannot be issued until all nursing requirements have been completed, the applicant has been found eligible for the examination, and the processing of the fingerprint card or live scan has been completed by the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) and the Board has been notified of the results. Interim Permits will be issued one time only and are valid for no longer than six months.

"A permittee shall practice under the direct supervision of a registered nurse who shall be present and available on the patient care unit during all the time the permittee is rendering professional services. The supervising registered nurse may delegate to the permittee any function taught in the permittee's basic nursing program which, in the judgment of the supervising registered nurse, the permittee is capable of performing." (Section 1414(c), Title 16, California Code of Regulations.)

Interim Permits expire immediately if an applicant fails the examination. "An Interim Permit is not renewable and is in effect to the expiration date or until the results of the examination are mailed, at which time it becomes null and void." If test results are mailed before the end of the six months, the Interim Permit expires immediately. (Section 1414(b), Title 16, California Code of Regulations.)

To qualify for an Interim Permit, the examination applicant must submit:

1. Appropriate **Fees.**
2. **Application for Licensure by Examination**.
3. One completed **Fingerprint Card (Hard Card)** ***or*** **Live Scan Service Applicant Submission form (BCII 8016)**.
4. For International Graduates, a copy of your **license or diploma** that allows you to practice professional nursing in the country **where you were educated.**

VII. REQUEST FOR TRANSCRIPT

Mail the **Request for Transcript** form to your nursing school(s) with the fee required by the school. **The official transcripts must include all completed coursework and reflect the degree awarded and date conferred.** Transcripts **are not accepted** from applicants or if stamped "issued to student."

CALIFORNIA GRADUATES:

- The Board has a process in place to receive transcripts electonically from Board-approved California nursing programs. Please ensure with your school that your transcript is sent to the Board electronically.

CALIFORNIA ENTRY-LEVEL MASTERS, NON-GRADUATES AND LVN-30 UNIT OPTION STUDENTS:

- The **Request for Transcript** form must be completed by your nursing school with official transcripts showing completion of all nursing requirements.

APPLICANTS EDUCATED OUTSIDE THE U.S.:

- Transcripts received from the school in a foreign language will require an English translation by a certified translator or translation service. (See Translation of International Academic Credentials instructions.)

VII. REQUEST FOR TRANSCRIPT – (continued)

- Transcripts are required from all colleges and/or universities you attended that reflect courses required for a degree in nursing, including general education course requirements and all nursing courses. Transcripts must be received and evaluated by the Board prior to being found eligible for the NCLEX examination.

- Your education must meet the requirements for California licensure. If any deficiencies are identified, you must complete an approved course(s) prior to being found eligible for the examination.

- Education as a medical doctor is not acceptable to meet registered nursing requirements.

- The Commission on Graduates of Foreign Nursing Schools (CGFNS) examination is not required by the Board to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

Note: To ensure the earliest possible examination date, request the transcript from your school(s) well in advance because some applicants have found that it can take up to 4-6 months to obtain complete transcripts.

You need to allow sufficient time to obtain additional information from the school in case the transcript is not complete or the Board needs more information regarding your completed program. Transcripts must be submitted from all nursing programs attended, such as midwifery or psychiatric programs. The transcripts must also include the clinical portion of an applicant's education.

U.S. GRADUATES OTHER THAN CALIFORNIA:

- If you are a graduate from a U.S. school in a state other than California, transcripts are required from **all colleges and/or universities** you attended that reflect courses required for a degree in nursing, including general education course requirements and all nursing courses. Transcripts must be received and evaluated by the Board prior to being found eligible for the examination.

- Your education must meet the requirements for California licensure. If any deficiencies are identified, you must complete the coursework prior to being found eligible for the examination.

VIII. EDUCATIONAL REQUIREMENTS

NOTE: For California licensees who wish to seek licensure by endorsement to another state, please be advised that other states requiring graduation from a nursing program MAY NOT ACCEPT the California license of California Non-Graduates, LVN-30 Unit Option, and Corpsmen.

U.S. GRADUATES, CALIFORNIA NON-GRADUATES, and APPLICANTS EDUCATED OUTSIDE THE U.S. COMPLETING NURSING REQUIREMENTS:

- Section 2736 of the Business and Professions Code states that applicants must have satisfactorily completed instruction in an accredited school of professional nursing that meets California's educational requirements.

CALIFORNIA SCHOOLS - LVN-30 UNIT OPTION:

- A copy of your current license to practice as a Licensed Vocational Nurse is required, as well as the year first licensed.

- Following LVN licensure, you must have completed professional registered nursing courses in a California school accredited by the Board which is beyond the first year and includes **theory** with **concurrent clinical practice** in advanced medical-surgical, mental health, psychiatric and geriatric nursing, physiology, and microbiology.

- Courses required for vocational nurse licensure do not count toward fulfillment of the **additional** RN educational requirements.

VIII. EDUCATIONAL REQUIREMENTS – (continued)

CORPSMEN:

Pursuant to Section 1418 of the Business and Professions Code, corpsmen must meet the same theory and clinical qualifications as that of a registered nurse. As a result, those applicants applying for licensure based on military training and experience may not meet the minimum qualifications for licensure.

The Board suggests that you contact a college in your area regarding your educational background. The college may be able to advise you if you will be able to use any of your course work and/or training toward a degree in registered nursing.

Also, you may want to contact the Board of Vocational Nursing and Psychiatric Technicians to inquire about licensure requirements for a licensed vocational nurse. That board may be contacted at (916) 263-7800 and is located at 2535 Capitol Oaks Drive, Suite 205 Sacramento, CA 95833. You may also visit their web site at www.bvnpt.ca.gov.

If you choose to submit an application for licensure, your fees will be non-refundable and your application will be evaluated.

- Please mail the Request for Transcript form to the school of nursing with the fee required by the school.
- Transcripts must be received and evaluated by the Board prior to being found eligible for the examination.

If you have any questions, please contact the Board of Registered Nursing at (916) 322-3350.

IX. CANDIDATES WITH DISABILITIES – REQUEST FOR ACCOMMODATIONS

The California Fair Employment and Housing Act[1] ("FEHA") grants qualified individuals with disabilities who participate in the examination process protection from unlawful discrimination.

More specifically, the FEHA protects individuals with physical or mental disabilities, cosmetic disfigurement or anatomical loss or individuals regarded as or with a record of any disability who is able to perform the essential functions in an examination setting for the NCLEX-RN with or without an accommodation. A disability is a limitation of a major life activity that makes achievement difficult, requires special education or services, or affects social activities or interactions. Impairments that are not disabilities are sexual behavior disorders, compulsive gambling, kleptomania, pyromania, substance abuse disorders resulting from current and unlawful use of controlled substance.

While the board is not required to allow an accommodation that fundamentally alters the nature of the examination, the board will grant any reasonable accommodation and engage in an interactive process with each applicant who requests an accommodation to ensure that individuals with disabilities are able to meaningfully participate in the examination process.

The board will make any reasonable modifications to its policies, practices, and procedures to accommodate an individual with a disability.

The board is not able to provide reasonable accommodations to individuals unless the board is made aware of the individual's need. An applicant who needs an accommodation to be able to participate in the examination, must advise the board by the time of application for the examination. This notification should include sufficient documentation to enable the board to determine whether or not the requested accommodation is reasonable and will not fundamentally alter the nature of the examination.

The board is prohibited by law from requiring an individual with a disability to accept an accommodation if the individual chooses not to accept it.

IX. CANDIDATES WITH DISABILITIES – REQUEST FOR ACCOMMODATIONS – (continued)

If you have a disability which may require accommodations of the examination process or access to the examination center, you must submit with your application the following REQUIRED information:

1. A **REQUEST FOR ACCOMMODATION OF DISABILITIES** form completed and signed by the applicant. This form is included in the application packet.

2. A **PROFESSIONAL EVALUATION AND DOCUMENTATION OF A DISABILITY** form completed and signed by a professional evaluator or equivalent information on original letterhead stationery of the evaluator. This form is included in the application packet.

3. If applicable, a **NURSING PROGRAM VERIFICATION** form indicating what accommodation(s) were granted in testing procedures during the nursing program. This form should be completed and signed by the nursing program Dean or Director or their designee or equivalent information on original letterhead stationery of the nursing program. This form is included in the application packet.

The required information must be completed and submitted with your application or your examination could be delayed. If you have any questions, you may contact the Testing Coordinator by writing to the Board address, Attn: Testing Coordinator, or by calling (916) 322-3350.

Any examination accommodations, including aids brought into the testing center must have **pre-approval** of the Board.

[1]The California Fair Employment and Housing Act as amended by AB2222, Government Code section 12900 et seq. effective January 1, 2001, grants applicants participating in a licensure examination more protection from unlawful discrimination than the federal Americans With Disabilities Act.

X. 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.

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

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BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
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APPLICATION FOR LICENSURE BY EXAMINATION

SELECT APPLICATION METHOD:

Method 1: CALIFORNIA GRADUATE: $300.00 ☐
Method 2: OUT-OF-STATE US GRADUATE: $350.00 ☐
Method 3: INTERNATIONAL GRADUATE: $750.00 ☐

For Office Use Only

Live Scan:	_____	Approved By _____
FP Card:	_____	Approved By _____
FP Card Fee:	Y N	Approved By _____
Transcript(s):	_____	Approved By _____
License:	_____	Approved By _____
Photo:	_____	Approved By _____
CA School Code:	_____	By _____

READ ALL DETAILED INSTRUCTIONS

1. Submit the APPROPRIATE NON-REFUNDABLE FEE. (See attached fee schedule.) Please submit a check or money order in U.S. CURRENCY only. DO NOT SEND CASH.
2. Attach a recent 2" x 2" passport type photograph on page 2 of the application.
3. Submit one (1) completed fingerprint card or completed Live Scan fingerprinting form.
4. LVN-30 Unit Applicants: Attach a photocopy of your current active LVN license.
5. International Graduates: Attach a photocopy of your license or diploma that allows you to practice professional nursing in the country where you were educated.

☐ **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.

PRINT OR TYPE

LAST NAME:	**FIRST NAME:**			**MIDDLE NAME:**
ADDRESS: Number and Street				**DATE OF BIRTH:** *(Month/Day/Year)*
City	**State**	**Country**	**Postal/Zip Code**	**U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:****
TELEPHONE NUMBER: Home ( ) Alternate ( )	**PREVIOUS NAMES:** *(Including Maiden)*			**MOTHER'S MAIDEN NAME (REQUIRED):**
E-MAIL ADDRESS (REQUIRED):		☐ **SPECIAL TESTING ACCOMMODATION IS REQUESTED** If checked, attach appropriate documentation		
COLOR OF EYES:	**HEIGHT:** FT: IN:	**PRIMARY LANGUAGE:**		**YEAR GRADUATED HIGH SCHOOL OR PASSED GED:**

PROFESSIONAL EDUCATION

NAME AND ADDRESS OF PROFESSIONAL REGISTERED NURSING SCHOOL:

_____
Name of Nursing School

_____
Number and Street

_____
City State Country Postal/Zip Code

TYPE OF PROGRAM:

	Entrance Date	Graduation Date
☐ **ASSOCIATE DEGREE**		
☐ **DIPLOMA**		
☐ **BACCALAUREATE DEGREE**		
☐ **MASTERS DEGREE/NURSING**	_____	_____

CALIFORNIA NON-GRADUATES
Date Nursing Requirements Completed:
Month _____ **Day** _____ **Year** _____

CORPSMEN
Date Advanced Course Completed:
Month _____ **Day** _____ **Year** _____
Advanced Rating No:_____

CALIFORNIA LVN 30-UNIT OPTION
Completion Date of 30 RN Units:
Month _____ **Day** _____ **Year** _____

**** U.S. SOCIAL SECURITY NUMBER/ITIN DISCLOSURE STATEMENT**
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 (c)(2)(C) authorizes collection of your U.S. Social Security Number/ITIN. Your U.S. Social Security Number/ITIN will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure 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 license will not be processed and you will be reported to the Franchise Tax Board, which may assess a $100 penalty against you.

(Questions on both sides of page)

NAME OF APPLICANT:_____

Have you served or are you currently serving in the military?	☐ YES	☐ NO
Have you ever been licensed by examination as an RN in another state? If yes, **STOP**. **Do not continue**. **You must apply for licensure by endorsement.**	☐ YES	☐ NO
Have you ever applied for RN licensure in California? If yes, Month _____ Year _____	☐ YES	☐ NO
Have you ever applied for or taken an RN examination in another state/territory? If yes, State/Territory_____ Month _____ Year _____	☐ YES	☐ NO
Have you ever been licensed as an LVN or any health-care related license/certificate in California? If yes, Month_____ Year _____ License Type _____ License # _____	☐ YES	☐ NO
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? If yes, please provide a detailed written explanation, including the date and state or country where the discipline occurred.	☐ YES	☐ NO
Have you ever been denied an RN or any other health-care related license in any state/territory? If yes, State/Territory_____ Month _____ Year _____ Type of License _____	☐ YES	☐ NO

REQUEST FOR INTERIM PERMIT

☐ **Check here if requesting an Interim Permit.**

If checked, an additional Interim Permit non-refundable fee is required. (See the attached fee schedule)

"A permittee shall practice under the direct supervision of a registered nurse who shall be present and available on the patient care unit during all the time the permittee is rendering professional services…" (Section 1414(c) Title 16, California Code of Regulations.)

First-time examination candidates may apply for an Interim Permit to work while awaiting the results of their examination. Interim Permits cannot be issued until all nursing requirements are completed and the applicant has been found eligible for the examination. Interim Permits will be issued one time only.

Interim Permits are null and void as soon as examination results are mailed to the applicant. Interim Permits are valid for no longer than six months. If test results are mailed before the end of the six months, the Interim Permit expires immediately. (Section 1414(b), Title 16, California Code of Regulations.)

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 registered nurse license 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 licensure is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California.

Attach a recent 2"x2" passport type photograph.

Please tape on all four sides.

Head and shoulders only

_____ _____

SIGNATURE OF APPLICANT **DATE**

(Rev 6/20)

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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BOARD OF REGISTERED NURSING
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REQUEST FOR TRANSCRIPT

TO APPLICANT: Send this form to your basic school(s) of nursing. If you need to contact more than one school, this form may be reproduced. Transcripts are required from each school where nursing requirements or general education courses were completed. Transcripts must include all completed coursework, clinical practice of training and reflect the degree awarded. Your school may require a processing fee.

A. TO BE COMPLETED BY APPLICANT

LAST NAME:	**FIRST NAME:**			**MIDDLE NAME:**
ADDRESS: **Number and Street**				**DATE OF BIRTH:** *(Month/Day/Year)*
City	**State**	**Country**	**Postal/Zip Code**	**U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:**
PREVIOUS NAMES: *(Including Maiden)*				
NAME OF PROFESSIONAL REGISTERED NURSING SCHOOL:				**YEARS ATTENDED:**
LOCATION: **City**	**State**	**Country**	**Postal/Zip Code**	**YEAR GRADUATED:**

SIGNATURE OF APPLICANT: _____ **DATE:** _____

B. TO BE COMPLETED BY THE OFFICE OF THE SCHOOL OFFICIAL RELEASING TRANSCRIPTS

The above applicant has applied for a license to practice as a registered nurse in California. Please provide the following information and attach a complete official transcript. Please mail to the Board of Registered Nursing at the above address.

DO NOT SIGN OR SUBMIT THIS FORM PRIOR TO COMPLETION DATE OF THE REGISTERED NURSING PROGRAM.

ENTRANCE DATE:	**DATE DIPLOMA/ DEGREE AWARDED:**	**DATE NURSING REQUIREMENTS COMPLETED:**

If degree received prior to entering nursing program, list name of school and type of degree:

NAME OF SCHOOL:	**TYPE OF DEGREE:**

SIGNATURE OF SCHOOL OFFICIAL: _____ **DATE:** _____

TITLE: _____

NOTE: ALL INTERNATIONAL NURSING PROGRAMS: Please include Breakdown of Educational Program for International Nursing Programs form. Transcripts received from the school in a foreign language will require an English translation by a certified translator or translation service. **The original foreign language transcript and the English translation of the transcript must both be sent to the Board of Registered Nursing.**

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TO: **ALL APPLICANTS EDUCATED OUTSIDE THE UNITED STATES**

FROM: **CALIFORNIA BOARD OF REGISTERED NURSING**

SUBJECT: **SUPPLEMENTAL APPLICATION INSTRUCTIONS**

Applicants who have graduated from schools outside the United States may face unique problems as they attempt to complete their application for California licensure. This document is intended to provide suggestions and information to assist with those special problems.

Application Submission

The Board strongly recommends that you try to ensure that your application, school transcript(s), and all other required documents reach the Board as soon as possible to prevent delays in issuing an interim permit, temporary or permanent license. In some instances, delays and difficulties may be encountered when requesting documentation for those who have graduated from an international nursing program.

In many cases, the Board must obtain additional information from the school in order to clarify course content and/or curriculum requirements. We may also request clarification for the amount of theory and clinical training completed. Also, additional information is required if the applicant is the first graduate from their school of nursing to apply for California licensure. The schools curriculum, catalogs and/or other documents may be requested to evaluate the programs content (these items are in addition to the individuals nursing transcripts.)

Obtaining additional information from the school may take from one to six months, depending on the responsiveness of the school and allowing for mail time. All requirements must be met in order for an interim permit or permanent license to be issued.

Requesting Transcripts

When submitting the “Request for Transcript” form to your school of nursing, please include the “Breakdown of Educational Program for International Nursing Programs” form. Both forms do not take the place of a complete, official transcript. The transcripts should include all completed coursework (both theoretical and clinical practice). All training documents must come directly from the school of nursing. Training documents from applicants are not acceptable.

Commission of Graduates of Foreign Nursing Schools (CGFNS)

The Board does not require applicants to pass the Commission on Graduates of Foreign Nursing Schools (CGFNS) examination in order to be licensed in California. Although, if you have been evaluated by CGFNS, the Board will accept official copies of your nursing transcripts (including the clinical portion of your training) from this organization. Requests must be made in writing to CGFNS by contacting them at (215) 222-8454 or 3600 Market Street, Suite 400, Philadelphia, PA 91904-2651. You may also visit their website at www.cgfns.org.

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Translation of International Academic Credentials

For the Board to fairly evaluate compliance with California requirements, any applicant with non-English, non-U.S. academic credentials must provide both 1) original, certified transcripts and 2) certified translations of those original transcripts and academic documents. **Original language transcripts must be forwarded directly from the school of nursing and sent directly to the Board (photocopies are not accepted).** When requesting official transcripts and academic documents, an applicant whose education was completed at an institution in a bilingual country where English is one of the official languages, may be able to avoid the necessity of arranging for a translation by asking the school to generate an English language version of the transcript. Please note that in this instance, the original language transcript must accompany the English translation and be forwarded directly to the Board.

Applicants must have their transcripts translated by an independent, professional translator who is not related to the applicant. Each translator must provide an original declaration with each translation attesting to his/her fluency in the particular language and certifying under penalty of perjury that the translation is complete and accurate to the best of the translator's ability and knowledge. (See attached form.) The Board refers applicants with non-English academic credentials to one of the following sources for translation:

1. **Translator accredited by the American Translators Association (ATA):** The ATA accredits individual translators by examination. Although accreditation is available only to individuals, ATA membership includes not only individuals but also companies that employ accredited translators. An accredited translator must sign the translation and declaration in the presence of a Notary Public, unless the translation is a service provided by a known translation agency which affixes the document with its own official seal. ATA membership includes accredited translators residing in the US, Canada, Mexico, and overseas. Although the ATA does not make referrals, a listing of accredited translators and member companies is available through its web site at www.atanet.org. The ATA may be reached by phone at 703-683-6100 or by e-mail at ata@atanet.org.

2. **Certified or registered court interpreter:** Some state court systems offer examinations for certification or registration of court interpreters. In California, the Judicial Council is charged with these functions. Information on court interpreters is available through the Judicial Council at 415-865-7530. General information is available via its web site, www.courtinfo.ca.gov. The Judicial Council has contracted with Cooperative Personnel Services (CPS) for examination and certification of Certified Administrative Hearing and Medical Interpreters. A master list of these interpreters is available at the CPS web site, www.cps.ca.gov, or telephone at 916-263-3600. The court interpreter must sign the translation and declaration in the presence of a Notary Public. Applicants residing outside California but within the United States may call the National Center for State Courts at 757-259-1517 for information on certification and registration of interpreters in other states.

Applicants who present documents in a language for which accredited translators or certified/registered court interpreters are not readily available may require special assistance. The usual next step is to inquire at the nearest consulate representing the nation in which the documents originated.

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CERTIFIED ENGLISH TRANSLATION

Name of Applicant:

LAST NAME:	**FIRST NAME:**	**MIDDLE NAME:**
PREVIOUS NAMES: ***(Including Maiden)***		**DATE OF BIRTH:** ***(Month/Day/Year)***

TO BE COMPLETED BY TRANSLATOR

I, _____, solemnly declare, under penalty of perjury, that to the best of my knowledge and belief the English-language translation of the _____ language documents named below are true, accurate and complete.

Please list translated documents below: *(i.e. transcripts, license, diploma, curriculum, etc.)*

_____
_____
_____

These documents have been translated by: _____
(Print Name)

Please list translator's qualifications, certifications and accreditations below:

_____
_____
_____

I certify, under penalty of perjury under the laws of the State of California, that all above information provided is true, correct and complete and that this declaration is executed at

_____ *this date*_____.
(City/State or Country)

Name and Address of Translation Agency: _____

_____

Telephone Number: _____

Web Site: _____

_____
Signature of Translator

(Rev 1/19)

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BREAKDOWN OF EDUCATIONAL PROGRAM FOR INTERNATIONAL NURSING PROGRAMS

PRINT OR TYPE

STUDENT'S LAST NAME:	**FIRST NAME:**	**MIDDLE NAME:**
DATE OF BIRTH: ***(Month/Day/Year)***	**PREVIOUS NAMES:** ***(Including Maiden)***	**HIGH SCHOOL GRADUATION:** ***(Year)***

NAME AND LOCATION OF PROFESSIONAL REGISTERED NURSING SCHOOL:	
ENTRANCE DATE:	**GRADUATION DATE:**

All of the information requested on this form must be submitted including complete official transcript(s) along with the course description(s)** stated below. Failure to submit all requested documents will result in application processing delays.

	COURSE NUMBER or TITLE	**THEORY HOURS OF INSTRUCTION (Total Hours)**	**SKILLS, LAB or SIMULATION HOURS OF INSTRUCTION AT SCHOOL (Total Hours)**	**CLINICAL PRACTICE HOURS OF INSTRUCTION IN HOSPITAL (Total Hours)**
WRITTEN & ORAL COMMUNICATIONS				
GENERAL PSYCHOLOGY				
SOCIAL SCIENCE				
ANATOMY & PHYSIOLOGY				
MICROBIOLOGY				
MEDICAL NURSING **				
SURGICAL NURSING **				
OBSTETRIC NURSING				
PEDIATRIC NURSING				
PSYCHIATRIC NURSING				

**** Send course description(s) attached to this form showing evidence of geriatric content in these nursing areas. Failure to submit course description(s) will result in delays in processing the application.**

SIGNATURE OF SCHOOL OFFICIAL: _____ **DATE:** _____

TITLE: _____

(SCHOOL OR HOSPITAL SEAL/STAMP)

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REQUEST FOR ACCOMMODATION OF DISABILITIES

In compliance with the California Fair Employment and Housing Act (FEHA), the Board of Registered Nursing (the Board) provides reasonable accommodations for applicants with disabilities that may affect their ability to take the required examination (NCLEX-RN). It is the applicant's responsibility to notify the Board of needed alternative arrangements. The Board is not required by the FEHA to provide accommodations if we are unaware of your needs. **If you have a disability for which you wish to request accommodation(s), please provide the following information and return this form as well as all other required documentation to the Board with your application**. You may attach additional pages if necessary. Accommodations will not be provided at the examination site unless this form and all other documentation is received at the time of submission of the application. This form and all supporting documentation will become part of your examination record but will be purged from your file when you have passed the examination.

In order to grant testing accommodations, the Board must submit documentation to the National Council of State Boards of Nursing (NCSBN). The information requested below and any documentation regarding your disability will be considered strictly confidential and will only be shared with NCSBN and the testing service who will administer your examination. Please sign your name at the bottom of this form to indicate your permission for the Board to share information about your disability with NCSBN and the testing service.

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

DAYTIME PHONE #: _____ U.S. SSN/ITIN: _____
(Area Code)

NOTE: It will be necessary for testing staff to speak and correspond with you regarding specific arrangements, therefore, it is important that you provide a current address and daytime telephone number.

1. Describe your type of disability (e.g., physical, mental, learning) and how this disability limits a major life activity that makes achievement difficult, requires special education or services, or affects social activities or interactions:

_____

_____

2. Explain the nature and extent of your disability (e.g., hearing impaired, diabetic, dyslexic, etc.) and how it will affect your ability to take the examination:

_____

_____

NAME OF APPLICANT: _____

3. Based on the disability you have described above, specify the accommodation(s) you are requesting, given the format of the examination (your request must be specific). If you request additional testing time, indicate how much:

_____

_____

SIGNATURE: _____ DATE: _____

NOTE: Your signature is necessary to allow the Board permission to share pertinent information related to your disability with the NCSBN to verify the availability of the accommodation(s) and to the testing service to provide the accommodation(s). All documentation will be considered strictly confidential.

REQUIRED DOCUMENTATION FOR ACCOMMODATION REQUESTS

You are required to submit documentation from a professional evaluator as defined on the Professional Evaluation and Documentation of Disability form. Verification of the disability must be submitted to the Board of Registered Nursing (the Board) and include the following:

- Completed **Professional Evaluation and Documentation of Disability** form or all information requested must be provided on the original letterhead stationery of the evaluator.

- Completed **Nursing Program Verification** form if you were granted testing accommodations for examinations during your nursing program.

You are solely responsible for any costs you may incur in obtaining the required documentation. However, the Board will pay for any testing accommodations that are made for you.

The Board will engage in an interactive dialogue to ensure that your request is processed in accordance with the FEHA requirement.

In order to make the necessary arrangements to accommodate your needs, all requests and supporting documentation must be sent to the Board with your application. The Board must approve all accommodations prior to your test date.

The Board will consider all requests on a case-by-case basis.

You will receive written confirmation of your approved accommodations.

Any inquiries related to accommodations may be directed to the Testing Coordinator at (916) 322-3350.

RETURN THIS COMPLETED FORM AND THE DOCUMENTATION LISTED ABOVE WITH OUR APPLICATION TO:

Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100

STATE OF CALIFORNIA
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PROFESSIONAL EVALUATION AND DOCUMENTATION OF A DISABILITY

This form is to be completed by a professional evaluator as described on the reverse of this form. An original submission of this form by an evaluator is optional. However, if this form is not used, all of the information requested must be provided on original letterhead stationery of the evaluator or the request for accommodation(s) will be incomplete and will not be processed.

Candidate Name: _____ Birthdate: _____
(First) (Middle) (Last) (Month) (Day) (Year)

1. Describe the candidate's diagnosis or type of disability (e.g., physical, mental, learning), DSM code, if applicable, date of assessment, the tests used to assess the disability and a summary of the interpretation of the test results.

_____

_____

_____

2. Describe the nature and extent of the disability (e.g., hearing impaired, diabetic, dyslexia; severe, moderate, mild), how the disability is a limitation of a major life activity that makes achievement difficult, requires special education or services, or affects social activities or interactions, and if the disability will change in any way over time. In the case of a learning disability, include specifics as to the area of the disability (e.g., visual speed, processing, memory, comprehension, etc.).

_____

_____

_____

3. What is the effect of the disability on the candidate's ability to perform under standard testing conditions given the format of the examination? (See reverse of this page for a description of the examination format.)

_____

_____

_____

4. What is the recommended accommodation(s) and how does the accommodation(s) relate to the candidate's disability given the format of the examination? The request must be specific (e.g., if additional time is needed, indicate how much).

_____

_____

_____

NAME OF APPLICANT: _____

5. Describe the credentials, education and experience which qualify you, the evaluator, to make the determination of the disability and the recommended accommodation. (See below for description of a qualified evaluator.)

_____

_____

_____

Evaluator's Name (Print): _____ Organization: _____

Evaluator's Signature: _____ _____ Telephone No: _____
(Date) (Area Code)

Type of Professional License or Certificate and Number (if applicable) _____

I. Description of a Qualified Evaluator

The Board will accept evaluations from qualified evaluators. A qualified evaluator cannot be the spouse of the candidate nor related to the candidate. The evaluator must have sufficient experience to be considered qualified to evaluate the existence of and proposed accommodations needed for specific learning disabilities. Guidelines for a qualified evaluator are listed below:

(a) For purposes of physical or mental disabilities, not including learning disabilities, the evaluator is a licensed physician or psychologist with expertise in the area of the disability.

(b) In the case of learning disabilities, a qualified evaluator is one of the following:

A licensed psychologist or physician who has experience working with adults with learning disabilities and who has training in all of the areas described below

OR

another professional who possesses a master's or doctorate degree in the category of disability, special education, education, psychology, educational psychology, or rehabilitation counseling and who has training and experience in all of the areas described below:

- Assessing intellectual ability level and interpreting tests of such ability.
- Screening for cultural, emotional and motivational factors.
- Assessing achievement level.
- Administering tests to measure attention and concentration, memory, language reception and expression, cognition, reading, spelling, writing and mathematics.

II. Format of Examination

The examination contains objective multiple-choice questions, which are administered by computer in an adaptive format. The examination does not require knowledge of computer operation. The number of questions may vary from a minimum of 75 to a maximum of 265. The maximum six-hour time limit to complete the examination includes the tutorial, sample items and all rest breaks. The first preprogrammed optional break takes place after 2 hours of testing. The second preprogrammed optional break takes place after 3½ hours of testing. The examination is administered at Pearson Professional Centers, which have up to 15 individual computer workstations.

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NURSING PROGRAM VERIFICATION

This form is to be completed by the nursing program Dean or Director or their designee if accommodation(s) to testing procedures were granted to this candidate during their nursing program. Original submission of this form is optional. However, if this form is not used, all of the information requested must be provided on original letterhead stationery of the nursing program.

Candidate Name: _____
(First) (Middle) (Last)

Birthdate: _____
(Month) (Day) (Year)

Describe the format of examinations administered (e.g., written multiple-choice, essay, oral, etc.) and the accommodation(s) provided to the above candidate for these examinations during their nursing program:

_____

_____

_____

_____

_____

Name of Person Completing Form (Print): _____

Title: _____ Name of School: _____

Telephone No: _____ Signature: _____ _____
(Area Code) (Date)

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NCLEX-RN REVIEW RESOURCES

This list of resources is being provided as a service to the applicants and is for informational purposes only. This in no way represents all the reference materials (books, tapes, workshops, etc.) available. These review resources are neither approved nor endorsed by the Board of Registered Nursing. For specific information, please contact the review providers directly.

School Name	Street Address	City	Zip Code	Phone Number
ACCESS Mobile Nursing Review	P. O. Box 1342	Belmont	94002	(650) 393-4827
APLUS NCLEX Review Center	3327 Parque Way	Sacramento	95835	(916) 267-8393
Ascend Review Institute	5201 Great America Pkwy, #320	Santa Clara	95054	(408) 409-1112
Assessment Technologies Institute, LLC	11161 Overbrook Road	Leawood, KS	66211	(800) 667-7531
Board Vitals	137 Varick Street, 2nd Floor	New York, NY	10013	(917) 768-0744
California School of Health Sciences	12141 Brookhurst St. Suite 101	Garden Grove	92840	(866) 539-7081
California School of Health Sciences	3407 W. 6th St. Suite 408	Los Angeles	90020	(866) 539-7081
Career Improvement Counseling, Inc.	PO Box 325	Shrub Oak, NY	10588	(800) 852-3062
Center for Nurse Education and Training	5825 Lincoln Avenue, Suite D123	Buena Park	90620	(800) 980-3793
Chamberlain University	3005 Highland Parkway	Downers Grove, IL	60515	(877) 751-5783
CPR and More LLC.	11030 Arrow Rt., Suite 204	Rancho Cucamonga	91730	(800) 477-6193
CPS Nursing Education	207 Allen Avenue	Glendale	91201	(818) 563-1935
D&D Nursing Educators, Inc.	903 Sneath Lane, 220	San Bruno	94066	(650) 303-5488
Elsevier	3251 Riverport Lane	Maryland Heights, MO	63043	(800) 325-4177

School Name	Street Address	City	Zip Code	Phone Number
Esteem	1400 S. Hayworth Ave., #216	Los Angeles	90035	(818) 821-3130
F.A. Davis Company	404 North 2nd Street	Philadelphia, PA	19123	(800) 323-3555
Feuer Nursing Review	10 East 39th St., Rm. 907	New York, NY	10016	(212) 679-2300
First Lady Permanente, LLC	901 Greer Road, Bldg. #921	Turlock	95380	(209) 250-1200
Global NCLEX Review Center	3255 Wilshire Boulevard, #1010	Los Angeles	90010	(213) 382-3881
Health Sciences Institute of California	1076 S. Santo Antonio Drive	Colton	92324	(909) 824-5300
Hurst Review Services, Inc.	127 S. Railroad Ave.	Brookhaven, MS	39601	(601) 833-1961
Kaplan, Inc.	750 Third Avenue	New York, NY	10017	(800) 527-7378
KSK Training Center	1251 W. Redondo Beach Blvd., Ste. 201	Gardena	90247	(310) 212-7011
Lagerquist Review for Nurses	PO Box 27517	San Francisco	94127	(800) 345-PASS
LifeSavers Nursing Review	12672 Limonite Avenue, Suite 148	Corona	92880	(951) 279-5372
Lippincott Williams & Wilkins	16522 Hunters Green Parkway	Hagerstown, MD	21740	(800) 638-3030
Monsbey College	6 Hanger Way, Suite B	Watsonville	95076	(831) 786-0321
NCSBN Learning Extension	111 East Wacker Drive, Suite 2900	Chicago, IL	60601	(312) 525-3749
National Healthcare Institute	PO Box 140214	Coral Gables, FL	33114	(888) 644-5562
Northern California Nursing Academy	355 Gellert Blvd., Ste. 279	Daly City	94015	(650) 992-6262
Pacific Times Healthcare College	623 N. Main St. D-5	Corona	92880	(951) 734-1601
Rachell Allen Professionals, Inc.	3281 E. Guasti Rd., Ste. 700	Ontario	91761	(323) 205-8947
Southern California Medical College	333 Palmer Drive, Suite 200	Bakersfield	93309	(661) 832-2786
Sylvia Rayfield & Associates, Inc.	12480 Seratine Drive	Pensacola, FL	32506	(800) 234-0575

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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 USC section (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.