



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
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ONLINE EXAMINATION APPLICANT IDENTIFICATION FORM

You must 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 AND/OR ENCLOSED 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
- If applicable, have you enclosed the **Request for Accommodation of Disabilities** forms? YES NO
- LVN-30 Unit Option Applicants only: Have you enclosed a **copy** of your current and active LVN license? YES NO
- International Graduates only: Have you enclosed a **copy of your license or diploma** that allows you to practice professional Nursing in the country where you were educated? 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: _____

