

(01/09/2019)

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 | <u>WWW.rn.ca.qov</u>



INTERNATIONAL DIPLOMA VERIFICATION

Send this form to the licensing or regulatory agency where you were registered as a professional nurse.

| PART I: To be completed by APPLICANT and forwarded to appropriate regulatory agency. | | | |
|--|--|--|-----------------------------|
| Name: (Last, First, Middle) | | Previous Names: (Inclu | ıding Maiden) |
| | | | |
| Current Street Address of Record: | | | |
| | | | |
| City: | Province or State: | Country: | Postal Code or |
| | | | Zip: |
| Name as it Appeared on Original Diploma: (Last, First, Middle) Date of Birth: (Month/Day/Year) | | | |
| | | | |
| Country of Original Diploma: | Issue Date of Diploma: | Diploma Number: | |
| | | | |
| Name of School: | Graduation Date: | Type of Nursing Program: | |
| | | | - |
| Address of Salasli | | | Other |
| Address of School: | | | |
| | (Province or State) | (Country) | (Postal Code) |
| (City) | (Province or State) | (Country) | (rusial Code) |
| | | | |
| I hereby authorize all identified regulatory agencies to release my licensure data to the California Board of Registered Nursing. | | | |
| Signature: | | | |
| Signature: | | Date: | |
| _ | | | |
| PART II: To be completed by registration agency a | nd sent to the California Boar | rd of Nursing listed at the top of | |
| PART II: To be completed by registration agency a This is to certify that this applicant was issued a d | nd sent to the California Boar iploma number to practice as | rd of Nursing listed at the top of a registered nurse: | |
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| PART II: To be completed by registration agency a This is to certify that this applicant was issued a d Applicant Name: | nd sent to the California Boar iploma number to practice as Diploma Numbe | rd of Nursing listed at the top of a registered nurse: er: | |
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