STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

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

ONLINE NURSE ANESTHETIST APPLICANT IDENTIFICATION FORM

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

Board of Registered Nursing, ATTN: Advanced Practice Unit, P.O. Box 944210, Sacramento, CA 94244-2100.

Print Full Name: _____ (Last) _____ (First) _____ (Middle)

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

Address: _____ **Date of Birth:** _____

Name of Nurse Anesthetist Program: _____

City, State and Country of Nurse Anesthetist 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**

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

Signature of Applicant: _____

Date: _____

Tape Your 2" x 2"

Passport Type

Photograph Here