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 I www.rn.ca.gov

GENERAL INSTRUCTIONS FOR APPLYING FOR NURSE PRACTITIONER (NP) CERTIFICATION

IN ORDER TO FURNISH/PRESCRIBE DRUGS IN CALIFORNIA AS A NURSE PRACTITIONER, YOU MUST HAVE A FURNISHING NUMBER. IF YOU WOULD LIKE TO APPLY FOR A FURNISHING NUMBER, YOU MUST SUBMIT BOTH THE NURSE PRACTITIONER AND NURSE PRACTITIONER FURNISHING APPLICATIONS

I. GENERAL APPLICATION GUIDANCE

Nurse Practitioner certification eligibility requires the possession of an active California registered nurse (RN) license per California Code of Regulations, Section 1482.

If you do not possess an active California RN license and have never applied for a California RN license, an Application for California RN Licensure by Endorsement must also be submitted. If you have had a permanent California RN license, you must either renew or reactivate the California RN license.

Nurse Practitioner application fee is an earned fee; therefore, when an applicant is found ineligible the application fee is not refunded. Processing times for certification may vary, depending on the receipt of documentation from academic programs, national organizations/associations or evaluators. Processing a Nurse Practitioner certification application indicating disciplinary action(s) may take longer. A pending application file is not a disclosable public record; therefore, an applicant must sign a release of information before the Board of Registered Nursing will release information relating to NP application to the public, including employers, relatives or other third parties. Once you are certified, your address of record must be disclosed to the public upon request.

II. REPORTING PRIOR DISCIPLINE AGAINST LICENSES/CERTIFICATES

All disciplinary action against an applicant's nurse practitioner, 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/certification or revocation of license/certificate.

When reporting prior disciplinary action, **applicants are required to provide a full written explanation of:** circumstances surrounding the disciplinary action(s) and the date of disciplinary action(s). 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 – Advanced Practice Certification (NP), 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 certification determination can be made.

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 Nurse Practitioner certificate is issued. Failure to report this information is grounds for denial of licensure or revocation of license/ certificate.

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

III. BOARD ADDRESS & WEB SITE INFORMATION

Mailing Address:
Advanced Practice Unit – NP Certification
Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100

Street Address for overnight or in-person delivery:

Advanced Practice Unit – NP Certification
Board of Registered Nursing
1747 N. Market Blvd., Suite 150
Sacramento, CA 95834-1924

Web Site: www.rn.ca.gov

IV. CALIFORNIA NURSING PRACTICE ACT

California statutes and regulations pertaining to Registered Nurses/Nurse Practitioners may be obtained by accessing the Board of Registered Nursing web site at www.rn.ca.gov

REQUIRED DOCUMENTATION FOR NURSE PRACTITIONER (NP) CERTIFICATION

METHOD ONE

California-Based Nurse Practitioner Education Program

www.rn.ca.gov/education/approgram s.shtml#np

Documentation submitted directly to the Board of Registered Nursing:

1. Completed Online **Application for Nurse Practitioner (NP) Certification** and applicable fee.
2. Completed **Verification of Nurse Practitioner Academic Program** form submitted by the nurse practitioner academic program. (Page 3)
3. Official, sealed transcript showing evidence of date of graduation or post-graduation nurse practitioner program.

METHOD TWO

Non-California Based Nurse Practitioner Education Program

Documentation submitted directly to the Board of Registered Nursing:

1. Completed Online **Application for Nurse Practitioner (NP) Certification** and applicable fee.
2. Completed **Verification of Nurse Practitioner Academic Program** form submitted by the nurse practitioner academic program. (Page 3)
3. Completed **Verification of Nurse Practitioner Certification by National Organization/Association** form submitted by the respective organization. (Contact your Organization/Association regarding the process to submit an electronic verification to the Board (Page 4))
   (See below for a list of National Organizations/Associations)
4. Official, sealed transcript showing evidence of date of graduation or post-graduation nurse practitioner program.

METHOD THREE – EQUIVALENCY

Documentation submitted directly to the Board of Registered Nursing:

1. Completed Online **Application for Nurse Practitioner (NP) Certification** and applicable fee.
2. Completed **Verification of Nurse Practitioner Academic Program** form submitted by the nurse practitioner academic program. (Page 3)
3. Completed **Verification of "Clinical Competency" as a Nurse Practitioner** form submitted by a **nurse practitioner**. (Page 5)
4. Completed **Verification of "Clinical Competency" as a Nurse Practitioner** form submitted by a **physician**. (Page 6)
5. Completed **Verification of "Clinical Experience" as a Nurse Practitioner** form submitted by the physician **and/or** nurse practitioner. (Page 7)
6. Official, sealed transcript showing evidence of date of graduation or post-graduation nurse practitioner program.
7. Curriculum and course descriptions for the completed academic program for the period of time attended.
8. The Board may request additional documents regarding your educational program.

The national organizations/associations listed below have met the certification requirements that are equivalent to the Board's standards for nurse practitioner certification:

- **American Academy of Nurse Practitioners Certification Board (AANPCB)**
  Capital Station, LBJ Building
  P.O. Box 12926, Austin, TX 78711-2926
  (855) 822-6727
  www.aanpcert.org

- **American Nurses Credentialing Center (ANCC)**
  8515 Georgia Ave., Suite 400, Silver Spring, MD 20910-3402
  (800) 284-2378
  www.nursecredentialing.org

- **Pediatric Nursing Certification Board (PNCB)**
  9605 Medical Center Drive, Suite 250, Rockville, MD 20850
  (888) 641-2767
  www.pncb.org

- **National Certification Corporation (NCC)**
  676 N. Michigan Ave, Suite 3600, Chicago, IL 60611
  (312) 951-0207
  www.nccwebsite.org

- **American Association of Critical-Care Nurses (AACN)**
  101 Columbia, Aliso Viejo, CA 92656-4109
  (800) 899-2226
  www.aacn.org

V. HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES RECEIVE EXPEDITED REVIEW

California statutes and regulations pertaining to Registered Nurses/Nurse Practitioners may be obtained by accessing the Board of Registered Nursing web site at www.rn.ca.gov

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.

VI. EXPEDITED LICENSURE PROCESS FOR REFUGEES, ASYLEES, AND HOLDERS OF SPECIAL IMMIGRANTS VISA (SIVS)

California statutes and regulations pertaining to Registered Nurses/Nurse Practitioners may be obtained by accessing the Board of Registered Nursing web site at www.rn.ca.gov

Individuals seeking an expedited licensure process as required by Business and Professions Code section 135.4. Beginning January 1, 2021, individuals in the following categories may have their applications expedited:

1. Refugees pursuant to section 1157 of title 8 of the United States Code;

2. Those granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to section 1158 of title 8 of the United States Code; or,

3. Individuals with a special immigrant visa that have been granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8.

In order to receive the expedited licensure process, individuals must provide evidence of their refugee, asylee, or special immigrant visa status when submitting their application package. Documentation below are examples that can be used:

- Form I-94, Arrival/Departure Record, with an admission class code such as “RE” (Refugee) or “AY” (Asylee) or other information designating the person a refugee or asylee.

- Special immigrant visa that includes the classification codes of “SI” or “SQ.”

- Permanent Resident Card (Form I-551), commonly known as a “Green Card,” with a category designation indicating that the person was admitted as a refugee or asylee.

- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

Failure to provide documentation may result in a delay in expediting the application review.

Please note that this does not mean a license/registration must be issued, but simply that the process will be expedited.

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VERIFICATION OF NURSE PRACTITIONER ACADEMIC PROGRAM

TO BE COMPLETED BY APPLICANT: Please complete Section A and forward to the program director/representative for the nurse practitioner academic program for completion. Official transcripts submitted must include all completed coursework with the certificate/degree status conferred and must be sent directly to the Board of Registered Nursing by the Registrar's Office/Transcript Office. A processing fee may be required for the submission of the official transcripts.

A. TO BE COMPLETED BY APPLICANT

(PRINT OR TYPE)

LAST NAME:	**FIRST NAME:**			**MIDDLE NAME:**
ADDRESS: Number & 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:** *(Last Name Only)*
E-MAIL ADDRESS:	**CALIFORNIA RN LICENSE NUMBER:** _____ **EXPIRATION DATE:** _____			
NAME OF ACADEMIC PROGRAM:	**SPECIALTY:**			

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

B. TO BE COMPLETED BY THE PROGRAM DIRECTOR/REPRESENTATIVE FOR THE NURSE PRACTITIONER ACADEMIC PROGRAM

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

NAME OF NURSE PRACTITIONER ACADEMIC PROGRAM:		**TELEPHONE NUMBER: ( )**	
ADDRESS: Number & Street	**City**	**State**	**Postal/Zip Code**

TYPE OF PROGRAM:

- ☐ **CERTIFICATE**
- ☐ **MASTERS**
- ☐ **POST-MASTERS**

SPECIALTY: _____

Entrance Date: _____ *(Month/Day/Year)*

Completion Date: _____ *(Month/Day/Year)*

Date Certificate/Degree Status Conferred: _____ *(Month/Day/Year)*

OUT OF STATE NP ACADEMIC PROGRAM GRADUATES:

Recognized by Commission on Collegiate Nursing Education: ☐ **YES** ☐ **NO**

If yes, Name: _____ **Program Approval Cycle Dates:** _____

I certify under penalty of perjury that the documentation regarding the completion of the nurse practitioner academic program for the above named applicant is true and correct.

SIGNATURE: _____ _____ **TITLE:** _____
(DATE)

VERIFICATION OF NURSE PRACTITIONER CERTIFICATION BY NATIONAL ORGANIZATION/ASSOCIATION

METHOD 2

TO BE COMPLETED BY APPLICANT: Please complete Section A and submit to the applicable national organization/association to verify your nursing practitioner certification status. A fee is required by the national organization/association for the processing of the verification form.

A. TO BE COMPLETED BY APPLICANT

(PRINT OR TYPE)

LAST NAME:	**FIRST NAME:**			**MIDDLE NAME:**
ADDRESS: **Number & 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:** *(Last Name Only)*
E-MAIL ADDRESS:	**CALIFORNIA RN LICENSE NUMBER:** _____ **EXPIRATION DATE:** _____			
NAME OF ACADEMIC PROGRAM:	**SPECIALTY:**			

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

B. TO BE COMPLETED BY THE CERTIFYING NATIONAL ORGANIZATION/ASSOCIATION

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

NAME OF CERTIFYING NATIONAL ORGANIZATION/ASSOCIATION	**TELEPHONE NUMBER: ( )**		
ADDRESS: **Number & Street**	**City**	**State**	**Postal/Zip Code**
METHOD OF CERTIFICATION:	**CERTIFICATE NUMBER:**	**ORIGINAL DATE OF CERTIFICATION:**	
NURSE PRACTITIONER SPECIALTY AREA:			
CURRENT RENEWAL CYCLE DATES FOR CERTIFICATION/RECERTIFICATION: ***(If not applicable, please explain)*** **From:** _____ **(Month/Year)** **To:** _____ **(Month/Year)**			

I certify under penalty of perjury that the documentation regarding the nurse practitioner certification status for the above named applicant is true and correct.

SIGNATURE: _____ _____ **TITLE:** _____
(DATE)

(OFFICIAL SEAL)

(Rev. 03/2019)

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VERIFICATION OF "CLINICAL COMPETENCY" AS A NURSE PRACTITIONER

METHOD 3 - EQUIVALENCY

Verification of the applicant's clinical competency in the delivery of primary care is one of the requirements, which must be met in order to qualify to use the title "Nurse Practitioner" in California.

PRIMARY CARE means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings. *(California Code of Regulations Section 1480(b)).*

CLINICALLY COMPETENT means the individual possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a certified nurse practitioner providing healthcare in the same nurse practitioner category. The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary care. *(California Code of Regulations Section 1480(c))*.

The verifying nurse practitioner and physician **MUST** meet the following requirements:

1. **Current, clear and active licensure to practice.**
2. **Clinical competency in the provision of primary care.**
3. **Direct observations of clinical practice.**

A. TO BE COMPLETED BY APPLICANT

(PRINT OR TYPE)

LAST NAME:	**FIRST NAME:**	**MIDDLE NAME:**
U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	**DATE OF BIRTH:** *(Month/Day/Year)*	**CALIFORNIA RN LICENSE NUMBER:**

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

B. TO BE COMPLETED BY THE EVALUATING "NURSE PRACTITIONER"

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

LAST NAME:	**FIRST NAME:**	**MIDDLE NAME:**	
ADDRESS OF AGENCY: Number & Street	**City**	**State**	**Postal/Zip Code**
TELEPHONE NUMBER:	**U.S. SOCIAL SECURITY NUMBER:**		
RN LICENSE NUMBER: _____ **EXPIRATION DATE:** _____ **NP CERTIFICATION NUMBER:** _____	**DATES EMPLOYED IN SPECIALTY AREA:** **From:** _____ **To:** _____ **PROFESSIONAL SPECIALTY:** _____		
METHOD(S) UTILIZED TO EVALUATE APPLICANT'S CLINICAL COMPETENCY:	**PERIOD OF CLINICAL EVALUATION:** **From:** _____ **(Month/Year)** **To:** _____ **(Month/Year)**		

I certify under penalty of perjury that I have evaluated the above named applicant and verify that he/she is clinically competent in the appropriate discipline in clinical practice in the provision of primary care.

SIGNATURE OF EVALUATOR: _____ **DATE:** _____

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VERIFICATION OF "CLINICAL COMPETENCY" AS A NURSE PRACTITIONER

METHOD 3 - EQUIVALENCY

Verification of the applicant's clinical competency in the delivery of primary care is one of the requirements, which must be met in order to qualify to use the title "Nurse Practitioner" in California.

PRIMARY CARE means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings. *(California Code of Regulations Section 1480(b)).*

CLINICALLY COMPETENT means the individual possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a certified nurse practitioner providing healthcare in the same nurse practitioner category. The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary care. *(California Code of Regulations Section 1480(c)).*

The verifying nurse practitioner and physician **MUST** meet the following requirements:

1. **Current, clear and active licensure to practice.**
2. **Clinical competency in the provision of primary care.**
3. **Direct observations of clinical practice.**

A. TO BE COMPLETED BY APPLICANT

(PRINT OR TYPE)

LAST NAME:	**FIRST NAME:**	**MIDDLE NAME:**
U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	**DATE OF BIRTH:** *(Month/Day/Year)*	**CALIFORNIA RN LICENSE NUMBER:**

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

B. TO BE COMPLETED BY THE EVALUATING "PHYSICIAN"

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

LAST NAME:	**FIRST NAME:**	**MIDDLE NAME:**

ADDRESS OF AGENCY: Number & Street	**City**	**State**	**Postal/Zip Code**

TELEPHONE NUMBER:	**U.S. SOCIAL SECURITY NUMBER:**
MD LICENSE NUMBER: _____ **EXPIRATION DATE:** _____	**DATES EMPLOYED IN SPECIALTY AREA:** **From:** _____ **To:** _____ **PROFESSIONAL SPECIALTY:** _____
METHOD(S) UTILIZED TO EVALUATE APPLICANT'S CLINICAL COMPETENCY:	**PERIOD OF CLINICAL EVALUATION:** **From:** _____ **(Month/Year)** **To:** _____ **(Month/Year)**

I certify under penalty of perjury that I have evaluated the above named applicant and verify that he/she is clinically competent in the appropriate discipline in clinical practice in the provision of primary care.

SIGNATURE OF EVALUATOR: _____ **DATE:** _____

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VERIFICATION OF "CLINICAL EXPERIENCE" AS A NURSE PRACTITIONER

METHOD 3 - EQUIVALENCY

Verification of the nurse's clinical experience in the delivery of primary care is required in order for him/her to use the title "Nurse Practitioner" in California.

PRIMARY CARE means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings. *(California Code of Regulations Section 1480(b)).*

CLINICALLY COMPETENT means the individual possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a certified nurse practitioner providing healthcare in the same nurse practitioner category. The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary care. *(California Code of Regulations Section 1480(c))*.

The verifying nurse practitioner and physician **MUST** meet the following requirements:

1. **Current, clear and active licensure to practice.**
2. **Clinical competency in the provision of primary care.**
3. **Direct observations of clinical practice.**

A. TO BE COMPLETED BY APPLICANT

(PRINT OR TYPE)

LAST NAME:	**FIRST NAME:**	**MIDDLE NAME:**

U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	**DATE OF BIRTH:** *(Month/Day/Year)*	**CALIFORNIA RN LICENSE NUMBER:**

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

B. TO BE COMPLETED BY THE PHYSICIAN/NURSE PRACTITIONER VERIFYING THE APPLICANT'S CLINICAL EXPERIENCE

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

NAME OF AGENCY:			
ADDRESS OF AGENCY: Number & Street	**City**	**State**	**Postal/Zip Code**

NAME OF APPLICANT'S SUPERVISOR:	**SUPERVISOR'S TELEPHONE NUMBER:**

SUPERVISOR'S TITLE: _____ **LICENSE NUMBER:** _____ **EXPIRATION DATE:** _____	**DATES OF SUPERVISOR'S EMPLOYMENT:** **From:** _____ **To:** _____ **SPECIALTY AREA:** _____

DATES OF SUPERVISED CLINICAL EXPERIENCE:	**NUMBER OF HOURS:**	**CLINICAL SPECIALITY:**
From: _____ **To:** _____		
From: _____ **To:** _____		
From: _____ **To:** _____		

I certify under penalty of perjury that I have verified that the above named applicant received the number of supervised clinical hours in the appropriate discipline in clinical practice in the performance of diagnostic and treatment procedures essential to the provision of primary care.

SIGNATURE OF SUPERVISOR: _____ ***DATE:*** _____