



TOLLED PROBATIONER UPDATE

PERSONAL INFORMATION

Name: _____

RN License Number: _____

Address: _____

Is your RN License Active? Yes No

Telephone Number: _____

(Include street, city, zip code)

Is this a new address? Yes No

Email _____

Expected Return date to California _____

Please note any questions you would like answered regarding your probation period:

Do you have any intention on returning to California Yes No

Would you like any information on surrendering your California License Yes No

Your Signature

Date

Return Form to:

Board of Registered Nursing
Probation Unit
PO Box 944210
Sacramento, CA 94244-2100

Or

Fax: (916) 574-8636
Attention Probation Unit