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 | TTY (800) 326-2297 | www.rn.ca.gov

# DATA REPORT FORM

NAME_____ RN License #_____

ADDRESS_____

HOME PHONE_____ WORK PHONE_____

CELL PHONE_____ E-MAIL_____

BASIC NURSING PREPARATION DIPLOMA/DEGREE(s) _____

NAME OF NURSING SCHOOL;_____

LOCATION:_____ YEAR GRADUATED_____

OTHER DEGREE/S_____ YEAR OBTAINED _____

OTHER LICENSE/S_____

CURRENTLY WORKING AS A **RN**? :_____ YES (if yes, Start date)_____: No_____

NAME OF CURRENT EMPLOYER:_____

ADDRESS_____

YOUR POSITION_____ CLINICAL AREA _____

WORK DAYS_____ WORK HOURS_____ HOURS PER PAY PERIOD_____

IMMEDIATE SUPERVISOR_____ Ph #_____

RN MANAGER/DIRECTOR_____ Ph #_____

**SOBRIETY DATE**: _____

**YOUR EMPLOYMENT FOR PAST 5 YEARS (INCLUDING THE ABOVE) IN ANY CAPACITY:**

| Dates of Employment | RN Position | RN Employer |
|---|---|---|
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