



***This form cannot be used to renew your license.**
***This form is not for a pocket card; the Board no longer issues pocket cards.**

REQUEST FOR DUPLICATE CERTIFICATE
\$60 per Certificate

CHECK REQUESTED CERTIFICATE(S) BELOW:

LICENSE/CERTIFICATE TYPE	Certificate
Registered Nurse (RN)	<input type="checkbox"/>
Nurse Anesthetist (NA)	<input type="checkbox"/>
Nurse Practitioner (NP)	<input type="checkbox"/>
Nurse Midwife (NMW)	<input type="checkbox"/>
Clinical Nurse Specialist (CNS)	<input type="checkbox"/>
Furnishing Number (NPF)	<input type="checkbox"/>
Furnishing Number (NMF)	<input type="checkbox"/>
Public Health Nurse (PHN)	<input type="checkbox"/>
Psychiatric Mental Health Nurse (PMH)	<input type="checkbox"/>
Continuing Education Provider (CEP)	<input type="checkbox"/>
TOTAL FEE ENCLOSED:	_____

YOU MUST SUBMIT A PHOTOCOPY OR ELECTRONIC COPY OF THE FOLLOWING **TWO** REQUIRED DOCUMENTS FOR NAME CHANGES: A current government-issued photographic identification (e.g. driver license, alien registration, passport, etc.) **AND** one of the following legal documents as proof of name change: certified court order, marriage certificate, or dissolution of marriage (divorce).

PLEASE PRINT OR TYPE:

First Name:	Middle Name:	Last Name:

RN License or CEP Number:	Date of Birth: (MM/DD/YYYY)

Reason for Request:

IF DUPLICATE REQUEST IS DUE TO NAME CHANGE, COMPLETE THE FOLLOWING:

Former First Name:	Former Middle Name:	Former Last Name:

PERSONAL ATTESTATION:

I certify under penalty of perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license or certificate by the Department of Consumer Affairs.

Signature of Applicant: _____ **Date:** _____