

(01/09/2019)

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY - GAVIN NEWSOM, GOVERNOR BOARD OF REGISTERED NURSING PO Box 944210, Sacramento, CA 94244-2100 P (916) 322-3350 | F (916) 574-8637 | <u>WWW.rn.ca.qov</u>



INTERNATIONAL DIPLOMA VERIFICATION

Send this form to the licensing or regulatory agency where you were registered as a professional nurse.

PART I: To be completed by APPLICANT and forwarded to appropriate regulatory agency.			
Name: (Last, First, Middle)		Previous Names: (Inclu	ıding Maiden)
Current Street Address of Record:			
City:	Province or State:	Country:	Postal Code or
			Zip:
Name as it Appeared on Original Diploma: (Last, First, Middle) Date of Birth: (Month/Day/Year)			
Country of Original Diploma:	Issue Date of Diploma:	Diploma Number:	
Name of School:	Graduation Date:	Type of Nursing Program:	
			-
Address of Salasli			Other
Address of School:			
	(Province or State)	(Country)	(Postal Code)
(City)	(Province or State)	(Country)	(rusial Code)
I hereby authorize all identified regulatory agencies to release my licensure data to the California Board of Registered Nursing.			
Signature:			
Signature:		Date:	
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PART II: To be completed by registration agency a	nd sent to the California Boar	rd of Nursing listed at the top of	
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