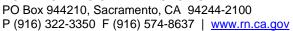


## **BOARD OF REGISTERED NURSING**





## ONLINE NURSE ANESTHETIST APPLICANT IDENTIFICATION FORM

You <u>must</u> complete and submit this form with the required supporting documents to: Board of Registered Nursing, ATTN: Advanced Practice Unit, P.O. Box 944210, Sacramento, CA 94244-2100.

APPLICATION NUMBER: 4006					
Print Full Name:					
( <i>Last</i> )  U.S. Social Security Number or	(First)		(Middle)		
Individual Taxpayer Identification					
Number:	E-Mail:				
Address:		Date of Birth	:		
Name of Nurse Anesthetist Program:					
City, State and Country of Nurse Anesthetist Program:					
INDICATE ALL FEES PAID ONLINE BY CREDIT CARD:					
☐ Application fee - \$150.00					
HAVE YOU COMPLETED AND/OR ENCLOSED THE FOLLOWING ITEMS (check all that apply):					
			☐ YES		
Have you attached a recent 2" x 2" passport type photograph?			1L0	∐ NO	
If applicable, is supplemental information regarding reporting prior convictions or discipline YES NO against licenses enclosed?					
I certify under penalty of perjury under the laws of the State of Cal		_	\		
that all information provided in connection with this online application for licensure is true, correct and complete. Providing false information or		Гаре	Tape Your 2" x 2"		
omitting required information is grounds for denial of licensure or license			sport Type		
revocation in California.  Photograph Here					
		1 1100	ograpii riere		
Signature of Applicant:					
Date:					