

**BOARD OF REGISTERED NURSING**

PO Box 944210, Sacramento, CA 94244-2100  
P (916) 322-3350 F (916) 574-8637 | [www.rn.ca.gov](http://www.rn.ca.gov)



## GENERAL INSTRUCTIONS AND APPLICATION REQUIREMENTS FOR PUBLIC HEALTH NURSE (PHN) CERTIFICATION

### GENERAL INSTRUCTIONS

Pursuant to Section 2818 (a) of the Business and Professions Code the Legislature recognizes that public health nursing is a service of crucial importance for the health, safety, and sanitation of the population in all of California's communities. These services currently include, but are not limited to:

- ◆ Control and prevention of communicable disease.
- ◆ Promotion of maternal, child, and adolescent health.
- ◆ Prevention of abuse and neglect of children, elders, and spouses.
- ◆ Outreach screening, case management, resource coordination and assessment, and delivery and evaluation of care for individuals, families, and communities.

In addition, Section 2818 (c) states that no individual shall hold himself or herself out as a public health nurse or use a title which includes the term "public health nurse" unless that individual is in possession of a valid California public health nurse certificate issued pursuant to this article.

### I. GENERAL APPLICATION REQUIREMENTS

Public Health certification eligibility requires the possession of an active California registered nurse (RN) license (California Code of Regulations, Section 1491).

If you do not possess an active California RN license and have never applied for a California RN license, an Application for California RN Licensure by Endorsement/Examination must also be submitted. If you have had a permanent California RN license, you must either renew or reactivate the California RN license.

The Public Health Nurse Application fee is an earned fee; therefore, when an applicant is found ineligible the application fee will not be refunded. Processing times for certification may vary, depending on the receipt of required documentation. Processing a Public Health Nurse Certification application indicating prior conviction(s), disciplinary action(s) and/or voluntary surrender(s) may take longer. A pending application file is not a disclosable public record; therefore, an applicant must sign a release of information before the Board of Registered Nursing will release information relating to the PHN application to the public, including employers, relatives or other third parties. Once you are certified, your address of record must be disclosed to the public upon request.

### II. NAME AND/OR ADDRESS CHANGES

California Code of Regulations, Section 1409.1 requires that you notify the Board of Registered Nursing of all names and address changes within thirty (30) days of any change. You may call the Board of Registered Nursing regarding the change of address of record. If you have changed your name, please submit a letter of explanation along with legal documentation of the name change to the Board. Examples of acceptable forms of legal documentation are birth certificate, marriage certificate, divorce decree and/or court documents, social security card or passport. A copy of a driver's license is not acceptable.

## GENERAL INSTRUCTIONS – (continued)

### III. U.S. SOCIAL SECURITY NUMBER, INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER & TAX INFORMATION

**Disclosure of your U.S. Social Security Number or Individual Taxpayer Identification Number is mandatory.** Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C)) authorize collection of your U.S. Social Security Number or Individual Taxpayer Identification Number. Your U.S. Social Security Number or Individual Taxpayer Identification Number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure, certification or examination status by a licensing or examination entity which utilizes a national examination where licensure is reciprocal with the requesting state. **If you fail to disclose your U.S. Social Security Number or Individual Taxpayer Identification Number, your application for initial or renewal license/certification will not be processed.** You will also be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. Questions regarding the Franchise Tax Board should be directed to (800) 852-5711.

**ALERT:** Effective July 1, 2012, the Board of Registered Nursing is required to deny an application for licensure and to suspend the license/certificate/registration of any applicant or licensee who has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000. (AB 1424, Perea, Chapter 455, Statutes of 2011).

### IV. REPORTING PRIOR CONVICTIONS OR DISCIPLINE AGAINST LICENSES/CERTIFICATES

Applicants are required under law to report all misdemeanor and felony convictions. "Driving under the influence" convictions must be reported. Convictions must be reported even if they have been adjudicated, dismissed or expunged or even if a court ordered diversion program has been completed under the Penal Code or under Article 5 of the Vehicle Code. Also, all disciplinary action against an applicant's public health nurse, registered nurse, practical nurse, vocational nurse or other health care related license or certificate must be reported. Also any fine, infraction, or traffic violation over \$1,000.00 must be reported.

**Failure to report prior convictions or disciplinary action is considered falsification of application and is grounds for denial of licensure/certification or revocation of license/certificate.**

When reporting prior convictions or disciplinary action, **applicants are required to provide a full written explanation of:** circumstances surrounding the arrest(s), conviction(s), and/or disciplinary action(s); the date of incident(s), conviction(s) or disciplinary action(s); specific violation(s) (cite section of law if convicted), court location or jurisdiction, sanctions or penalties imposed and completion dates. Provide **certified** copies of arrest and court documents and for disciplinary proceedings against any license as a RN or any health-care related license; include copies of state board determinations/decisions, citations and letters of reprimand.

NOTE: For drug and alcohol convictions include documents that indicate blood alcohol content (BAC) and sobriety date.

To make a determination in these cases, the Board considers the nature and severity of the offense, additional subsequent acts, recency of acts or crimes, compliance with court sanctions, and evidence of rehabilitation.

**The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation.** Examples of rehabilitation evidence include, but are not be limited to:

- Recent, dated letter from applicant describing the event and rehabilitative efforts or changes in life to prevent future problems or occurrences.
- Recent and signed letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, Support Group Facilitators or sponsors, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse.
- Submit copies of recent work evaluations.
- Proof of community work, schooling, self-improvement efforts.

## GENERAL INSTRUCTIONS – (continued)

- Court-issued certificate of rehabilitation or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.

All of the above items should be mailed **directly** to the Board by the individual(s) or agency that is providing information about the applicant. Have these items sent to the Board of Registered Nursing, Advanced Practice Unit – Public Health Nurse Certification (PHN), P.O. Box 944210, Sacramento, CA 94244-2100.

**It is the responsibility of the applicant to provide sufficient rehabilitation evidence on a timely basis so that a certification determination can be made.**

**An applicant is also required to immediately report, in writing, to the Board any conviction(s) or disciplinary action(s) which occur between the date the application was filed and the date that a California Public Health certificate is issued. Failure to report this information is grounds for denial of licensure or revocation of license/certificate.**

NOTE: The application must be completed and signed by the applicant under the penalty of perjury.

### V. BOARD ADDRESS & WEB SITE INFORMATION

**Mailing** Address:           Advanced Practice Unit – PHN Certification  
Board of Registered Nursing  
P.O. Box 944210  
Sacramento, CA 94244-2100

**Street** Address for overnight or in-person delivery:  
  
Advanced Practice Unit – PHN Certification  
Board of Registered Nursing  
1747 N. Market Blvd., Suite 150  
Sacramento, CA 95834-1924

**Web Site:**                   [www.rn.ca.gov](http://www.rn.ca.gov)

### VI. CALIFORNIA NURSING PRACTICE ACT

California statutes and regulations pertaining to Registered Nurses/Public Health Nurses may be obtained by accessing the Board of Registered Nursing web site at [www.rn.ca.gov](http://www.rn.ca.gov)

# APPLICATION REQUIREMENTS FOR PUBLIC HEALTH NURSE (PHN) CERTIFICATION

## **METHOD A**

Possession of a baccalaureate or entry-level master's degree in nursing from a nursing school accredited by the National League of Nursing (NLN) or the Commission on Collegiate Nursing Education (CCNE) which includes coursework in public health nursing, including a minimum of 90 hours of supervised clinical experience in a public health setting(s).

### **Documentation submitted directly to the Board of Registered Nursing:**

1. Completed **Public Health Nurse (PHN) Certification** and applicable fee.
2. Request for Transcript form completed by the baccalaureate, entry-level master's or master's academic program. (Page 8)

**(NOTE: All out-of-state graduates must have the shaded verification section completed by the academic program.)**

3. Official transcripts for the completed baccalaureate program, entry-level master's program or master's program submitted by the academic program.
4. Verification of training in the detection, prevention, reporting requirements and treatment of child neglect and abuse which shall be at least 7 hours in length and shall include but not limited to prevention techniques, early detection techniques, California reporting requirements and intervention techniques completed in a baccalaureate or specialized program in nursing or a course approved for continuing education (CE) by the Board of Registered Nursing. The course must include coverage of the **California Reporting Law** requirements per Section 11166.5 of the California Penal Code.

**(NOTE: California BSN graduates prior to 1981, must take the 7 hour child abuse/neglect prevention training course approved by the Board of Registered Nursing.**

5. Course descriptions for the completed baccalaureate program, entry-level master's program or master's program. The course descriptions must be for the period of time you attended the program. **(This does not apply to California graduates)**

## **METHOD B**

Possession of a baccalaureate or entry-level master's degree in nursing from a nursing school which has not been NLN or CCNE accredited which includes course work in public health nursing and includes a minimum of 90 hours of supervised clinical experience in a public health setting(s).

### **Documentation submitted directly to the Board of Registered Nursing:**

1. Completed **Public Health Nurse (PHN) Certification** and applicable fee.
2. Request for Transcript form completed by the baccalaureate, entry-level master's or master's academic program. (Page 8)
3. Official transcripts for the completed baccalaureate program, entry-level master's program or master's program submitted by the academic program.
4. Verification of training in the detection, prevention, reporting requirements and treatment of child neglect and abuse which shall be at least 7 hours in length and shall include but not limited to prevention techniques, early detection techniques, California reporting requirements and intervention techniques completed in a baccalaureate or specialized program in nursing or a course approved for continuing education (CE) by the Board of Registered Nursing. The course must include coverage of the **California Reporting Law** requirements per Section 11166.5 of the California Penal Code.

**APPLICATION REQUIREMENTS FOR  
PUBLIC HEALTH NURSE (PHN) CERTIFICATION (CONT'D)**

5. Course descriptions for the completed baccalaureate program, entry-level master's program or master's program. The course descriptions must be for the period of time you attended the program.

**METHOD C**

Possession of a baccalaureate degree in a field other than nursing and completion of a specialized public health nursing program that includes a minimum of 90 hours of supervised clinical experience in a public health setting(s) associated with a baccalaureate school of nursing accredited by NLN or CCNE. Work experience is not acceptable.

**Documentation submitted directly to the Board of Registered Nursing:**

1. Completed **Public Health Nurse (PHN) Certification** and applicable fee.
2. Request for Transcript form completed by the baccalaureate or master's academic program. (Page 8)
3. Official transcripts for the completed baccalaureate program or master's program submitted by the academic program.
4. Verification of training in the detection, prevention, reporting requirements and treatment of child neglect and abuse which shall be at least 7 hours in length and shall include but not limited to prevention techniques, early detection techniques, California reporting requirements and intervention techniques completed in a baccalaureate or specialized program in nursing or a course approved for continuing education (CE) by the Board of Registered Nursing. The course must include coverage of the **California Reporting Law** requirements per Section 11166.5 of the California Penal Code.
5. Course descriptions for the completed baccalaureate program or master's program. The course descriptions must be for the period of time you attended the program.

**PLEASE REFER QUESTIONS REGARDING THE PUBLIC HEALTH NURSE APPLICATION PROCESS  
TO THE ADVANCED PRACTICE UNIT IN SACRAMENTO AT (916) 322-3350.**

**VII. HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES RECEIVE EXPEDITED REVIEW**

Notwithstanding any other law, on and after July 1, 2016, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged (Business and Professions Code section 115.4.).

If you would like to be considered for this expedited review and process, please provide the following documentation with your application:

**1. Report of Separation form.**

The report of separation form issued in most recent years is the **DD Form 214, Certificate of Release or Discharge from Active Duty**. Before January 1, 1950, several similar forms were used by the military services, including the WD AGO 53, WD AGO 55, WD AGO 53-55, NAVPERS 553, NAVMC 78PD and the NAVCG 553.

Information shown on the Report of Separation may include the service member's date and place of entry into active duty, date and place of release from active duty, last duty assignment and rank, military job specialty, military education, total creditable service, separation information, etc.



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**APPLICATION FOR PUBLIC HEALTH NURSE (PHN) CERTIFICATION**

**APPLICATION FEE - \$500.00**

**MILITARY HONORABLE DISCHARGE** - Check here if you served as an active duty member of the Armed Forces of the United States and were honorably discharged.

**PERSONAL DATA (PRINT OR TYPE)**

<b>LAST NAME:</b>		<b>FIRST NAME:</b>		<b>MIDDLE NAME:</b>	
<b>ADDRESS: Number and Street</b>					
<b>City</b>		<b>State</b>	<b>Country</b>		<b>Postal/Zip Code</b>
<b>HOME TELEPHONE NUMBER:</b> ( )		<b>ALTERNATE TELEPHONE NUMBER:</b> ( )		<b>E-MAIL ADDRESS:</b>	
<b>DATE OF BIRTH:</b> (Month/Day/Year)	<b>U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER:**</b>	<b>PREVIOUS NAMES: (Including Maiden)</b>		<b>MOTHER'S MAIDEN NAME:</b> (Last Name Only)	

**RN LICENSURE/PUBLIC HEALTH NURSE CERTIFICATION**

<b>California RN License Number:</b> _____  <b>Date Issued:</b> _____  <b>Expiration Date:</b> _____	<b>List ALL States Where You Hold/Held an <u>RN License</u> and Status:</b>  <b>List ALL States Where You Hold/Held a <u>Public Health Nurse License/Certificate</u> and Status:</b>
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**PUBLIC HEALTH NURSE EDUCATION**

<b>Name of Public Health Nurse Academic Program</b> _____  <b>City</b> _____ <b>State</b> _____ <b>Country</b> _____	<b>TYPE OF PROGRAM:</b> <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> BACCALAUREATE DEGREE <input type="checkbox"/> ENTRY LEVEL MASTERS DEGREE <input type="checkbox"/> MASTERS DEGREE/NURSING  <b>Entrance Date:</b> _____  <b>Graduation/Completion Date:</b> _____
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**CHILD ABUSE/NEGLECT PREVENTION TRAINING**

<b>CE Provider/School Name</b> _____  <b>Course Name:</b> _____  <b>Course Number:</b> _____	<b>Number of hours:</b> _____
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NAME OF APPLICANT: \_\_\_\_\_

**BACKGROUND INFORMATION**

<p>Have you <b>applied</b> for a Public Health Nurse certificate in California?          If yes:          Name on previous application: _____ Date Submitted: _____</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p>Have you ever been <b>issued</b> a Public Health Nurse certificate in California?          If yes: <b>STOP! DO NOT CONTINUE.</b> Please contact the Board regarding whether you should reapply or file a petition for reinstatement of your California Public Health Nurse certification.</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p>Have you ever had disciplinary proceedings against <b>any</b> license as a RN or <b>any</b> health-care related license or certificate including revocation, suspension, probation, voluntary surrender, or any other proceeding in any state or country? If yes, please provide a detailed written explanation, including the date and state or country where the discipline occurred.</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p>Have you ever been convicted of <b>any</b> offense other than minor traffic violations? If yes, explain fully as described in the applicant instructions. Convictions must be reported even if they have been adjudicated, dismissed or expunged or if a diversion program has been completed under the Penal Code or Article 5 of the Vehicle Code. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. <u>YOU MUST INCLUDE MISDEMEANOR AS WELL AS FELONY CONVICTIONS.</u></p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p>Have you ever been denied an RN or any other health-care related license in any state/territory? If yes, please provide a detailed written explanation, including the date and state or country where the discipline occurred.</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>

I understand that I am required to report immediately to the California Board of Registered Nursing if I am convicted of **ANY** offense that occurs between the date of this application and the date that a California registered nurse license and/or Public Health Nurse certificate is issued. I am also required to report to the California Board of Registered Nursing any disciplinary action and/or voluntary surrender against **ANY** health-care related license/certificate that occurs between the date of this application and the date that a California registered nurse license and/or Public Health Nurse certificate is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

I certify under penalty of perjury under the laws of the State of California, that all information provided in connection with this online application for license/certification is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure/certification or license/certificate revocation in California. I have read and understand the disclosure statements provided in the instructions for this application. I hereby grant the Department of Consumer Affairs entity permission to verify any information contained in this application.

Attach a recent 2"x2"  
passport type photograph.

Please tape on all four sides.

Head and shoulders only

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

**\*\* U.S. SOCIAL SECURITY NUMBER OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER DISCLOSURE STATEMENT**  
 Disclosure of your U.S. Social Security Number or individual taxpayer identification number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA (c)(2)(C) authorizes collection of your U.S. Social Security Number or individual taxpayer identification number. Your U.S. Social Security Number or individual taxpayer identification number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your U.S. Social Security Number or individual taxpayer identification number, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



**REQUEST FOR TRANSCRIPT  
 PUBLIC HEALTH NURSE CERTIFICATION**

**A. TO BE COMPLETED BY APPLICANT**  
 Send this form to your baccalaureate, entry-level masters or master's school of nursing. If you need to contact more than one school, this form may be reproduced. Transcripts must include all completed course work and reflect the degree awarded and date conferred. An official transcript must come directly from the school of nursing to the Board of Registered Nursing. Transcripts are not accepted from applicants.

NAME: Last		First	Middle	Previous Names (Including Maiden):	
ADDRESS: Street		City		State	Zip Code
U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER:		BIRTHDATE:  Month    Day    Year		TELEPHONE NUMBER: Home: (    ) Work: (    )	
NAME OF BSN/ELM/MSN NURSING SCHOOL:				YEARS ATTENDED:  _____ to _____	
LOCATION: City		State	(Country)	YEAR GRADUATED:	
SIGNATURE OF APPLICANT: _____				DATE: _____	

**B. TO BE COMPLETED BY THE SCHOOL OF NURSING**  
 The above applicant has applied for Public Health Nurse Certification in California. Please supply the following information and attach an official transcript.

ENTRANCE DATE:	DATE DEGREE AWARDED:	TYPE OF DEGREE AWARDED:
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**OUT-OF-STATE GRADUATES ONLY**

Is this school NLN accredited?    Yes \_\_\_    No \_\_\_    If yes, when: \_\_\_\_\_

Is this school CCNE accredited?    Yes \_\_\_    No \_\_\_    If yes, when: \_\_\_\_\_

Was the school accredited at the time of applicant's graduation?    Yes \_\_\_    No \_\_\_

SIGNATURE OF SCHOOL OFFICIAL: _____		TELEPHONE: (    ) _____
NAME & TITLE: _____		DATE: _____





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## INFORMATION COLLECTION AND ACCESS

**The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.**

Agency Name:	<b>BOARD OF REGISTERED NURSING</b>	
Title of official responsible for information maintenance:	<b>EXECUTIVE OFFICER</b>	
Address:	<b>P.O. BOX 944210, SACRAMENTO, CA 94244-2100</b>	Telephone Number: <b>(916) 322-3350</b>
Authority which authorizes the maintenance of the information:	<b>SECTION 30, SECTION 2732.1(a), BUSINESS AND PROFESSIONS CODE</b>	
<b>ALL INFORMATION IS MANDATORY.</b>		
The consequences, if any of not providing all or any part of the requested information:	<b>FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.</b>	
The principal purpose(s) for which the information is to be used:	<b>TO DETERMINE ELIGIBILITY FOR LICENSURE. YOUR U.S. SOCIAL SECURITY NUMBER OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USCA 405(c)(2)(C)) AUTHORIZE COLLECTION OF YOUR U.S. SOCIAL SECURITY NUMBER. IF YOU FAIL TO DISCLOSE YOUR U.S. SOCIAL SECURITY NUMBER OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER, YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU. YOUR NAME AND ADDRESS LISTED ON THIS APPLICATION WILL BE DISCLOSED TO THE PUBLIC UPON REQUEST IF AND WHEN YOU BECOME LICENSED.</b>	
Any known or foreseeable interagency or intergovernmental transfer which may be made of the information:	<b>POSSIBLE TRANSFER TO LAW ENFORCEMENT, OTHER GOVERNMENT AGENCIES AND REPORTING U.S. SOCIAL SECURITY NUMBER OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER TO THE FRANCHISE TAX BOARD OR FOR CHILD SUPPORT ENFORCEMENT PURPOSES PURSUANT TO SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE.</b>	
<b>EACH INDIVIDUAL HAS THE RIGHT TO REVIEW THE FILES ON RECORDS MAINTAINED ON THEM BY THE AGENCY, UNLESS THE RECORDS ARE EXEMPT FROM DISCLOSURE.</b>		

## MANDATORY REPORTER

Under California law each person licensed by the Board of Registered Nursing is a “Mandated Reporter” for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.

California Penal Code Section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both imprisonment and fine.

For further details about these requirements, consult Penal Code Section 11164, and subsequent sections.