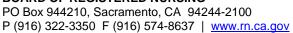


BOARD OF REGISTERED NURSING





ONLINE PUBLIC HEALTH NURSE 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: 4009				
Print Full Name:				
U.S. Social Security Number or Individual Taxpayer Identification	(First)		(Middle)	
Number: E-I				
Address:	Date of Birth:			
Name of Public Health Nurse Program:				
City, State and Country of Public Health Nurse 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):				
Have you attached a recent 2" x 2" passport type photograph?			☐ YES	□NO
If applicable, have you attached a copy of the Child Abuse completion certificate?				☐ NO
If applicable, is supplemental information regarding reporting prior convictions or discipline YES No against licenses enclosed?				□ NO
certify under penalty of perjury under the laws of the State of California, hat all information provided in connection with this online application for icensure is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure or license evocation in California. Signature of Applicant:		Pas	Your 2" x 2" sport Type ograph Here	