



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov

ONLINE PUBLIC HEALTH NURSE APPLICANT IDENTIFICATION FORM

You must 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: _____
(Last) (First) (Middle)

U.S. Social Security Number or Individual Taxpayer Identification Number: _____ **E-Mail:** _____

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**? **YES** **NO**

If applicable, is supplemental information regarding reporting prior convictions or discipline against licenses enclosed? **YES** **NO**

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 licensure is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California.

Signature of Applicant: _____

Date: _____

