



**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)

**REQUEST FOR REAPPLY/REPEAT EXAMINATION**

**\$150.00**

1. Submit the APPROPRIATE NON-REFUNDABLE FEE payable to the Board of Registered Nursing. Please submit a check or money order in U.S. CURRENCY only. DO NOT SEND CASH.
2. If you hold an Interim Permit, return it to this office IMMEDIATELY. Interim Permits are no longer valid once you receive the letter stating you did not pass your initial NCLEX-RN examination.
3. The National Council State Boards of Nursing has a 45-day retake provision for the NCLEX-RN exam. For information regarding the 45-day retake provision please visit their website at [www.ncsbn.org](http://www.ncsbn.org).
4. Once found eligible, you will receive instructions on how to register with the NCLEX testing service.

**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.

PRINT OR TYPE

<b>LAST NAME:</b>		<b>FIRST NAME:</b>			<b>MIDDLE NAME:</b>	
<b>ADDRESS: Number and Street</b>					<b>DATE OF BIRTH: (Month/Day/Year)</b>	
<b>City</b>		<b>State</b>	<b>Country</b>	<b>Postal/Zip Code</b>	<b>U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:**</b>	
<b>TELEPHONE NUMBER:</b> Home ( ) Alternate ( )		<b>PREVIOUS NAMES: (Including Maiden)</b>			<b>MOTHER'S MAIDEN NAME: (Last Name Only)</b>	
<b>E-MAIL ADDRESS:</b>				<input type="checkbox"/> <b>SPECIAL TESTING ACCOMMODATION IS REQUESTED</b> If checked, attach appropriate documentation		
<b>LAST EXAM APPLIED FOR:</b> Month                      Year		<b>LAST EXAM TAKEN:</b> Month                      Year		<b>COUNTRY OF NURSING EDUCATION:</b>		

**HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS?:**

YES     NO    If yes, please see attached instructions. Include convictions reported on previous applications.

**HAVE YOU EVER HAD DISCIPLINARY PROCEEDINGS AGAINST ANY LICENSE AS A RN OR ANY 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.**

YES     NO    If yes, explain fully on a separate sheet of paper.

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 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 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 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:** \_\_\_\_\_

**\*\* U.S. SOCIAL SECURITY NUMBER/ITIN DISCLOSURE STATEMENT**  
 Disclosure of your U.S. Social Security Number/ITIN 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/ITIN. Your U.S. Social Security Number/ITIN 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/ITIN, 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.

## **REPORTING PRIOR CONVICTIONS OR DISCIPLINE AGAINST LICENSES**

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 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 or revocation of license.**

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.
- 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 who is providing information about the applicant. Have these items sent to the Board of Registered Nursing, Licensing Unit, 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 licensing determination can be made.** All evidence of rehabilitation must be submitted **prior to being found eligible** for licensure.

**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 registered nursing license is issued. Failure to report this information is grounds for denial of licensure or revocation of license.**

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

## **CANDIDATES WITH DISABILITIES – REQUEST FOR ACCOMMODATIONS**

The California Fair Employment and Housing Act<sup>1</sup> (“FEHA”) grants qualified individuals with disabilities who participate in the examination process protection from unlawful discrimination.

More specifically, the FEHA protects individuals with physical or mental disabilities, cosmetic disfigurement or anatomical loss or individuals regarded as or with a record of any disability who is able to perform the essential functions in an examination setting for the NCLEX-RN with or without an accommodation. A disability is a limitation of a major life activity that makes achievement difficult, requires special education or services, or affects social activities or interactions. Impairments that are not disabilities are sexual behavior disorders, compulsive gambling, kleptomania, pyromania, substance abuse disorders resulting from current and unlawful use of controlled substance.

While the board is not required to allow an accommodation that fundamentally alters the nature of the examination, the board will grant any reasonable accommodation and engage in an interactive process with each applicant who requests an accommodation to ensure that individuals with disabilities are able to meaningfully participate in the examination process.

The board will make any reasonable modifications to its policies, practices, and procedures to accommodate an individual with a disability.

The board is not able to provide reasonable accommodations to individuals unless the board is made aware of the individual’s need. An applicant who needs an accommodation to be able to participate in the examination, must advise the board by the time of application for the examination. This notification should include sufficient documentation to enable the board to determine whether or not the requested accommodation is reasonable and will not fundamentally alter the nature of the examination.

The board is prohibited by law from requiring an individual with a disability to accept an accommodation if the individual chooses not to accept it.

If you have a disability which may require accommodations of the examination process or access to the examination center, you must submit with your application the following **REQUIRED** information:

### **A. CANDIDATES WHO HAVE BEEN PREVIOUSLY APPROVED FOR ACCOMMODATIONS:**

If you have previously been approved for accommodations by the Board and you wish to request the same accommodations, submit the following with your **Request for Reapply/Repeat Examination** application:

1. A **REQUEST FOR ACCOMMODATION OF DISABILITIES** form completed and signed by the applicant. This form is included in the application packet.

### **B. CANDIDATES WHO HAVE NOT BEEN PREVIOUSLY APPROVED FOR ACCOMMODATIONS OR THE ACCOMMODATION REQUIREMENTS HAVE CHANGED:**

If you have not previously been approved for accommodations by the Board, or there is a change in the accommodations you are requesting, submit the following with your **Request for Reapply/Repeat Examination** application:

1. A **REQUEST FOR ACCOMMODATION OF DISABILITIES** form completed and signed by the applicant. This form is included in the application packet.
2. A **PROFESSIONAL EVALUATION AND DOCUMENTATION OF A DISABILITY** form completed and signed by a professional evaluator or equivalent information on original letterhead stationery of the evaluator. This form is included in the application packet.
3. If applicable, a **NURSING PROGRAM VERIFICATION** form indicating what accommodation(s) were granted in testing procedures during the nursing program. This form should be completed and signed by the nursing program Dean or Director or their designee or equivalent information on original letterhead stationery of the nursing program. This form is included in the application packet.

**CANDIDATES WITH DISABILITIES – REQUEST FOR ACCOMMODATIONS – (continued)**

The required information must be completed and submitted with your application or your examination could be delayed. If you have any questions, you may contact the Testing Coordinator by writing to the Board address, Attn: Testing Coordinator, or by calling (916) 322-3350.

**Any** examination accommodations, including aids brought into the testing center must have **pre-approval** of the Board.

<sup>1</sup>The California Fair Employment and Housing Act as amended by AB2222, Government Code section 12900 et seq. effective January 1, 2001, grants applicants participating in a licensure examination more protection from unlawful discrimination than the federal Americans With Disabilities Act.

## **U.S. SOCIAL SECURITY NUMBER & TAX INFORMATION**

**Disclosure of your U.S. Social Security Number or individual taxpayer identification number (ITIN) 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/ITIN. Your U.S. Social Security Number/ITIN 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 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/ITIN, your application for initial or renewal license 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).

## **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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**REQUEST FOR ACCOMMODATION OF DISABILITIES**

In compliance with the California Fair Employment and Housing Act (FEHA), the Board of Registered Nursing (the Board) provides reasonable accommodations for applicants with disabilities that may affect their ability to take the required examination (NCLEX-RN). It is the applicant's responsibility to notify the Board of needed alternative arrangements. The Board is not required by the FEHA to provide accommodations if we are unaware of your needs. **If you have a disability for which you wish to request accommodation(s), please provide the following information and return this form as well as all other required documentation to the Board with your application.** You may attach additional pages if necessary. Accommodations will not be provided at the examination site unless this form and all other documentation is received at the time of submission of the application. This form and all supporting documentation will become part of your examination record but will be purged from your file when you have passed the examination.

In order to grant testing accommodations, the Board must submit documentation to the National Council of State Boards of Nursing (NCSBN). The information requested below and any documentation regarding your disability will be considered strictly confidential and will only be shared with NCSBN and the testing service who will administer your examination. Please sign your name at the bottom of this form to indicate your permission for the Board to share information about your disability with NCSBN and the testing service.

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

DAYTIME PHONE #: \_\_\_\_\_ U.S. SSN/ITIN: \_\_\_\_\_  
(Area Code)

**NOTE: It will be necessary for testing staff to speak and correspond with you regarding specific arrangements, therefore, it is important that you provide a current address and daytime telephone number.**

1. Describe your type of disability (e.g., physical, mental, learning) and how this disability limits a major life activity that makes achievement difficult, requires special education or services, or affects social activities or interactions:

\_\_\_\_\_  
\_\_\_\_\_

2. Explain the nature and extent of your disability (e.g., hearing impaired, diabetic, dyslexic, etc.) and how it will affect your ability to take the examination:

\_\_\_\_\_  
\_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

3. Based on the disability you have described above, specify the accommodation(s) you are requesting, given the format of the examination (your request must be specific). If you request additional testing time, indicate how much:

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: Your signature is necessary to allow the Board permission to share pertinent information related to your disability with the NCSBN to verify the availability of the accommodation(s) and to the testing service to provide the accommodation(s). All documentation will be considered strictly confidential.**

**REQUIRED DOCUMENTATION FOR ACCOMMODATION REQUESTS**

You are required to submit documentation from a professional evaluator as defined on the Professional Evaluation and Documentation of Disability form. Verification of the disability must be submitted to the Board of Registered Nursing (the Board) and include the following:

- ◆ Completed **Professional Evaluation and Documentation of Disability** form or all information requested must be provided on the original letterhead stationery of the evaluator.
- ◆ Completed **Nursing Program Verification** form if you were granted testing accommodations for examinations during your nursing program.

You are solely responsible for any costs you may incur in obtaining the required documentation. However, the Board will pay for any testing accommodations that are made for you.

The Board will engage in an interactive dialogue to ensure that your request is processed in accordance with the FEHA requirement.

In order to make the necessary arrangements to accommodate your needs, all requests and supporting documentation must be sent to the Board with your application. The Board must approve all accommodations prior to your test date.

The Board will consider all requests on a case-by-case basis.

You will receive written confirmation of your approved accommodations.

Any inquiries related to accommodations may be directed to the Testing Coordinator at (916) 322-3350.

RETURN THIS COMPLETED FORM AND THE DOCUMENTATION LISTED ABOVE WITH OUR APPLICATION TO:

Board of Registered Nursing  
P.O. Box 944210  
Sacramento, CA 94244-2100



**PROFESSIONAL EVALUATION AND DOCUMENTATION OF A DISABILITY**

This form is to be completed by a professional evaluator as described on the reverse of this form. An original submission of this form by an evaluator is optional. However, if this form is not used, all of the information requested must be provided on original letterhead stationery of the evaluator or the request for accommodation(s) will be incomplete and will not be processed.

Candidate Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(First) (Middle) (Last) (Month) (Day) (Year)

1. Describe the candidate's diagnosis or type of disability (e.g., physical, mental, learning), DSM code, if applicable, date of assessment, the tests used to assess the disability and a summary of the interpretation of the test results.

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2. Describe the nature and extent of the disability (e.g., hearing impaired, diabetic, dyslexia; severe, moderate, mild), how the disability is a limitation of a major life activity that makes achievement difficult, requires special education or services, or affects social activities or interactions, and if the disability will change in any way over time. In the case of a learning disability, include specifics as to the area of the disability (e.g., visual speed, processing, memory, comprehension, etc.).

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3. What is the effect of the disability on the candidate's ability to perform under standard testing conditions given the format of the examination? (See reverse of this page for a description of the examination format.)

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4. What is the recommended accommodation(s) and how does the accommodation(s) relate to the candidate's disability given the format of the examination? The request must be specific (e.g., if additional time is needed, indicate how much).

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**NAME OF APPLICANT:** \_\_\_\_\_

5. Describe the credentials, education and experience which qualify you, the evaluator, to make the determination of the disability and the recommended accommodation. (See below for description of a qualified evaluator.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluator's Name (Print): \_\_\_\_\_ Organization: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
(Date) (Area Code)

Type of Professional License or Certificate and Number (if applicable) \_\_\_\_\_

### I. Description of a Qualified Evaluator

The Board will accept evaluations from qualified evaluators. A qualified evaluator cannot be the spouse of the candidate nor related to the candidate. The evaluator must have sufficient experience to be considered qualified to evaluate the existence of and proposed accommodations needed for specific learning disabilities. Guidelines for a qualified evaluator are listed below:

(a) For purposes of physical or mental disabilities, not including learning disabilities, the evaluator is a licensed physician or psychologist with expertise in the area of the disability.

(b) In the case of learning disabilities, a qualified evaluator is one of the following:

A licensed psychologist or physician who has experience working with adults with learning disabilities and who has training in all of the areas described below

OR

another professional who possesses a master's or doctorate degree in the category of disability, special education, education, psychology, educational psychology, or rehabilitation counseling and who has training and experience in all of the areas described below:

- Assessing intellectual ability level and interpreting tests of such ability.
- Screening for cultural, emotional and motivational factors.
- Assessing achievement level.
- Administering tests to measure attention and concentration, memory, language reception and expression, cognition, reading, spelling, writing and mathematics.

### II. Format of Examination

The examination contains objective multiple-choice questions, which are administered by computer in an adaptive format. The examination does not require knowledge of computer operation. The number of questions may vary from a minimum of 75 to a maximum of 265. The maximum six-hour time limit to complete the examination includes the tutorial, sample items and all rest breaks. The first preprogrammed optional break takes place after 2 hours of testing. The second preprogrammed optional break takes place after 3½ hours of testing. The examination is administered at Pearson Professional Centers, which have up to 15 individual computer workstations.



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**NURSING PROGRAM VERIFICATION**

This form is to be completed by the nursing program Dean or Director or their designee if accommodation(s) to testing procedures were granted to this candidate during their nursing program. Original submission of this form is optional. However, if this form is not used, all of the information requested must be provided on original letterhead stationery of the nursing program.

Candidate Name: \_\_\_\_\_  
(First) (Middle) (Last)

Birthdate: \_\_\_\_\_  
(Month) (Day) (Year)

Describe the format of examinations administered (e.g., written multiple-choice, essay, oral, etc.) and the accommodation(s) provided to the above candidate for these examinations during their nursing program:

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Name of Person Completing Form (Print): \_\_\_\_\_

Title: \_\_\_\_\_ Name of School: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Area Code) (Date)



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## NCLEX-RN REVIEW RESOURCES

This list of resources is being provided as a service to the applicants and is for informational purposes only. This in no way represents all the reference materials (books, tapes, workshops, etc.) available. These review resources are neither approved nor endorsed by the Board of Registered Nursing. For specific information, please contact the review providers directly.

School Name	Street Address	City	Zip Code	Phone Number
<a href="#">Ascend Review Institute</a>	550 Lakeside Drive, Suite 10	Sunnyvale	94085	(408) 829-3237
<a href="#">Assessment Technologies Institute, LLC</a>	11161 Overbrook Road	Leawood, KS	66211	(800) 667-7531
<a href="#">Bay Area College of Nursing, Inc.</a>	4151 Middlefield Road, Suite 101	Palo Alto	94303	(650) 858-6810
<a href="#">Bay Area College of Nursing, Inc.</a>	6150 Mission Street	Daly City	94014	(650) 755-6888
<a href="#">California School of Health Sciences</a>	12141 Brookhurst St. Suite 101	Garden Grove	92840	(714) 539-7081
<a href="#">California School of Health Sciences</a>	3407 W. 6 <sup>th</sup> St. Suite 408	Los Angeles	90020	(213) 252-8908
<a href="#">Career Improvement Counseling, Inc.</a>	PO Box 325	Shrub Oak, NY	10588	(800) 852-3062
<a href="#">Center for Nurse Education and Training</a>	5396 Lincoln Avenue, Suite A	Cypress	90630	(800) 980-3793
<a href="#">Cornerstone College of Science &amp; Technology</a>	725 Whipple Rd.	Union City	94587	(510) 429-1700
<a href="#">D&amp;D Nursing Educators, Inc.</a>	1001 Bayhill Drive, Suite 278	San Bruno	94066	(650) 616-4386
<a href="#">Esteem</a>	1400 S. Hayworth Ave., #216	Los Angeles	90035	(818) 821-3130
<a href="#">Elsevier</a>	11830 Westline Industrial Drive	St. Louis, MO	63146	(800) 325-4177
<a href="#">F.A. Davis Company</a>	404 North 2nd Street	Philadelphia, PA	19123	(800) 323-3555
<a href="#">Feuer Nursing Review</a>	10 East 39 <sup>th</sup> St., Rm. 907	New York, NY	10016	(800) 338-3776
<a href="#">Global NCLEX Review Center</a>	3255 Wilshire Boulevard, #904	Los Angeles	90010	(866) 625-3948
<a href="#">Health Sciences Institute of California</a>	930 S. Mt. Vernon Avenue, Suite 400	Colton	92324	(909) 824-5300

School Name	Street Address	City	Zip Code	Phone Number
<a href="#">Hispanic Nurse Solutions</a>	9770 South Military Trail PMB 236	Boynton Beach, FL	33436	(561) 733-5383
<a href="#">Hurst Review Services, Inc.</a>	111 S. Railroad Ave.	Brookhaven, MS	39601	(601) 833-1961
<a href="#">Kaplan, Inc.</a>	888 7th Avenue	New York, NY	10106	(212) 492-5800
<a href="#">KSK Training Center</a>	800 West Carson St.	Torrance	90502	(310) 728-9857 (310) 387-2054
<a href="#">Lagerquist Review for Nurses</a>	PO Box 16115	San Francisco	94116	(800) 345-PASS
<a href="#">LifeSavers Nursing Review</a>	7056 Archibald Avenue, Suite 102-307	Corona	92880	(951) 279-5372
<a href="#">Lippincott Williams &amp; Wilkins</a>	PO Box 1620	Hagerstown, MD	21741	(800) 638-3030
<a href="#">Monsbey College</a>	6 Hanger Way, Suite B	Watsonville	95076	(831) 786-0321
<a href="#">NCLEX-PASS</a>	207 Allen Avenue	Glendale	91201	(818) 563-1935
<a href="#">NCSBN Learning Extension</a>	111 East Wacker Drive, Suite 2900	Chicago, IL	60601	(312) 525-3749
<a href="#">National Healthcare Institute</a>	PO Box 565364	Miami, FL	33256	(888) 644-5562
<a href="#">Northern California Nursing Academy</a>	355 Gellert Blvd., Ste. 279	Daly City	94015	(650) 992-6262
<a href="#">Nurses' Development Center, Inc.</a>	17100 Norwalk, Suite 106	Cerritos	90703	(562) 403-2115
<a href="#">Pacific Times Healthcare College</a>	623 N. Main St. D-5	Corona	92880	(951) 734-1601
<a href="#">Practice Management Information Corporation</a>	4727 Wilshire Boulevard #300	Los Angeles	90010	(800) MED-SHOP
<a href="#">Rachell Allen Professionals, Inc.</a>	3281 E. Guasti Rd., Ste. 700	Ontario	91761	(323) 205-8947
<a href="#">Southern California Medical College</a>	3611 Stockdale Highway, Suite I-2	Bakersfield	93309	(661) 832-2786
<a href="#">Sylvia Rayfield &amp; Associates, Inc.</a>	12480 Seratine Drive	Pensacola, FL	32605	(800) 234-0575
<a href="#">The College Network</a>	3815 River Crossing Parkway, Suite 260	Indianapolis, IN	46240	(800) 395-3276
<a href="#">The English Center</a>	66 Franklin Street, Suite 220	Oakland	94607	(510) 836-6700
<a href="#">West Coast Ultrasound Institute</a>	290 South La Cienega Boulevard, Suite 500	Beverly Hills	90211	(310) 289-5123



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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:	Telephone Number:		
<b>P.O. BOX 944210, SACRAMENTO, CA 94244-2100</b>	<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/ITIN 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/ITIN. IF YOU FAIL TO DISCLOSE YOUR U.S. SOCIAL SECURITY NUMBER/ITIN, 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/ITIN 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.**