



## ONLINE RN REQUEST FOR REPEAT/REAPPLY EXAMINATION IDENTIFICATION FORM

You must complete and submit this form via your online BreZE account, or by mailing to:

Board of Registered Nursing, ATTN: Licensing Program, P.O. Box 944210, Sacramento, CA 94244-2100.

**Print Full Name:**

(Last)

(First)

(Middle)

**U.S. Social Security Number or Individual  
Taxpayer Identification Number:**

**E-Mail:**

**Address:**

**Date of Birth:**

**Name of Registered Nursing Program:**

**City, State and Country of Registered Nurse Program:**

**Mother's Maiden Name:**

**Date of Last NCLEX-RN Exam:**

### 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 enclosed the **Request for Accommodation of Disabilities** forms?

☐ 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:**

**Tape Your 2" x 2"  
Passport Type  
Photograph Here**