



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



ONLINE RN REQUEST FOR REPEAT/REAPPLY EXAMINATION IDENTIFICATION FORM

You must complete and submit this form with the required supporting documents to:
Board of Registered Nursing, ATTN: Licensing Program, P.O. Box 944210, Sacramento, CA 94244-2100.

APPLICATION NUMBER: 4001 -	
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: _____
INDICATE ALL FEES PAID ONLINE BY CREDIT CARD:	
<input type="checkbox"/> Application fee - \$150	
HAVE YOU COMPLETED AND/OR ENCLOSED THE FOLLOWING ITEMS (check all that apply):	
Have you attached a recent 2" x 2" passport type photograph ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If applicable, have you enclosed the Request for Accommodation of Disabilities forms?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If applicable, is supplemental information regarding reporting prior convictions or discipline against licenses enclosed?	<input type="checkbox"/> YES <input type="checkbox"/> 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: _____	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;">Tape Your 2" x 2" Passport Type Photograph Here</div>
Date: _____	