



Board of Registered Nursing
1747 North Market Blvd., Suite 150, Sacramento, CA 95834
P (916) 322-3350 | www.rn.ca.gov

TOLLED PROBATIONER UPDATE

PERSONAL INFORMATION

Name: _____

RN License Number: _____

Address: _____

Is your RN License Active? Yes [] No []

Telephone Number: _____

(Include street, city, zip code)

Is this a new address? Yes [] No []

Email _____

Expected Return date to California _____

Please note any questions you would like answered regarding your probation period:

Do you have any intention on returning to California Yes [] No []

Would you like any information on surrendering your California License Yes [] No []

Your Signature

Date

Return Form to:

Board of Registered Nursing
Probation Unit
PO Box 944210
Sacramento, CA 94244-2100

Or

Fax: (916) 574-7695
Attention Probation Unit