



**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)

## REINSTATEMENT OF A LAPSED REGISTERED NURSE LICENSE (8-YEAR RENEWAL)

To be eligible for reinstatement of your lapsed California registered nurse license, applicants must meet the following criteria:

- ◆ Have once held a permanent registered nursing license in California that has been lapsed (expired) for eight (8) years or longer; a temporary license does not qualify.
- ◆ Hold a current and active registered nurse license in another state or U.S. Territory including Guam, Virgin Islands, Puerto Rico, American Samoa, the Northern Mariana Islands, OR Canada.

### **APPLICATION REQUIREMENTS CHECKLIST**

#### **ALL APPLICANTS MUST PROVIDE THE FOLLOWING:**

- Appropriate **Fee(s)**. (*See Application Fee Schedule.*)
- Completed **Application for Reinstatement of a Lapsed License (8-Year Renewal)**.
- Proof of **completion of 30 hours of BRN approved Continuing Education** (taken within the last two years).
- Completed fingerprints using either the **Live Scan Process** or the **Fingerprint Card (Hard Card)** processing method. (*See Fingerprint Requirement in the instructions.*)
- License Discipline / Conviction Certification and if applicable, documents and/or letters explaining prior convictions or disciplinary action.** (*See instructions for REPORTING LICENSE DISCIPLINE AND/OR CONVICTIONS.*)
- Completed **Verification of License** form (from current state of licensure) **OR** if your board of nursing participates in **Nursys®**, visit [www.nursys.com](http://www.nursys.com) to complete a paperless verification online with payment by credit card to post the verification immediately.

#### **BOARD ADDRESS AND WEB SITE**

**Mailing** Address: Board of Registered Nursing  
P.O. Box 944210  
Sacramento, CA 94244-2100

**Street** Address for overnight or in-person delivery:  
Board of Registered Nursing  
1747 North Market Blvd., Suite 150  
Sacramento, CA 95834

**Web Site:** [www.rn.ca.gov](http://www.rn.ca.gov)

The Nursing Practice Act (NPA) is available on the Board's web site.



## APPLICATION FEE SCHEDULE

# (8-YEAR RENEWAL)

Submit the correct **TOTAL FEE** with your application, made payable to the **Board of Registered Nursing** by check or money order (U.S. currency). **ALL FEES ARE NON-REFUNDABLE.** The portion of the fee for processing the fingerprint card or Live Scan process is subject to change without notice by the California Department of Justice.

**PLEASE NOTE:**

There are **two (2) methods available** for completing the fingerprint requirement:

- Method 1: **Live Scan** Application Process
- OR**
- Method 2: **Fingerprint Card (Hard Card)** Application Process

The fees payable to the Board of Registered Nursing depend on which fingerprint process you select.

Method 1	Method 2
<p><b>“LIVE SCAN” APPLICATION PROCESS</b></p> <p>Renewal Application Fee     <u>\$ 280.00</u></p> <p><b>* TOTAL FEE:</b>                     <b>\$280.00</b></p> <p><b>NOTE: Applicants are required to pay the fingerprint processing and live scan fees at the live scan site in addition to the application fee payable to the Board of Registered Nursing.</b></p>	<p><b>“FINGERPRINT CARD” APPLICATION PROCESS</b></p> <p>Renewal Application Fee     <u>\$280.00*</u></p> <p>One Fingerprint Card         <u>\$49.00</u></p> <p><b>TOTAL FEE:</b>                         <b>\$329.00</b></p>

*\*Fee includes \$90 penalty fee for failure to timely renew a license.*

# APPLICATION FOR REINSTATEMENT OF A LAPSED REGISTERED NURSE LICENSE (8-YEAR RENEWAL)

## GENERAL INFORMATION AND INSTRUCTIONS

### I. CONTINUING EDUCATION (CE) FOR LICENSE RENEWAL

Mandatory continuing education for license renewal has been in effect in California since July 1, 1978. Proof of 30 contact hours of continuing education hours is required for every renewal for an active license.

Courses must have been taken within the last two years and must meet the Board's requirements. Course content must be relevant to the practice of nursing and must be:

- ◆ related to the scientific knowledge and/or technical skills required for the practice of nursing, **or**
- ◆ related to direct and/or indirect patient/client care.
- ◆ at a level above that required for licensure.

In addition to classroom/academic courses, RNs may take courses offered by approved providers (including independent/home study) in the areas of administration, management, education, research, and other functional areas of nursing relating to direct/indirect patient/client care. Examples of acceptable providers include those approved by the California Board of Registered Nursing (a *provider number* is listed on their advertising), other California health professions licensing boards, and some interdisciplinary professional associations.

Courses taken out-of-state may be approved by registered nurse licensing agencies of other states, state nurses' associations, as well as offerings by nationally recognized health associations or their regional subdivisions. CME Category 1 courses meet BRN requirements.

Registered nurses are strongly encouraged to remain informed about current issues in nursing including:

- ◆ Prevention, detection and treatment of communicable diseases such as hepatitis, AIDS, tuberculosis, etc.
- ◆ Detection and treatment of abuse such as child, elder, dependent adult, spouse/partner.

ACLS (Advanced Cardiac Life Support) can be used only once during a two year cycle for renewal purposes. Courses that deal with self-improvement, changes in attitude, financial gain, CPR, BLS (Basic Life Support) or that are designed for lay people are **not** acceptable.

For information concerning courses offered by approved providers of continuing education, contact your local colleges, universities, hospitals, and nursing organizations.

### II. FINGERPRINT REQUIREMENT

An applicant for renewal not previously fingerprinted by the Board, or for whom a record of the submission of fingerprints no longer exists, is required to furnish a full set of fingerprints for the purpose of conducting a criminal history record check and to undergo a state and federal level criminal offender record information search conducted through the Department of Justice. (See section titled, "**Title 16 of the California Code of Regulations Section 1419.3.**")

## **II. FINGERPRINT REQUIREMENT (Cont.)**

There are **two (2) methods available** for completing the fingerprint requirement:

### **Method 1 -- LIVE SCAN PROCESS**

For licensees residing in California, the Board of Registered Nursing recommends you use Live Scan to submit your fingerprints in order to shorten the time for your fingerprint process. Licensees must complete and submit the Request for Live Scan Service Applicant Submission form (BCII 8016) at a Live Scan site. Simply download 3 copies from our web page, complete the sections marked with a red X, and take it to a Live Scan site along with your fee for processing.

#### **Processing Fee for Live Scan Service:**

The fee for the Live Scan service varies, so please contact the Live Scan site directly to obtain the correct information. To see a listing of the California Department of Justice (DOJ) applicant Live Scan agency locations, fees and hours of operation, go to [www.ag.ca.gov/fingerprints/publications/contact.php](http://www.ag.ca.gov/fingerprints/publications/contact.php).

When using the Live Scan process, the fingerprint processing fee must be paid at the Live Scan site when you provide your live scan fingerprints. Do not send your fingerprint processing fee to the Board. Please be aware that these processing fees are in addition to the "rolling" fee charged by the Live Scan operator.

Once your fingerprints have been scanned and you have completed the sections marked with a red X, the Live Scan operator will complete the downloaded copies and return the second and third copies to you. **The second copy of this form must be submitted to the Board with your renewal application as proof of complying with the Fingerprint requirement in order for the Board to process your renewal application.** You may retain the third copy for your records.

Using Live Scan can speed your renewal because the Board receives fingerprint results from this technology much quicker than through the manual fingerprint card process. On average, Live Scan results take 1-2 weeks, while manual fingerprint cards can take 1-2 months. (Processing times at DOJ and FBI vary.)

### **Method 2 -- MANUAL FINGERPRINTING CARD (HARD CARD)**

To submit a manual fingerprint card (hard card), you may request an 8" X 8" fingerprint card (FD-258) from the Board's website at <https://app.dca.ca.gov/rn/requests.asp>. Failure to submit a full set of fingerprints will make your license ineligible for renewal and may be grounds for discipline by the Board.

**Licensees must complete all items which are marked by a black "X" on the card. To facilitate prompt and accurate processing of the fingerprint card by the DOJ and FBI, type or print legibly in BLACK INK all requested information on the card. If any color other than black is used, the card will be rejected and another card will have to be completed and submitted.**

Use the abbreviations listed below for the physical description items:

- ◆ **Height (HGT)** - Express in feet and inches. Do not use fractions of an inch; round off to the nearest inch. DO NOT USE THE METRIC SYSTEM. Correct example: 5' 9".
- ◆ **Weight (WGT)** - Express in pounds. Do not use fractions of a pound; round off to the nearest pound. DO NOT USE THE METRIC SYSTEM. Correct example: 139 lbs.
- ◆ **Color of EYES** -

Black	<b>BLK</b>	Gray	<b>GRY</b>
Blue	<b>BLU</b>	Green	<b>GRN</b>
Brown	<b>BRN</b>	Hazel	<b>HZL</b>
- ◆ **Color of HAIR** -

Bald	<b>BAL</b>	Gray	<b>GRY</b>
Black	<b>BLK</b>	Red/ Auburn	<b>RED</b>
Blonde	<b>BLN</b>	Sandy	<b>SDY</b>
Brown	<b>BRN</b>	White	<b>WHI</b>

## **II. FINGERPRINT REQUIREMENT (Cont.)**

Each licensee **MUST** have his/her fingerprints imprinted only in BLACK INK on fingerprint card. Fingerprints should be taken at a local law enforcement agency. There may be a fee for this service. We advise that you should call first as to a convenient time.

**DO NOT FOLD FINGERPRINT CARD.** Use a 9" X 12" envelope to return your completed fingerprint card with fee. Write "DO NOT FOLD" on the envelope. If your card is folded, you will need to complete and submit a new fingerprint card.

The fingerprint processing fee of \$49 is payable to the Board of Registered Nursing by check or money order in U.S. currency. This fee is non-refundable and is subject to change by the DOJ and FBI without notice.

## **III. REPORTING LICENSE DISCIPLINE AND/OR CONVICTIONS**

Check the box next to "YES" if since your last renewal, you have had a license disciplined by a government agency or other disciplinary body, or if you have been convicted of any crime. "Conviction" includes a plea of guilty or no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanors, and felonies. You do not need to report a conviction of an infraction with a fine of less than \$1,000 unless the infraction involved alcohol or a controlled substance. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code. "License" includes permits, registrations, and certificates. "Discipline" includes, but is not limited to, suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license held by you.

Check the box next to "NO" if since your last renewal you have not had a license disciplined by another government agency and if you have not been convicted of any crime.

If "YES" please provide the following information for each license discipline or conviction sustained:

1. A detailed written explanation describing the circumstances and events that led to your license discipline, arrest(s) and conviction(s).
2. Documents relating to your license discipline or disciplinary actions taken against any other license by a government agency or disciplinary body.
3. Certified documents relating to the arrest, such as: police report, arrest report, booking report, complaint, citation or ticket.
4. Certified Court documents, such as: Notice of Charges, Complaint, or Indictment; Plea Agreement, Sentencing Order, Probation Order, or Judgment; Dismissal, Probation Release, or Court Discharge.
5. Related mitigating evidence or evidence of rehabilitation.

## **IV. VERIFICATION OF LICENSE**

There are two (2) methods available for obtaining license verification:

### **Method 1 – Verification of License form**

The state board from which you are submitting proof of clear, current and active RN licensure must complete the **Verification of License** form. Be sure to include the process fee that is required by that state.

**OR**

### **Method 2 – Nursys® Verification Request Application**

If you are licensed as an RN in a state that is a member of the **Nursys®** verification system, visit [www.nursys.com](http://www.nursys.com) to complete the online verification request application process. Nursys.com applicants can pay by credit card using the secure and private payment system. Once the application is complete and the credit card payment approved, the verification is posted immediately.

**No telephone verifications will be accepted.** Official license verification must be received in writing from your current state board before this board can issue a license.

## **V. 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 or ITIN. Your U.S. Social Security Number or 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 or 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).

## **VI. 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.

**Title 16 of the California Code of Regulations  
Sections: 1419, 1419.1 and 1419.3**

**1419. Renewal of License.**

(a) A renewal application shall be on the form provided by the board, accompanied by the fee specified in Section 1417(a)(3) and required information and filed with the board at its office in Sacramento.

(b) For a license that expires on or after March 1, 2009, as a condition of renewal, an applicant for renewal not previously fingerprinted by the board, or for whom a record of the submission of fingerprints no longer exists, is required to furnish to Department of Justice, as directed by the board, a full set of fingerprints for the purpose of conducting a criminal history record check and to undergo a state and federal level criminal offender record information search conducted through the Department of Justice. Failure to submit a full set of fingerprints to the Department of Justice on or before the date required for renewal of a license is grounds for discipline by the board. It shall be certified on the renewal form whether the fingerprints have been submitted. This requirement is waived if the licensee is renewed in an inactive status, or is actively serving in the military outside the country.

(c) As a condition of renewal, an applicant for renewal shall disclose on the renewal form whether he or she has been convicted, as defined in Section 2765, of any violation of the law in this or any other state, the United States, or other country, omitting traffic infractions under \$1,000 not involving alcohol, dangerous drugs, or controlled substances.

(d) Failure to provide all of the information required by this section renders any application for renewal incomplete and not eligible for renewal.

NOTE: Authority cited: Sections 2708.1, 2715 and 2761(f), Business and Professions Code. Reference: Sections 2715, 2761(f) and 2811, Business and Professions Code; and Section 11105(b)(10), Penal Code.

**1419.1. Inactive License.**

A license may be maintained in an inactive status by paying the renewal fee as it becomes due. The licensee shall not practice nursing during the time the license is inactive.

To activate an inactive license, the licensee must submit a written request and evidence of 30 hours of approved continuing education taken during the two-year period immediately preceding the request for activation. A licensee activating a license pursuant to this section shall furnish a full set of fingerprints as required by and set out in section 1419(b) as a condition of activation.

NOTE: Authority cited: Sections 2708.1, 2715 and 2761(f), Business and Professions Code. Reference: Sections 2734 and 2761(f), Business and Professions Code; and Section 11105(b)(10), Penal Code.

**1419.3. Reinstatement of Expired License.**

In the event a licensee does not renew his/her license as provided in Section 2811 of the code, the license expires. A licensee renewing pursuant to this section shall furnish a full set of fingerprints as required by and set out in section 1419(b) as a condition of renewal.

(a) A licensee may renew a license that has not been expired for more than eight years by paying the renewal and penalty fees as specified in Section 1417 and providing evidence of 30 hours of continuing education taken within the prior two-year period.

(b) A licensee may renew a license that has been expired for more than eight years by paying the renewal and penalty fees specified in Section 1417 and providing evidence that he or she holds a current valid active and clear registered nurse license in another state, a United States territory, or Canada, or by passing the Board's current examination for licensure.

NOTE: Authority cited: Sections 2708.1, 2715, 2761(f), and 2811.5, Business and Professions Code. Reference: Sections 2761(f), 2811 and 2811.5, Business and Professions Code; and Section 11105(b)(10), Penal Code.



**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)

## APPLICATION FOR REINSTATEMENT OF A LAPSED LICENSE

# 8-YEAR RENEWAL

To be eligible for reinstatement of your lapsed California registered nurse license, applicants must meet the following criteria:

- ⇒ Have once held a permanent registered nursing license in California that has been lapsed (expired) for eight (8) years or longer.
- ⇒ Hold a current and active registered nurse license in another state or U.S. Territory including Guam, Virgin Islands, Puerto Rico, American Samoa, Northern Mariana Islands, OR Canada.

**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:</b> (Month/Day/Year)		
<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>E-MAIL ADDRESS:</b>			<b>STATE OR COUNTRY OF CURRENT, ACTIVE LICENSE:</b>	
<b>PREVIOUS NAMES:</b> (Including Maiden)				<b>YEAR GRADUATED NURSING SCHOOL:</b>		
<b>ORIGINAL STATE OF RN LICENSURE:</b> State: Year Issued:		<b>CALIFORNIA RN LICENSE NUMBER:</b>	<b>YEARS OF CALIFORNIA LICENSURE:</b> From: To:		<b>CA ADVANCED PRACTICE CERTIFICATION:</b> (If applicable) Type: No:	
<b>CONTINUING EDUCATION CERTIFICATION</b> Have you successfully completed 30 hours of Board approved continuing education (CE) (taken within the past two years) as required for active status? <b>YOU MUST SUBMIT A COPY OF YOUR CE CERTIFICATE(S) WITH THIS APPLICATION.</b>						<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>LICENSE DISCIPLINE AND/OR CONVICTIONS</b> - (Read Instructions carefully before answering) Since you last renewed your license, have you had a license disciplined by a government agency or other disciplinary body; or, have you been convicted of any crime in any state, the USA and its territories, military court or other country?						<input type="checkbox"/> YES <input type="checkbox"/> NO

**\*\* U.S. SOCIAL SECURITY NUMBER AND ITIN DISCLOSURE STATEMENT**

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 (c)(2)(C) authorizes collection of your U.S. Social Security Number or ITIN. Your U.S. Social Security Number or 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 or 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.

**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**





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

VERIFICATION OF LICENSE
8-YEAR RENEWAL

Send this form to the State Board of Nursing where you have a current and active license. The board of nursing may require a processing fee.
If you are licensed as an RN in a state that is a member of the Nursys verification system, visit www.nursys.com to complete the online verification request application process.

PART I: To be completed by APPLICANT and forwarded to appropriate licensing boards.

Name: (Last, First, Middle) Previous Names: (Including Maiden)
Current Street Address of Record: City: State: Zip Code:
Name as it Appeared on Original License: (Last, First, Middle) Date of Birth: (Month/Day/Year) U.S. Social Security Number or Individual Taxpayer ID Number:
State of Current Licensure: Issue Date of Current License: Current License Number:
State of Original Licensure: Issue Date of Original License: Original License Number:

I hereby authorize all identified Boards of Nursing to release my licensure data to the California Board of Registered Nursing.

Signature: Date:

PART II: To be completed by licensing board and sent to the California Board of Registered Nursing listed at the top of this form.

This is to certify that this applicant was issued a license number to practice as a registered nurse:

Applicant Name: Date Issued:

License Number: Expiration Date:

Licensed by: Endorsement Examination Waiver
Current Licensure Status: Active Inactive Lapsed

Has license ever been REVOKED, SUSPENDED, placed on PROBATION, or DISCIPLINED in any way? Yes No
If yes, please attach certified documents. Reinstated? Yes No
Date Reinstated:

Is there any PENDING disciplinary action or pending investigation against this licensee? Yes No
If yes, please attach information.

Name of Professional Nursing Program: Approved by State? Yes No Graduated from: High School H.S. Equivalency 10th Grade

Location: (City, State/Country) Graduation Date: Type of Nursing Program ADN DIP BSN MSN Other

Examination Passed: NCLEX-RN SBTPE Canadian Five-Part Taken in English? Yes No

Scores: SBTPE/Canadian Medical Surgical Obstetric Pediatric Psychiatric Series or Exam Date:
NCLEX-RN

Signature: Title:

Board of Nursing: Date:

[BOARD SEAL]



## LICENSE INFORMATION

---

**Website:** <http://www.rn.ca.gov/licensees/ren-fags.shtml>

### **FIRST CALIFORNIA LICENSE:**

Your first California license is issued for two birthdays--NOT **two** years--and expires the last day of the month following your birth date. From that date on, it will expire every two years, if renewed timely.

### **CALIFORNIA LICENSURE:**

Once a California license number is issued, it will always remain the same number whether active, inactive or delinquent. If the license lapses and later the licensee wishes to renew, the same license number and renewal cycle will apply. EXAMPLE: If the license expired 8/31/96 and the licensee asked to renew in January 1998, the delinquent fee and proof of 30 contact hours of continuing education taken within the last two years would be required. The license would then expire 8/31/98 and another 30 hours of continuing education would be needed at that time. A licensee cannot practice in California with an expired license.

### **INACTIVE STATUS:**

"Inactive status" means that the RN has paid the renewal fee, but has not completed the continuing education requirement. A licensee **cannot** practice in California with an inactive license. To change to an active status, the licensee must submit proof of 30 contact hours of continuing education taken within the past two years. NOTE: This does not extend the expiration date. The same expiration date will apply and another 30 hours of continuing education will be needed at the time of renewal.

### **LAPSED LICENSE:**

A late renewal fee and proof of 30 contact hours of continuing education are required in order to renew a lapsed license if the active license is desired. **If** a license remains lapsed for more than 8 years the licensee will be required to retake and pass the licensing examination to be reinstated.

### **RENEWAL APPLICATIONS:**

Applications are mailed out approximately three months prior to the expiration date of the license. If it is not received two months before the expiration date, please contact the Board. To insure receipt of renewal applications, **always** keep the Board informed of any address change. Registered nurses are responsible for renewing their licenses even if they do not receive a renewal notice.

### **NAME/ADDRESS CHANGES:**

The law requires that RN's notify the Board within 30 days of any name or address changes. Address changes may be given to the Board over the telephone or in writing. **NAME CHANGES MUST** be submitted in writing, listing the old name, new name, birth date, social security number and RN license number.



## Abuse Reporting Requirements

---

### Website:

<http://leginfo.ca.gov/calaw.html>

### Article 2 Report of Injuries

#### Article 2.5 Child Abuse and Neglect Reporting Act

<http://leginfo.ca.gov/calaw.html>

#### § 15610.37 “Health Practitioner”

<http://leginfo.ca.gov/calaw.html>

#### Article 3 Mandatory and Nonmandatory Reports of Abuse §15630 Welfare and Institutions Code

This information is available in the published California Nursing Practice Act 2010 Edition. This book can be ordered from <http://www.lexisnexis.com/bookstore>

Registered nurses are among the health practitioners who must report known or observed instances of abuse to the appropriate authorities. This mandate applies to those situations that occur in the RN’s professional capacity or within the scope of employment. Registered nurses must also be aware that failure to report as required is also considered unprofessional conduct and can result in disciplinary actions against the RN’s license by the BRN.

The California Nursing Practice Act with Rules and Regulations and Related Statutes contains extracted text of abuse reporting statutes. Website: California Legislation Info, <http://leginfo.ca.gov> to research related statutes on abuse reporting.

Highlights from the Nursing Practice Act abuse reporting laws are noted below.

### Article 2 Report of Injuries

Penal Code § 11160 Injuries required to be reported: method of reporting: any health practitioner in a health facility, clinic, physician’s office, local or state public health department, or a clinic, or other type of health facility operated by a local or state public health department who, in his or her professional capacity or within the scope of his or her employment, provide medical services for a physical condition to a patient who he or she knows or reasonably suspects is a person described as follows shall immediately make a report in to local law enforcement agency (1) report by telephone shall be made immediately or as soon as practically possible and a written report shall be prepared on the standard form developed in compliance with state agencies. The completed forms shall be sent to local law enforcement agency within two working days of receiving the information regarding the person.

### Article 2.5 Child Abuse and Neglect Reporting Act

Penal Code §11165.2 “Neglect”; “Severe neglect”; “general neglect”

“Neglect” means the negligent treatment or the maltreatment of a child by a person responsible for the child’s welfare under circumstances indicating harm or threatened harm to the child’s health or welfare. The term includes both acts and omissions on the part of the responsible person.

- (a) “Severe neglect” means the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. “Severe neglect” also means those situations of neglect where any person having the care or custody of a child willfully causes

or permits the person or health of the child to be placed in a situation such that his or her person or health failure to provide adequate food, clothing, shelter, or medical care.

- (b) "General neglect" means the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred.

For purpose of this chapter, a child receiving treatment by spiritual means as provided in Section 16509.1 of the Welfare and Institutions Code or not receiving specified medical treatment for religious reasons, shall not for that reason alone be considered a neglected child. An informed and appropriate medical decision made by parent or guardian after consultation with a physician or physicians who have examined the minor does not constitute neglect.

### **Elder Abuse and Dependent Adult Civil Protection Act**

Welfare and Institutions Code §15610-15610.65 provides definitions for the following: abandonment, abuse of an elder or dependent adult, adult protective services, adult protective services agency, Bureau of Medi-Cal Fraud , care custodian, clients' rights advocate, dependent adult, developmentally disabled person, elder, financial abuse or dependent adult, goods and services necessary to avoid physical harm or mental suffering, and listings of health practitioner that includes registered nurses, investigation, isolation, long-term care facility, long-term care ombudsman, mental suffering, neglect, patients' rights advocate, physical abuse and reasonable suspicion.

**§ 15610.37 "Health Practitioner"** means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision ( c ) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code, state or county public health or social services employee who treats an elder or a dependent adult for any condition, or a corner.

### **Article 3 Mandatory and Nonmandatory Reports of Abuse**

**§15630 Welfare and Institutions Code** Duties of mandated reporter; Punishment for failure to report.

Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment , has observed or has knowledge of an incident that reasonably appears to be physical abuse as defined in 15610.63 of the Welfare and Institutions Code, abandonment, abduction, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that he or she has experienced behavior, including an act or omission, constituting physical abuse, as defined in Section 15610.63 of the Welfare and Institutions Code, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse, shall report the known suspect instance of abuse by telephone immediately or as soon as practically possible, and by written report sent within two working days. There are specific reporting requirements for long term care facilities, mental health and clergy are contained 15630 (A) long term care facilities (B) state mental hospital or state developmental center and (2) (A) clergy member.

§15630 (3)(A) A mandated reporter, physician and surgeon, registered nurse, or a psychologist shall **not** be required to report as defined in Section 15610.63 Welfare an Institutions Code (i) the mandated reporter has been told by an elder or dependent adult that she/he has experienced behavior constituting physical abuse; (ii) the mandated reporter is not aware of any independent evidence that corroborates the statement that abuse has occurred; (iii) the elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of court-ordered conservatorship; (iv) in the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist.

§15630 (4)(A) In a long-term care facility, a mandated reporter shall **not** be required to report as a suspected incident of abuse, as defined in Section 15610.07 where all of the following conditions exist: (i) the mandated

reporter is aware that there is a proper plan of care; (ii) the mandated reporter is aware that the plan of care is properly provided and executed; (iii) a physical, mental, or medical injury occurred as a result of care provided pursuant to (i) and (ii); (iv) the mandated reporter reasonably believes that the injury was not the result of abuse.

If the suspected abuse occurred in a long term care facility the report may be made to the long-term ombudsperson program. The local ombudsperson shall report any case of know suspected abuse to the State Department of Public Health and any case of know or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse.

If the suspected abuse occurred in a state mental health hospital or a state developmental center, the report may be made to the designated investigator of the State Department of Mental Health or the State Department of Developmental Services or to local law enforcement agency or to the local ombudsperson. If the abuse occurred in other than long-term care or mental health or developmental center the report may be made to the county adult protective services agency.

Failure to report, or impeding or inhibiting a report of, physical abuse defined in Section 15610.63 of Welfare and Institutions Code, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, is a misdemeanor, punishable by not more than six months in county jail, by a fine not more one thousand dollars (\$1000) or by both that fine and imprisonment. Any mandated reporter who willfully fails to report and the abuse results in death or great bodily harm, shall be punished by not more than one year in county jail, by a fine of not more than five thousand dollars (\$5000), or by both that fines and imprisonment.

The Nursing Practice Act with Regulations and Related Statutes can be obtained from LexisNexis, [www.lexisnexis.com](http://www.lexisnexis.com) , telephone number 800-833-9844. ISBN 978-1-4224-5990-4.



**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)

## 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 OR INDIVIDUAL TAXPAYER IDENTIFICATION 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 OR ITIN. IF YOU FAIL TO DISCLOSE YOUR U.S. SOCIAL SECURITY NUMBER OR 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 OR 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.**