



## ACTIVE TO INACTIVE LICENSE

Complete and submit the following form to change your California RN license status from active to inactive.

NOTE: A licensee cannot practice as a registered nurse in California with an inactive license.

**PLEASE PRINT OR TYPE**

<b>LAST NAME:</b>		<b>FIRST NAME:</b>		<b>MIDDLE NAME:</b>
<b>RN LICENSE NUMBER:</b>	<b>PHONE NUMBER:</b>		<b>E-MAIL ADDRESS:</b>	
<b>MAILING ADDRESS:</b> <i>Number and Street</i>				
<i>City</i>	<i>State</i>	<i>Country (if other than U.S.)</i>		<i>Postal/ZIP Code</i>
I certify, under penalty of perjury under the laws of the State of California, that all above information provided is true, correct, and complete.				
<b>SIGNATURE:</b> _____			<b>DATE:</b> _____	

**Mail or fax to:**

*Board of Registered Nursing  
1747 N. Market Blvd., Suite 150  
Sacramento, CA 95834  
Fax: (916) 574-7699*