



## APPLICATION FEE SCHEDULE FOR EXAMINATION

# (8-YEAR RETAKE)

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> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Application</td> <td style="text-align: right;">\$ 350.00</td> </tr> <tr> <td><b>TOTAL FEE:</b></td> <td style="text-align: right;"><b>\$ 350.00</b></td> </tr> </table> <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>	Application	\$ 350.00	<b>TOTAL FEE:</b>	<b>\$ 350.00</b>	<p><b>“FINGERPRINT CARD” APPLICATION PROCESS</b></p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Application</td> <td style="text-align: right;">\$ 350.00</td> </tr> <tr> <td>One Fingerprint Card</td> <td style="text-align: right;">\$ 49.00</td> </tr> <tr> <td><b>TOTAL FEE:</b></td> <td style="text-align: right;"><b>\$ 399.00</b></td> </tr> </table>	Application	\$ 350.00	One Fingerprint Card	\$ 49.00	<b>TOTAL FEE:</b>	<b>\$ 399.00</b>
Application	\$ 350.00										
<b>TOTAL FEE:</b>	<b>\$ 350.00</b>										
Application	\$ 350.00										
One Fingerprint Card	\$ 49.00										
<b>TOTAL FEE:</b>	<b>\$ 399.00</b>										

## Examination Application Requirements Checklist **(8-Year Retake)**

Applicants must provide the following:

- Appropriate **Fees**.
- Completed **Application for Licensure by Examination (8-YEAR RETAKE)**
- Completed fingerprints using either the **Live Scan Process** or the **Applicant Fingerprint Card (Hard Card)** processing method as directed in the INSTRUCTIONS FOR SUBMITTING A FINGERPRINT CARD. Submit the appropriate non-refundable TOTAL FEE as directed on the attached Application Fee Schedule.
- One recent 2" x 2" passport-type **photograph**.
- Completed **Request for Accommodation of Disabilities** form(s), if applicable. Click on the Accommodation of Disabilities link on this web site for instructions and forms.
- Request For Transcript** form(s) completed and forwarded directly from the nursing school(s) with certified transcripts.
- If applicable, documents and/or letters explaining prior convictions or disciplinary action and attesting to your rehabilitation as directed in Section II of the General Information and Instructions.**

### Board Address & 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.

Many licensing questions are answered on the web site. Due to the heavy volume of telephone calls to the Board, we encourage use of the web site to avoid busy signals or long waits.

**CALIFORNIA BOARD OF REGISTERED NURSING  
APPLICATION FOR EXAMINATION**

**8-YEAR RETAKE**

**General Information and Instructions**

**I. INTRODUCTION**

If eight years have passed following the expiration date of a license, a licensee shall be required to pass the National Council Licensure Examination (NCLEX-RN) to determine current clinical knowledge and fitness to resume the practice of professional nursing.

The NCLEX-RN is administered by Computerized Adaptive Testing (CAT) and is designed to test knowledge, skills and abilities essential to the safe and effective practice of nursing at the entry level. With CAT, there is continuous, year-round testing, allowing eligible candidates to schedule their own examination on a date and at the location of their choice. Examination applicants should submit their application to the Board at least six to eight weeks prior to when they wish to take the examination to allow time for processing and receipt of all required documents. Note: Application processing times vary depending on workload volumes received.

The Board will evaluate your application and, if found eligible, you will be provided with important and detailed instructions regarding the registration process with the NCLEX testing service.

PLEASE NOTE: All NCLEX examination registrations with the NCLEX testing service will remain effective for a 365-day time period. Candidates who are not made eligible by our Board within the 365-day time period will forfeit their registration and fee with the NCLEX testing service. The Board encourages candidates to wait until they are made Board eligible before registering with the NCLEX testing service.

**PLEASE NOTE THE FOLLOWING IMPORTANT ISSUES:**

- Processing times may vary, depending on when the Board receives documents from schools, agencies, and other states or countries. The time to process an application indicating a prior conviction(s) may take longer than other applications. Delays may also occur with the fingerprint processing by the Department of Justice (DOJ) and/or the Federal Bureau of Investigation (FBI).
- If you change your name and/or address after submitting an application for licensure, you must notify the Board immediately in order to receive current information. Applicants are required to submit legal documentation of a name change to the Board. Examples of acceptable forms of legal documentation are a birth certificate, marriage certificate, divorce decree, and/or court documents, social security card or passport. A copy of a driver's license is not acceptable.
- PLEASE NOTE: Your name must match EXACTLY as it appears on your photo identification that you will present at the test center. The same name must also be provided to the NCLEX test service at the time you register in order to prevent delays with issuing your Authorization to Test.
- Pending application files are not public record, therefore an applicant must sign and submit a release of information before the Board will release information to the public (employers, relatives, or other third parties).
- Your address of record must be disclosed to the public upon request, under California law.
- Applicant fees are earned; therefore, fees are non-refundable even if an applicant is found ineligible.

## II. REPORTING PRIOR CONVICTIONS OR DISCIPLINE AGAINST LICENSES

Applicants are required under law to report all misdemeanor and felony convictions. "Driving under the influence" convictions must be reported. Convictions must be reported even if they have been adjudicated, dismissed or expunged or even if a court ordered diversion program has been completed under the Penal Code or under Article 5 of the Vehicle Code. Also, all disciplinary action against an applicant's registered nurse, practical nurse, vocational nurse or other health care related license or certificate must be reported. Also any fine, infraction, or traffic violation over \$1,000.00 must be reported.

### Failure to report prior convictions or disciplinary action is considered falsification of application and is grounds for denial of licensure or revocation of license.

When reporting prior convictions or disciplinary action, **applicants are required to provide a full written explanation of:** circumstances surrounding the arrest(s), conviction(s), and/or disciplinary action(s); the date of incident(s), conviction(s) or disciplinary action(s); specific violation(s) (cite section of law if convicted), court location or jurisdiction, sanctions or penalties imposed and completion dates. Provide **certified** copies of arrest and court documents and for disciplinary proceedings against any license as a RN or any health-care related license; include copies of state board determinations/decisions, citations and letters of reprimand.

NOTE: For drug and alcohol convictions include documents that indicate blood alcohol content (BAC) and sobriety date.

To make a determination in these cases, the Board considers the nature and severity of the offense, additional subsequent acts, recency of acts or crimes, compliance with court sanctions, and evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation. Examples of rehabilitation evidence include, but are not be limited to:

- Recent, dated letter from applicant describing the event and rehabilitative efforts or changes in life to prevent future problems or occurrences.
- Recent and signed letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, Support Group Facilitators or sponsors, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse.
- Submit copies of recent work evaluations.
- Proof of community work, schooling, self-improvement efforts.
- Court-issued certificate of rehabilitation or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.

All of the above items should be mailed **directly** to the Board by the individual(s) or agency who is providing information about the applicant. Have these items sent to the Board of Registered Nursing, Licensing Unit, P.O. Box 944210, Sacramento, CA 94244-2100.

**It is the responsibility of the applicant to provide sufficient rehabilitation evidence on a timely basis so that a licensing determination can be made.** All evidence of rehabilitation must be submitted **prior to being found eligible** for licensure.

An applicant is also required to immediately report, in writing, to the Board any conviction(s) or disciplinary action(s) which occur between the date the application was filed and the date that a California registered nursing license is issued. Failure to report this information is grounds for denial of licensure or revocation of license.

NOTE: The application must be completed and signed by the applicant under the penalty of perjury.

### III. INSTRUCTIONS FOR SUBMITTING A FINGERPRINT CARD OR LIVE SCAN PROCESS

All applicants for licensure by examination are required to complete and submit one (1) set of fingerprints. All requests from the Board of Registered Nursing for background checks of applicants must be submitted to the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) either by Live Scan or on an Applicant Fingerprint Card (Hard Card). The Applicant Fingerprint Card (Hard Card) or Request for Live Scan Service Applicant Submission form (BCII 8016) must be submitted in the same name as shown on your application for licensure.

The fingerprints remain on file with the California Department of Justice, who provides reports to the Board of Registered Nursing of any future convictions on an ongoing basis.

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. You may request for a Live Scan form to be sent to you by e-mail by using our online request form at <https://www.dca.ca.gov/webapps/rn/requests.php>. Take the form to a Live Scan site within California 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 application as proof of complying with the Fingerprint requirement in order for the Board to process your application.** You may retain the third copy for your records.

Using Live Scan can speed your licensure because the Board receives fingerprint results from this new 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 -- Applicant Fingerprint Card (Hard Card)**

You may request for a fingerprint card to be sent to you by using our online request form at <https://www.dca.ca.gov/webapps/rn/requests.php>. Applicants 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.

III. **INSTRUCTIONS FOR SUBMITTING A FINGERPRINT CARD OR LIVE SCAN PROCESS - (continued)**

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

Each applicant **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 application and fingerprint card with fees. Write "DO NOT FOLD" on the envelope. If your card is folded, you will need to complete and submit a new fingerprint card. THIS WILL CAUSE A DELAY IN DETERMINING YOUR ELIGIBILITY FOR EXAMINATION OR LICENSURE.

Fingerprint Processing Fee for Applicant Fingerprint Card (Hard Card):

The fingerprint processing fee is in addition to the application fee. This fee is non-refundable and is subject to change by the DOJ and FBI without notice.

The appropriate fingerprint processing fee is payable to the Board of Registered Nursing by check or money order in U.S. currency. The application fee and fingerprint fee may be combined and submitted to the Board with one check or money order in U.S. currency. (See Licensure by Examination fee schedule.)

IV. **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 USC section (c)(2)(C)) authorize collection of your U.S. Social Security Number or ITIN. Your U.S. Social Security Number/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 list your U.S. Social Security Number/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).

V. **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.

## V. **CANDIDATES WITH DISABILITIES – REQUEST FOR ACCOMMODATIONS**

The California Fair Employment and Housing Act<sup>1</sup> (“FEHA”) grants qualified individuals with disabilities who participate in the examination process protection from unlawful discrimination.

More specifically, the FEHA protects individuals with physical or mental disabilities, cosmetic disfigurement or anatomical loss or individuals regarded as or with a record of any disability who is able to perform the essential functions in an examination setting for the NCLEX-RN with or without an accommodation. A disability is a limitation of a major life activity that makes achievement difficult, requires special education or services, or affects social activities or interactions. Impairments that are not disabilities are sexual behavior disorders, compulsive gambling, kleptomania, pyromania, substance abuse disorders resulting from current and unlawful use of controlled substance.

While the board is not required to allow an accommodation that fundamentally alters the nature of the examination, the board will grant any reasonable accommodation and engage in an interactive process with each applicant who requests an accommodation to ensure that individuals with disabilities are able to meaningfully participate in the examination process.

The board will make any reasonable modifications to its policies, practices, and procedures to accommodate an individual with a disability.

The board is not able to provide reasonable accommodations to individuals unless the board is made aware of the individual’s need. An applicant who needs an accommodation to be able to participate in the examination, must advise the board by the time of application for the examination. This notification should include sufficient documentation to enable the board to determine whether or not the requested accommodation is reasonable and will not fundamentally alter the nature of the examination.

The board is prohibited by law from requiring an individual with a disability to accept an accommodation if the individual chooses not to accept it.

If you have a disability which may require accommodations of the examination process or access to the examination center, you must submit with your application the following **REQUIRED** information:

1. A **REQUEST FOR ACCOMMODATION OF DISABILITIES** form completed and signed by the applicant. This form is available under the Accommodation of Disabilities link on this web site.
2. A **PROFESSIONAL EVALUATION AND DOCUMENTATION OF A DISABILITY** form completed and signed by a professional evaluator or equivalent information on original letterhead stationery of the evaluator. This form is available under the Accommodation of Disabilities link on this web site.
3. If applicable, a **NURSING PROGRAM VERIFICATION** form indicating what accommodation(s) were granted in testing procedures during the nursing program. This form should be completed and signed by the nursing program Dean or Director or their designee or equivalent information on original letterhead stationery of the nursing program. This form is available under the Accommodation of Disabilities link on this web site.

The required information must be completed and submitted with your application or your examination could be delayed. If you have any questions, you may contact the Testing Coordinator by writing to the Board address, Attn: Testing Coordinator, or by calling (916) 322-3350.

**Any** examination accommodations, including aids brought into the testing center must have **pre-approval** of the Board.

<sup>1</sup>The California Fair Employment and Housing Act as amended by AB2222, Government Code section 12900 et seq. effective January 1, 2001, grants applicants participating in a licensure examination more protection from unlawful discrimination than the federal Americans With Disabilities Act.



**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 LICENSURE BY EXAMINATION 8-YEAR RETAKE

**NOTE: Applicants for reinstatement must have once held a permanent license in California that has been lapsed (expired) 8 years or longer.**

**\$350.00**

**READ ALL DETAILED INSTRUCTIONS**

1. Submit the APPROPRIATE NON-REFUNDABLE FEE. (See attached fee schedule.)  
 Please submit a check or money order in U.S. CURRENCY only. DO NOT SEND CASH.
2. Attach a recent 2" x 2" passport type photograph where indicated on the back of this application.
3. Submit one (1) completed fingerprint card or Live Scan Service Applicant Submission form.

For Office Use Only	
Live Scan: _____	Approved By _____
FP Card: _____	Approved By _____
FP Card Fee: Y N	Approved By _____
Photo: _____	Approved By _____
CA School Code: _____	By _____

**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: (Month/Day/Year)</b>	
<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>PREVIOUS NAMES: (Including Maiden)</b>		<b>MOTHER'S MAIDEN NAME:</b> (Last Name Only)	
<b>E-MAIL ADDRESS (REQUIRED):</b>			<input type="checkbox"/> <b>SPECIAL TESTING ACCOMMODATION IS REQUESTED</b> If checked, attach appropriate documentation		
<b>COLOR OF EYES:</b>	<b>HEIGHT:</b> FT: IN:	<b>PRIMARY LANGUAGE:</b>		<b>YEAR GRADUATED HIGH SCHOOL OR PASSED GED:</b>	
<b>ORIGINAL CALIFORNIA RN LICENSE NO: (If available)</b>		<b>NAME AT TIME OF ORIGINAL CALIFORNIA RN LICENSE NO: (If known)</b>		<b>YEARS OF CALIFORNIA LICENSURE: (If available)</b>  From: To:	

**PROFESSIONAL EDUCATION**

<p><b>NAME AND ADDRESS OF PROFESSIONAL REGISTERED NURSING SCHOOL:</b></p> <p>_____                  Name of Nursing School</p> <p>_____                  Number and Street</p> <p>_____                  City State Country Postal/Zip Code</p>	<p><b>TYPE OF PROGRAM:</b></p> <p><input type="checkbox"/> ASSOCIATE DEGREE</p> <p><input type="checkbox"/> DIPLOMA</p> <p><input type="checkbox"/> BACCALAUREATE DEGREE</p> <p><input type="checkbox"/> MASTERS DEGREE/NURSING</p> <p><b>Entrance Date:</b> _____</p> <p><b>Graduation Date:</b> _____</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Disclosure of your U.S. Social Security 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/ITIN. Your U.S. Social Security Number/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/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.

(Questions on both sides of page)



NAME OF APPLICANT: \_\_\_\_\_

Have you ever applied for or taken an RN examination in another state/territory? If yes, State/Territory _____ Month _____ Year _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been denied an RN or any other health-care related license in any state/territory? If yes, State/Territory _____ Month _____ Year _____ Type of License _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had disciplinary proceedings against <b>any</b> license as a RN or <b>any</b> health-care related license or certificate including revocation, suspension, probation, voluntary surrender, or any other proceeding in any state or country? If yes, please provide a detailed written explanation, including the date and state or country where the discipline occurred.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of <b>any</b> offense other than minor traffic violations? If yes, explain fully as described in the applicant instructions. Convictions must be reported even if they have been adjudicated, dismissed or expunged or if a diversion program has been completed under the Penal Code or Article 5 of the Vehicle Code. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. <u>YOU MUST INCLUDE MISDEMEANOR AS WELL AS FELONY CONVICTIONS.</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO

I understand that I am required to report immediately to the California Board of Registered Nursing if I am convicted of **ANY** offense that occurs between the date of this application and the date that a California registered nurse license is issued. I am also required to report to the California Board of Registered Nursing any disciplinary action and/or voluntary surrender against **ANY** health-care related license/certificate that occurs between the date of this application and the date that a California registered nurse license is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

**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.**

Attach a recent 2"x2" passport type photograph.  
Please tape on all four sides.  
  
Head and shoulders only

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**



## NCLEX-RN REVIEW RESOURCES

This list of resources is being provided as a service to the applicants and is for informational purposes only. This in no way represents all the reference materials (books, tapes, workshops, etc.) available. These review resources are neither approved nor endorsed by the Board of Registered Nursing. For specific information, please contact the review providers directly.

School Name	Street Address	City	Zip Code	Phone Number
<a href="#">ACCESS Mobile Nursing Review</a>	P. O. Box 1342	Belmont	94002	(650) 393-4827
<a href="#">APLUS NCLEX Review Center</a>	3327 Parque Way	Sacramento	95835	(916) 267-8393
<a href="#">Ascend Review Institute</a>	5201 Great America Pkwy, #320	Santa Clara	95054	(408) 409-1112
<a href="#">Assessment Technologies Institute, LLC</a>	11161 Overbrook Road	Leawood, KS	66211	(800) 667-7531
<a href="#">Board Vitals</a>	137 Varick Street, 2 <sup>nd</sup> Floor	New York, NY	10013	(917) 768-0744
<a href="#">California School of Health Sciences</a>	12141 Brookhurst St. Suite 101	Garden Grove	92840	(866) 539-7081
<a href="#">California School of Health Sciences</a>	3407 W. 6 <sup>th</sup> St. Suite 408	Los Angeles	90020	(866) 539-7081
<a href="#">Career Improvement Counseling, Inc.</a>	PO Box 325	Shrub Oak, NY	10588	(800) 852-3062
<a href="#">Center for Nurse Education and Training</a>	5825 Lincoln Avenue, Suite D123	Buena Park	90620	(800) 980-3793
<a href="#">Chamberlain University</a>	3005 Highland Parkway	Downers Grove, IL	60515	(877) 751-5783
<a href="#">CPR and More LLC.</a>	11030 Arrow Rt., Suite 204	Rancho Cucamonga	91730	(800) 477-6193
<a href="#">CPS Nursing Education</a>	207 Allen Avenue	Glendale	91201	(818) 563-1935
<a href="#">D&amp;D Nursing Educators, Inc.</a>	903 Sneath Lane, 220	San Bruno	94066	(650) 303-5488
<a href="#">Elsevier</a>	3251 Riverport Lane	Maryland Heights, MO	63043	(800) 325-4177

School Name	Street Address	City	Zip Code	Phone Number
<a href="#">Esteem</a>	1400 S. Hayworth Ave., #216	Los Angeles	90035	(818) 821-3130
<a href="#">F.A. Davis Company</a>	404 North 2nd Street	Philadelphia, PA	19123	(800) 323-3555
<a href="#">Feuer Nursing Review</a>	10 East 39 <sup>th</sup> St., Rm. 907	New York, NY	10016	(212) 679-2300
<a href="#">First Lady Permanente, LLC</a>	901 Greer Road, Bldg. #921	Turlock	95380	(209) 250-1200
<a href="#">Global NCLEX Review Center</a>	3255 Wilshire Boulevard, #1010	Los Angeles	90010	(213) 382-3881
<a href="#">Health Sciences Institute of California</a>	1076 S. Santo Antonio Drive	Colton	92324	(909) 824-5300
<a href="#">Hurst Review Services, Inc.</a>	127 S. Railroad Ave.	Brookhaven, MS	39601	(601) 833-1961
<a href="#">Kaplan, Inc.</a>	750 Third Avenue	New York, NY	10017	(800) 527-7378
<a href="#">KSK Training Center</a>	1251 W. Redondo Beach Blvd., Ste. 201	Gardena	90247	(310) 212-7011
<a href="#">Lagerquist Review for Nurses</a>	PO Box 27517	San Francisco	94127	(800) 345-PASS
<a href="#">LifeSavers Nursing Review</a>	12672 Limonite Avenue, Suite 148	Corona	92880	(951) 279-5372
<a href="#">Lippincott Williams &amp; Wilkins</a>	16522 Hunters Green Parkway	Hagerstown, MD	21740	(800) 638-3030
<a href="#">Monsbey College</a>	6 Hanger Way, Suite B	Watsonville	95076	(831) 786-0321
<a href="#">NCSBN Learning Extension</a>	111 East Wacker Drive, Suite 2900	Chicago, IL	60601	(312) 525-3749
<a href="#">National Healthcare Institute</a>	PO Box 140214	Coral Gables, FL	33114	(888) 644-5562
<a href="#">Northern California Nursing Academy</a>	355 Gellert Blvd., Ste. 279	Daly City	94015	(650) 992-6262
<a href="#">Pacific Times Healthcare College</a>	623 N. Main St. D-5	Corona	92880	(951) 734-1601
<a href="#">Rachell Allen Professionals, Inc.</a>	3281 E. Guasti Rd., Ste. 700	Ontario	91761	(323) 205-8947
<a href="#">Southern California Medical College</a>	333 Palmer Drive, Suite 200	Bakersfield	93309	(661) 832-2786
<a href="#">Sylvia Rayfield &amp; Associates, Inc.</a>	12480 Seratine Drive	Pensacola, FL	32506	(800) 234-0575



**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/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 USC section (c)(2)(C)) AUTHORIZE COLLECTION OF YOUR U.S. SOCIAL SECURITY NUMBER/ITIN. IF YOU FAIL TO DISCLOSE YOUR U.S. SOCIAL SECURITY NUMBER/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/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.**