

# California Board of Registered Nursing Faculty Approval Application Instructions

The California Code of Regulations (CCR), title 16, section 1425 requires all nursing faculty to receive Board of Registered Nursing (BRN) approval before teaching in a BRN-approved Nursing Program, whether serving as an Assistant Instructor or an Instructor. Faculty are also required to obtain BRN approval for each specific specialty area in which they plan to teach.

Below are the steps for submitting a faculty approval request through the [BreEZe](#) system. Please note that there is no fee for this process.

## Step 1: BreEZe Login

1. Go to [BreEZe](#) and login (<https://www.breeze.ca.gov/datamart/mainMenu.do>)
2. Enter **User ID** and **Password**
3. Click **Sign In** button

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### DCA BreEZe Online Services

Welcome to the California Department of Consumer Affairs (DCA) BreEZe Online Services. BreEZe is DCA's licensing and enforcement system and a one-stop shop for consumers, licensees and applicants! BreEZe enables consumers to verify a professional license and file a consumer complaint. Licensees and applicants can submit license applications, renew a license and change their address among other services.

- BreEZe only accepts credit card payments for American Express, Discover, MasterCard, and Visa.

#### FOR CONSUMERS

Check Licenses and file complaints.

License SEARCH File a COMPLAINT

#### FOR APPLICANTS AND LICENSEES

Applicant and licensing needs are available here. You will need to [register](#), or use your existing user name and password

##### Returning User

Fields marked with \* are required

\* User ID:

\* Password:

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##### New Users

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## Step 2: Quick Start Menu

1. Under **Registered Nurse**, open the dropdown menu.
2. Select **CA Faculty Approval**
3. Click **Select** button

The screenshot displays the BreEze user interface. At the top, there is a header with the CA.GOV logo, the text 'CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS', and the 'BREEZE' logo. Navigation links for 'About BreEze', 'FAQ's', and 'Help Tutorials' are on the right. Below the header, a blue bar shows 'Logged in as' and links for 'Update Profile', 'Logoff', and 'Contact Us'. A 'Skip navigation' link is also present. The main content area is titled 'Quick Start Menu' and includes a sub-header 'License/Registration Information'. A message states: 'To start, choose an option, and you will return to this Quick Start menu after you have finished.' The interface is divided into two columns: 'License Activities' and 'Additional Activities'. Under 'License Activities', a dropdown menu is open for 'Registered Nurse', showing options like 'CA Faculty Approval' (which is highlighted), 'CA Director Approval', 'Duplicate Certificate With Fee', 'Hard Card Fingerprint Payment', 'Military Active - Renewal Waiver Application', 'Military Inactive - Renewal Waiver Application', 'RN - Change of Address', 'RN - Change of Name', 'Registered Nurse Retired License Application', 'Submit Additional Documents', and 'Verification Letter'. A 'Select' button is next to the dropdown. Under 'Additional Activities', there are three items: 'Application Documents (0)', 'Manage License Authorizations', and 'License Notification Subscriptions', each with a 'Select' button. At the bottom, there are links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with a copyright notice for 2026 State of California.



### Step 3: Introduction

1. Read through the **CA Faculty Approval – Introduction** page
2. Click **Next** button

The screenshot shows the BREZZE portal interface. At the top, there is a header with the CA.GOV logo, the California Department of Consumer Affairs logo, and the BREZZE logo. Navigation links for 'About BreEZe', 'FAQ's', and 'Help Tutorials' are visible. A 'Skip navigation' link is located on the right. Below the header, a blue bar contains 'Logged in as |' and 'Update Profile | Logoff | Contact Us'. The main content area is titled 'CA Faculty Approval - Introduction'. On the left, a sidebar lists navigation options: 'Introduction' (selected), 'Information Privacy Act', 'Application Questions', 'Name and Personal/Organization Details', 'Contact Details', 'Previous Name(s)', 'File Attachments', and 'Application Summary'. The main content area contains the following text: 'BRN approved faculty must meet the qualifications listed in CCR section 1424(h) and shall be clinically competent in the areas to which they are assigned. Section 1420(d) defines clinically competent to mean that a nursing program faculty member possesses and exercises the degree of learning, skill, care, and experience ordinarily possessed and exercised by staff level registered nurses of the clinical unit to which the faculty member is assigned.' Below this text, instructions state: 'Press "Next" to continue.' and 'Press "Cancel" to exit this application.' At the bottom right of the main content area, there are 'Next' and 'Cancel' buttons. At the very bottom of the page, there are links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2026 State of California'.

## Step 4: Information Privacy Act

1. Read through the **Information Privacy Act** notice
2. Click **Agree** button



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### CA Faculty Approval - Information Privacy Act

#### 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:** Board of Registered Nursing

**Title of official responsible for information maintenance:** Executive Officer

**Address:** P.O. BOX 944210, SACRAMENTO, CA 94244-2100

**Telephone Number:** (916) 322-3350

**Authority which authorizes the maintenance of the information:** Section 30, Section 2732.1(a), Business and Professions code all information is mandatory.

**The consequences, if any of not providing all or any part of the requested information:** Failure to provide any of the requested information will result in the application being rejected as incomplete.

**The principal purpose(s) for which the information is to be used:** Section 30 of the business and professions code and public law 94-455 (42 usca 405(c)(2)(c)) authorize collection of your social security number or individual taxpayer identification number. Your social security number or individual taxpayer identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.8 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 social security number or individual taxpayer identification number, your application for initial or renewal license will not be processed. 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 or renewed.

**Any known or foreseeable interagency or intergovernmental transfer which may be made of the information:** Possible transfer to law enforcement, other government agencies and reporting social security number or individual taxpayer identification number to the franchise tax board or for child support enforcement purposes pursuant to Section 30 of the business and professions code. Each individual has the right to review the files on records maintained on them by the agency, unless the records are exempt from disclosure.

**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.

Press "Agree" to continue.

Press "Cancel" to exit this application.

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 \$1,000, or by both imprisonment and fine.

For further details, consult Penal Code Section 11164 and subsequent sections.

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## Step 5: Application Questions

1. Carefully read through the definitions associated with *Faculty Classifications*  
Note: Unless you have a master's degree and teaching experience, you will apply for *Assistant Instructor* or *Clinical Teaching Assistant*
2. Continue through the prompts by selecting **Yes** or **No**  
Note: You can't apply for both *Assistant Instructor* and *Instructor*. Based on your degree and teaching experience as outlined above, you will apply for one or the other.

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### CA Faculty Approval - Application Questions

Faculty approval is based on degree, teaching experience, and clinical competence.

Faculty Classifications:

Faculty Approval Classifications

1. Clinical Teaching Assistant
2. Assistant Instructor
3. Instructor

Please choose the nursing area that you have a minimum of 1 year full-time or its equivalent, direct patient care experience within the previous 5 years as a RN.

Clinical competency Nursing Area(s)

1. Medical-Surgical
2. Obstetrics
3. Children (Pediatrics)
4. Psychiatric/Mental Health
5. Geriatrics

If the following questions are not applicable to your application, please make sure to select "No" as your response.

Answer the questions and press "Next" to continue.  
Press "Previous" to return to the previous section.  
Press "Cancel" to exit this application.

Are you applying for California Board of Registered Nursing Licensing approval as a Clinical Teaching Assistant (CTA)?

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3. Select **Yes** or **No** for each *Clinical Competency Nursing Area(s)* based on the criteria below:

Please choose the nursing area that you have a minimum of 1 year full-time or its equivalent, direct patient care experience within the previous 5 years as a RN.

Clinical competency Nursing Area(s)



1. Medical-Surgical
2. Obstetrics
3. Children (Pediatrics)
4. Psychiatric/Mental Health
5. Geriatrics

If the following questions are not applicable to your application, please make sure to select "No" as your response.

4. Continue through the prompts and provide information, if applicable, and select **Next** button

## Step 6: Clinical Competency Areas

1. Review the clinical competency nursing areas
2. Select **Yes** or **No** for each area
3. Click **Next** button



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### CA Faculty Approval - Application Questions

Faculty approval is based on degree, teaching experience, and clinical competence.

Faculty Classifications:

Faculty Approval Classifications

1. Clinical Teaching Assistant
2. Assistant Instructor
3. Instructor

Please choose the nursing area that you have a minimum of 1 year full-time or its equivalent, direct patient care experience within the previous 5 years as a RN.

Clinical competency Nursing Area(s)

1. Medical-Surgical
2. Obstetrics
3. Children (Pediatrics)
4. Psychiatric/Mental Health
5. Geriatrics

If the following questions are not applicable to your application, please make sure to select "No" as your response.

Answer the questions and press "Next" to continue.  
Press "Previous" to return to the previous section.  
Press "Cancel" to exit this application.


Is your Clinical Competency Nursing Area in Medical-Surgical?	<input type="button" value="v"/>
Is your Clinical Competency Nursing Area in Obstetrics?	<input type="button" value="v"/>
Is your Clinical Competency Nursing Area in Pediatrics?	<input type="button" value="v"/>
Is your Clinical Competency Nursing Area in Psychiatric/Mental Health?	<input type="button" value="v"/>
Is your Clinical Competency Nursing Area in Geriatrics?	<input type="button" value="v"/>

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## Step 7: Name and Personal Details

1. Verify your personal information
2. Click **Next** button



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### CA Faculty Approval - Name and Personal Details

If the following personal information is not correct, click on the following link and follow the instructions on the Notification of Name Change form: <https://www.rn.ca.gov/address.shtml>

Press "Previous" to return to the previous screen.

Enter your personal details and Press "Next" to continue.

Press "Cancel" to exit this application.

Title:

First Name:

Middle Name:

Last Name:

Suffix:

SSN/ITIN: ? ⓘ

Birth Date: (mm/dd/yyyy)

Gender:



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 California Department of Tax and Fee Administration (CDTFA) and appears on either the FTB or CDTFA's certified lists of top 500 tax delinquencies over \$100,000. (AB 1424, Perea, Chapter 455, Statutes of 2011).

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## Step 8: Address Summary

1. Review your address information
2. Click **Next** button

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### CA Faculty Approval - Address Detail Summary

Press "Previous" to return to the previous section.  
Press "Next" when finished adding/changing addresses.  
Press "Cancel" to exit this application.

#### License Specific Addresses

**Address of Record**

Name:

Address:

Phone Number:

Email:

Alternate Phone

Pursuant to the California Code of Regulations 1409.1, an address change must be reported to the Board within 30 days by way of mail, telephone, or the BRN webpage. The BRN is now assessing a citation and fine for violations of this section. Items with an asterisk (\*) are required for the online application.

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## Step 9: Previous Names

1. Review any previous names listed and update, if necessary
2. Click **Next** button

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## Step 10: Education (Information Page)

1. Review the **Assistant Instructor – Education** information
2. Click **Add** button

The screenshot shows the 'CA Faculty Approval - Assistant Instructor - Education - Information' page. The header and navigation elements are identical to Step 9. The sidebar navigation links are: Introduction, Information Privacy Act, Application Questions, Name and Personal/Organization Details, Contact Details, Previous Name(s), Assistant Instructor - Education, Assistant Instructor - Direct Patient Care Experience, File Attachments, and Application Summary. The main content area contains instructions for submitting education information and a table with columns: Name of College/University, College/University City, College/University State, College/University Country, Degree, Degree Completion Date, The Area of your Preparation, and Is the above information validating you completed Baccalaureate degree from an accredited college that includes courses in nursing, or a natural, behavioral social science relevant to nursing practice?. The table is currently empty. Below the table, it says 'No records found.' and 'A copy of your transcript(s) must be attached to this application.' At the bottom of the table area are buttons for 'Add', 'Previous', 'Next', and 'Cancel'. A footer contains links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2026 State of California'.

## Step 11: Add Education

1. Complete the required education fields
2. Click **Next** button



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### CA Faculty Approval - Assistant Instructor - Education - Add

An assistant instructor shall meet the following minimum qualifications: A Baccalaureate degree from an accredited college which shall include courses in nursing, or in a natural, behavioral, or social science relevant to nursing practice.

If you need to submit information regarding multiple degrees, list the most recent College/University first.

Press "Next" to save this record and continue.

Press "Cancel" if you do not want to save your changes.

The accredited college where you obtained your degree that includes courses in nursing, or in a natural, behavioral, or social science relevant to nursing practice.

Name of College/University:

The accredited college where you obtained your degree that includes courses in nursing, or in a natural, behavioral, or social science relevant to nursing practice.

College/University City:

The accredited college where you obtained your degree that includes courses in nursing, or in a natural, behavioral, or social science relevant to nursing practice.

College/University State:

The accredited college where you obtained your degree that includes courses in nursing, or in a natural, behavioral, or social science relevant to nursing practice.

College/University Country:

The accredited college where you obtained your degree that includes courses in nursing, or in a natural, behavioral, or social science relevant to nursing practice.

Degree:

The accredited college where you obtained your degree that includes courses in nursing, or in a natural, behavioral, or social science relevant to nursing practice.

Degree Completion Date:  (mm/dd/yyyy)

The accredited college where you obtained your degree that includes courses in nursing, or in a natural, behavioral, or social science relevant to nursing practice.

The Area of your Preparation:

Is the above information validating that you completed a Baccalaureate degree from an accredited college that includes courses in nursing, or in a natural, behavioral, or social science relevant to nursing practice?



A copy of your transcript(s) must be attached to this application.

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## Step 12: Additional Education

1. If you have more education to add, click **Add** button again
2. When finished, click **Next** button



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### CA Faculty Approval - Assistant Instructor - Education - Information

An assistant instructor shall meet the following minimum qualifications: A Baccalaureate degree from an accredited college which shall include courses in nursing, or in a natural, behavioral, or social science relevant to nursing practice.

If you need to submit information regarding multiple degrees, list the most recent College/University first.

Press the "Edit" link to edit the record.

Press the "Remove" link to remove the record.

Press "Add" to add a new record.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

Press "Cancel" to exit this application.

Name of College/University	College/University City	College/University State	College/University Country	Degree	Degree Completion Date (mm/dd/yyyy)	The Area of your Preparation	Is the information you compl. Baccal degree an acc collegi includ course nursin a natu behavi social relevai nursin practic
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A copy of your transcript(s) must be attached to this application.

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## Step 13: Direct Patient Care Experience (Information Page)

1. Review the **Direct Patient Care Experience** information
2. Click **Add** button



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### CA Faculty Approval - Assistant Instructor - Direct Patient Care Experience - Information

Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience **providing direct patient care as a registered nurse in the designated nursing area**; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.

If you need to submit information regarding multiple Agencies where you completed the experience as a registered nurse providing direct patient care or Agencies where you completed the registered nurse level clinical teaching experience, list the most recent Agency first.

Press the "Edit" link to edit the record.

Press the "Remove" link to remove the record.

Press "Add" to add a new record.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

Press "Cancel" to exit this application.



	Direct Patient Care Experience Agency Name	Direct Patient Care Experience Agency City	Direct Patient Care Experience Agency State	Direct Patient Care Experience Agency Country	Position or Title	Select the Specific Clinical Area	Direct Patient Care Experience Start Date (mm/yy/yyyy)	Direct Patient Care Experience End Date (mm/yy/yyyy)	Is the above information validating that you provided direct patient care, as a registered nurse, for at least one (1) year's continuous, full-time or its equivalent experience in the designated nursing area?	
No records found.										

Add
Previous
Next
Cancel

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## Step 14: Direct Patient Care Experience (Initial Question)

1. Answer the first experience question
  - o If **Yes**, continue to **Step 15**
  - o If **No**, continue to **Step 16**



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### CA Faculty Approval - Assistant Instructor - Direct Patient Care Experience - Add

Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience **providing direct patient care as a registered nurse in the designated nursing area**; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.

If you need to submit information regarding multiple Agencies where you completed the experience as a registered nurse providing direct patient care or Agencies where you completed the registered nurse level clinical teaching experience, list the most recent Agency first.

Press "Next" to save this record and continue.  
Press "Cancel" if you do not want to save your changes.


Are you going to use one (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area to meet the direct patient care experience requirement?


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## Step 15: Direct Patient Care Experience (If Yes)

1. Complete the required experience details
2. Click **Next** button

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### CA Faculty Approval - Assistant Instructor - Direct Patient Care Experience - Add

Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience **providing direct patient care as a registered nurse in the designated nursing area**; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.

If you need to submit information regarding multiple Agencies where you completed the experience as a registered nurse providing direct patient care or Agencies where you completed the registered nurse level clinical teaching experience, list the most recent Agency first.

Press "Next" to save this record and continue.  
Press "Cancel" if you do not want to save your changes.

Are you going to use one (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area to meet the direct patient care experience requirement?

Based on your answer, you are providing information to meet the direct patient care experience of one (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area. List most recent experience first.

Direct Patient Care Experience Agency Name:

Direct Patient Care Experience Agency City:

Direct Patient Care Experience Agency State:

Direct Patient Care Experience Agency Country:

Position or Title:

Select the Specific Clinical Area:

Direct Patient Care Experience Start Date:  (mm/dd/yyyy)



Direct Patient Care Experience End Date:  (mm/dd/yyyy)

Is the above information validating that you provided direct patient care, as a registered nurse, for at least one (1) year's continuous, full-time or its equivalent experience in the designated nursing area?

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## Step 16: Direct Patient Care Experience (If No)

1. Answer the remaining questions as required
2. Click **Next** button



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### CA Faculty Approval - Assistant Instructor - Direct Patient Care Experience - Add

Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience **providing direct patient care as a registered nurse in the designated nursing area**; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.

If you need to submit information regarding multiple Agencies where you completed the experience as a registered nurse providing direct patient care or Agencies where you completed the registered nurse level clinical teaching experience, list the most recent Agency first.

Press "Next" to save this record and continue.  
Press "Cancel" if you do not want to save your changes.

Are you going to use one (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area to meet the direct patient care experience requirement?

Based on your answer, you are providing information to meet the direct patient care experience of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency. List most recent clinical teaching experience first.

Name of Agency:

Agency City:

Agency State:

Agency Country:

Registered Nurse level clinical teaching experience.  
Position or Title:

Registered Nurse level clinical teaching experience.  
Select the Specific Clinical Area of Preparation:

Clinical Teaching Experience Start Date:  (mm/dd/yyyy)


Clinical Teaching Experience End Date:  (mm/dd/yyyy)

Is the above information validating that you completed one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency?


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# Step 17: Direct Patient Care Experience Summary

1. Review the information
2. Click **Next** button



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### CA Faculty Approval - Assistant Instructor - Direct Patient Care Experience - Information

Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing **direct patient care as a registered nurse in the designated nursing area**; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.

If you need to submit information regarding multiple Agencies where you completed the experience as a registered nurse providing direct patient care or Agencies where you completed the registered nurse level clinical teaching experience, list the most recent Agency first.

Press the "Edit" link to edit the record.

Press the "Remove" link to remove the record.

Press "Add" to add a new record.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

Press "Cancel" to exit this application.



	Direct Patient Care Experience Agency Name	Direct Patient Care Experience Agency City	Direct Patient Care Experience Agency State	Direct Patient Care Experience Agency Country	Position or Title	Select the Specific Clinical Area	Direct Patient Care Experience Start Date (mm/dd/yyyy)	Direct Patient Care Experience End Date (mm/dd/yyyy)	Is the above information valid that you provided direct patient care, as a registered nurse, at least (1) year continuous full-time or its equivalent experience in the designated nursing area?
Are you going to use one (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area to meet the direct patient care experience requirement?									

Add
Previous
Next
Cancel

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## Step 18: Attachments

1. Review the **Attachments** page (**NOTE: Attach your transcript**)
2. You will then be prompted to upload your *File Attachments*. Please pay attention to the document titles that they are requesting you to upload (i.e. *Transcript Document*). You will have to provide documentation for each *Clinical Competency Nursing Area(s)* you are applying for (i.e Med-Surg & Gero or Peds & OB)
3. Press **Choose File** button
4. Add your transcript
5. Press **Next** button



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### CA Faculty Approval - Attachments

If you have electronic documents to provide to the BRN please select the "Browse" button and click the "Attach" button each time you add a new file.

Appropriate attachments may include unofficial copy of your transcript(s) that displays Bachelor's, ELM or Master's degree from an accredited college or university that you had obtained after issuance of your California Registered Nurse License and/or course descriptions, if required for your online application.

Locate the file with the "Browse" button and press "Next" to attach the file.

Press "Previous" to return to the previous screen.

Press "Cancel" to exit this application.

• Transcript Document  No file chosen



To attach required files, click CHOOSE FILE/BROWSE to locate and select the files, then click NEXT.

Once all required files have been attached, you may attach any additional supporting documents. To attach additional supporting files, click CHOOSE FILE/BROWSE to locate and select files, then click ATTACH. If you do not click ATTACH, your additional supporting files will not be attached and submitted. If you are done attaching documents, click "Next."

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## Step 19: Attachments Review

1. Confirm your attachments
2. Click **Next** button



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### CA Faculty Approval - Attachments

If you have electronic documents to provide to the BRN please select the "Browse" button and click the "Attach" button each time you add a new file.

Appropriate attachments may include unofficial copy of your transcript(s) that displays Bachelor's, ELM or Master's degree from an accredited college or university that you had obtained after issuance of your California Registered Nurse License and/or course descriptions, if required for your online application.

Locate a file with the "Browse" button and press "Attach" or "Remove" as required.

Press "Next" when there are no more files to attach.

Press "Previous" to return to the previous screen.

Press "Cancel" to exit this application.

Files Uploaded		
.docx	Transcript Document	<a href="#">View</a> <a href="#">Remove</a>

Total Size of Attached Files (MB): 0.01

File Name:  No file chosen

Notes:

To attach required files, click CHOOSE FILE/BROWSE to locate and select the files, then click NEXT.



Once all required files have been attached, you may attach any additional supporting documents. To attach additional supporting files, click CHOOSE FILE/BROWSE to locate and select files, then click ATTACH. If you do not click ATTACH, your additional supporting files will not be attached and submitted. If you are done attaching documents, click "Next."

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## Step 20: Application Summary

1. Review your full application
2. Click **Proceed to Payment** button (no fee will be charged)

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**Introduction**

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**File Attachments**

**Application Summary**

### CA Faculty Approval - Application Summary

Press "Previous" to return to the previous section.

Review the data and press "Proceed to Payment" to submit this application.

Press "Cancel" to exit this application.

#### CA Faculty Approval Summary

License Type:	
File Number:	
License Number:	
Application Date:	(mm/dd/yyyy)

#### Application Questions

Are you applying for California Board of Registered Nursing Licensing approval as a Clinical Teaching Assistant (CTA)?

Are you applying for California Board of Registered Nursing Licensing approval as an Assistant Instructor (AI)?

Is your Clinical Competency Nursing Area in Medical-Surgical?

Is your Clinical Competency Nursing Area in Obstetrics?

Is your Clinical Competency Nursing Area in Pediatrics?

Is your Clinical Competency Nursing Area in Psychiatric/Mental Health?


Is your Clinical Competency Nursing Area in Geriatrics?

#### Personal Details

Title:	
First Name:	
Middle Name:	
Last Name:	
SSN/ITIN:	
Birth Date:	****/****/****
Gender:	

## Step 21: Attestation

1. Read the attestation statement
2. Select **Yes** to attest
3. Click the blue **Proceed to Payment** button to submit (again, no fee is due)



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### CA Faculty Approval - Attestation

Press "Previous" to return to the previous section.  
Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue.  
Press "Cancel" to exit this application.

I declare under penalty of perjury under the laws of the State of California that I am the person herein submitting this application and that I have read the complete application, know the full content thereof, that the information contained in this application and, if necessary, copies of all documents submitted as part of the application are true and correct and that I have read and understand the disclosure statements provided in the instructions for this application. I hereby grant the Department of Consumer Affairs entity permission to verify any information contained in this application.

I understand that any omission, falsification or misrepresentation of any item or response on this application or any attachment hereto is a sufficient basis for denying or revoking a license.

Failure to provide any of the requested information will delay the processing of your application.

Click "Proceed to Payment" to submit the application, no fee is due at this time.


Yes  
 No

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## Step 22: Submission Confirmation

Your application has now been successfully submitted



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### Fee and Summary Report

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.  
Press "Back" to return to the main menu.

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