



REQUEST FOR REAPPLY/REPEAT EXAMINATION

\$250.00

1. Submit the APPROPRIATE NON-REFUNDABLE FEE payable to the Board of Registered Nursing. Please submit a check or money order in U.S. CURRENCY only. DO NOT SEND CASH.
2. If you hold an Interim Permit, return it to this office IMMEDIATELY. Interim Permits are no longer valid once you receive the letter stating you did not pass your initial NCLEX-RN examination.
3. The National Council State Boards of Nursing has a 45-day retake provision for the NCLEX-RN exam. For information regarding the 45-day retake provision please visit their website at www.ncsbn.org.
4. Once found eligible, you will receive instructions on how to register with the NCLEX testing service.

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

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS: Number and Street				DATE OF BIRTH: (Month/Day/Year)	
City	State	Country	Postal/Zip Code	U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:**	
TELEPHONE NUMBER: Home () Alternate ()		PREVIOUS NAMES: (Including Maiden)		MOTHER'S MAIDEN NAME: (Last Name Only)	
E-MAIL ADDRESS (REQUIRED):			<input type="checkbox"/> SPECIAL TESTING ACCOMMODATION IS REQUESTED If checked, attach appropriate documentation		
LAST EXAM APPLIED FOR: Month Year		LAST EXAM TAKEN: Month Year		COUNTRY OF NURSING EDUCATION:	
HAVE YOU EVER HAD DISCIPLINARY PROCEEDINGS AGAINST ANY LICENSE AS A RN OR ANY 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 If yes, explain fully on a separate sheet of paper.					

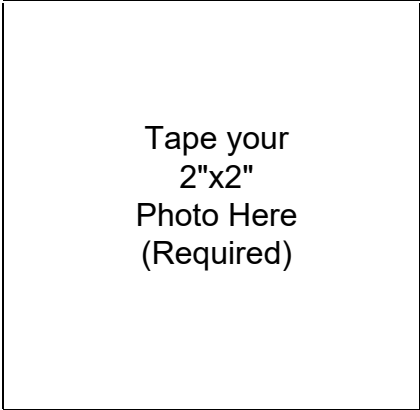
I understand that I am required to report immediately to the California Board of Registered Nursing any disciplinary action and/or voluntary surrender against **ANY** health-care related license/certificate that occurs between the date of this application and the date that a California registered nurse 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.

SIGNATURE OF APPLICANT: _____
DATE: _____

**** 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.



REPORTING PRIOR DISCIPLINE AGAINST LICENSES

All disciplinary action against an applicant's registered nurse, practical nurse, vocational nurse or other health care related license or certificate must be reported.

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

When reporting prior disciplinary action, **applicants are required to provide a full written explanation of:** circumstances surrounding the disciplinary action(s) and the date of disciplinary action(s). 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.

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.

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 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.

CANDIDATES WITH DISABILITIES – REQUEST FOR ACCOMMODATIONS

The California Fair Employment and Housing Act¹ (“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:

A. CANDIDATES WHO HAVE BEEN PREVIOUSLY APPROVED FOR ACCOMMODATIONS:

If you have previously been approved for accommodations by the Board and you wish to request the same accommodations, submit the following with your **Request for Reapply/Repeat Examination** application:

1. A **REQUEST FOR ACCOMMODATION OF DISABILITIES** form completed and signed by the applicant. This form is included in the application packet.

B. CANDIDATES WHO HAVE NOT BEEN PREVIOUSLY APPROVED FOR ACCOMMODATIONS OR THE ACCOMMODATION REQUIREMENTS HAVE CHANGED:

If you have not previously been approved for accommodations by the Board, or there is a change in the accommodations you are requesting, submit the following with your **Request for Reapply/Repeat Examination** application:

1. A **REQUEST FOR ACCOMMODATION OF DISABILITIES** form completed and signed by the applicant. This form is included in the application packet.
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 included in the application packet.
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 included in the application packet.

CANDIDATES WITH DISABILITIES – REQUEST FOR ACCOMMODATIONS – (continued)

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.

¹The 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.

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/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 disclose 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).

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.



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

REQUEST FOR ACCOMMODATION OF DISABILITIES

In compliance with the California Fair Employment and Housing Act (FEHA), the Board of Registered Nursing (the Board) provides reasonable accommodations for applicants with disabilities that may affect their ability to take the required examination (NCLEX-RN). It is the applicant's responsibility to notify the Board of needed alternative arrangements. The Board is not required by the FEHA to provide accommodations if we are unaware of your needs. **If you have a disability for which you wish to request accommodation(s), please provide the following information and return this form as well as all other required documentation to the Board with your application.** You may attach additional pages if necessary. Accommodations will not be provided at the examination site unless this form and all other documentation is received at the time of submission of the application. This form and all supporting documentation will become part of your examination record but will be purged from your file when you have passed the examination.

In order to grant testing accommodations, the Board must submit documentation to the National Council of State Boards of Nursing (NCSBN). The information requested below and any documentation regarding your disability will be considered strictly confidential and will only be shared with NCSBN and the testing service who will administer your examination. Please sign your name at the bottom of this form to indicate your permission for the Board to share information about your disability with NCSBN and the testing service.

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

DAYTIME PHONE #: _____ U.S. SSN/ITIN: _____
(Area Code)

NOTE: It will be necessary for testing staff to speak and correspond with you regarding specific arrangements, therefore, it is important that you provide a current address and daytime telephone number.

1. Describe your type of disability (e.g., physical, mental, learning) and how this disability limits a major life activity that makes achievement difficult, requires special education or services, or affects social activities or interactions:

2. Explain the nature and extent of your disability (e.g., hearing impaired, diabetic, dyslexic, etc.) and how it will affect your ability to take the examination:

NAME OF APPLICANT: _____

3. Based on the disability you have described above, specify the accommodation(s) you are requesting, given the format of the examination (your request must be specific). If you request additional testing time, indicate how much:

SIGNATURE: _____ DATE: _____

NOTE: Your signature is necessary to allow the Board permission to share pertinent information related to your disability with the NCSBN to verify the availability of the accommodation(s) and to the testing service to provide the accommodation(s). All documentation will be considered strictly confidential.

REQUIRED DOCUMENTATION FOR ACCOMMODATION REQUESTS

You are required to submit documentation from a professional evaluator as defined on the Professional Evaluation and Documentation of Disability form. Verification of the disability must be submitted to the Board of Registered Nursing (the Board) and include the following:

- ◆ Completed **Professional Evaluation and Documentation of Disability** form or all information requested must be provided on the original letterhead stationery of the evaluator.
- ◆ Completed **Nursing Program Verification** form if you were granted testing accommodations for examinations during your nursing program.

You are solely responsible for any costs you may incur in obtaining the required documentation. However, the Board will pay for any testing accommodations that are made for you.

The Board will engage in an interactive dialogue to ensure that your request is processed in accordance with the FEHA requirement.

In order to make the necessary arrangements to accommodate your needs, all requests and supporting documentation must be sent to the Board with your application. The Board must approve all accommodations prior to your test date.

The Board will consider all requests on a case-by-case basis.

You will receive written confirmation of your approved accommodations.

Any inquiries related to accommodations may be directed to the Testing Coordinator at (916) 322-3350.

RETURN THIS COMPLETED FORM AND THE DOCUMENTATION LISTED ABOVE WITH OUR APPLICATION TO:

Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100



PROFESSIONAL EVALUATION AND DOCUMENTATION OF A DISABILITY

This form is to be completed by a professional evaluator as described on the reverse of this form. An original submission of this form by an evaluator is optional. However, if this form is not used, all of the information requested must be provided on original letterhead stationery of the evaluator or the request for accommodation(s) will be incomplete and will not be processed.

Candidate Name: _____ Birthdate: _____
(First) (Middle) (Last) (Month) (Day) (Year)

1. Describe the candidate's diagnosis or type of disability (e.g., physical, mental, learning), DSM code, if applicable, date of assessment, the tests used to assess the disability and a summary of the interpretation of the test results.

2. Describe the nature and extent of the disability (e.g., hearing impaired, diabetic, dyslexia; severe, moderate, mild), how the disability is a limitation of a major life activity that makes achievement difficult, requires special education or services, or affects social activities or interactions, and if the disability will change in any way over time. In the case of a learning disability, include specifics as to the area of the disability (e.g., visual speed, processing, memory, comprehension, etc.).

3. What is the effect of the disability on the candidate's ability to perform under standard testing conditions given the format of the examination? (See reverse of this page for a description of the examination format.)

4. What is the recommended accommodation(s) and how does the accommodation(s) relate to the candidate's disability given the format of the examination? The request must be specific (e.g., if additional time is needed, indicate how much).

NAME OF APPLICANT: _____

5. Describe the credentials, education and experience which qualify you, the evaluator, to make the determination of the disability and the recommended accommodation. (See below for description of a qualified evaluator.)

Evaluator's Name (Print): _____ Organization: _____

Evaluator's Signature: _____ Telephone No: _____
(Date) (Area Code)

Type of Professional License or Certificate and Number (if applicable) _____

I. Description of a Qualified Evaluator

The Board will accept evaluations from qualified evaluators. A qualified evaluator cannot be the spouse of the candidate nor related to the candidate. The evaluator must have sufficient experience to be considered qualified to evaluate the existence of and proposed accommodations needed for specific learning disabilities. Guidelines for a qualified evaluator are listed below:

(a) For purposes of physical or mental disabilities, not including learning disabilities, the evaluator is a licensed physician or psychologist with expertise in the area of the disability.

(b) In the case of learning disabilities, a qualified evaluator is one of the following:

A licensed psychologist or physician who has experience working with adults with learning disabilities and who has training in all of the areas described below

OR

another professional who possesses a master's or doctorate degree in the category of disability, special education, education, psychology, educational psychology, or rehabilitation counseling and who has training and experience in all of the areas described below:

- Assessing intellectual ability level and interpreting tests of such ability.
- Screening for cultural, emotional and motivational factors.
- Assessing achievement level.
- Administering tests to measure attention and concentration, memory, language reception and expression, cognition, reading, spelling, writing and mathematics.

II. Format of Examination

The examination contains objective multiple-choice questions, which are administered by computer in an adaptive format. The examination does not require knowledge of computer operation. The number of questions may vary from a minimum of 75 to a maximum of 265. The maximum six-hour time limit to complete the examination includes the tutorial, sample items and all rest breaks. The first preprogrammed optional break takes place after 2 hours of testing. The second preprogrammed optional break takes place after 3½ hours of testing. The examination is administered at Pearson Professional Centers, which have up to 15 individual computer workstations.



NURSING PROGRAM VERIFICATION

This form is to be completed by the nursing program Dean or Director or their designee if accommodation(s) to testing procedures were granted to this candidate during their nursing program. Original submission of this form is optional. However, if this form is not used, all of the information requested must be provided on original letterhead stationery of the nursing program.

Candidate Name: _____
(First) (Middle) (Last)

Birthdate: _____
(Month) (Day) (Year)

Describe the format of examinations administered (e.g., written multiple-choice, essay, oral, etc.) and the accommodation(s) provided to the above candidate for these examinations during their nursing program:

Name of Person Completing Form (Print): _____

Title: _____ Name of School: _____

Telephone No: _____ Signature: _____
(Area Code) (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
ACCESS Mobile Nursing Review	P. O. Box 1342	Belmont	94002	(650) 393-4827
APLUS NCLEX Review Center	3327 Parque Way	Sacramento	95835	(916) 267-8393
Ascend Review Institute	5201 Great America Pkwy, #320	Santa Clara	95054	(408) 409-1112
Assessment Technologies Institute, LLC	11161 Overbrook Road	Leawood, KS	66211	(800) 667-7531
Board Vitals	137 Varick Street, 2 nd Floor	New York, NY	10013	(917) 768-0744
California School of Health Sciences	12141 Brookhurst St. Suite 101	Garden Grove	92840	(866) 539-7081
California School of Health Sciences	3407 W. 6 th St. Suite 408	Los Angeles	90020	(866) 539-7081
Career Improvement Counseling, Inc.	PO Box 325	Shrub Oak, NY	10588	(800) 852-3062
Center for Nurse Education and Training	5825 Lincoln Avenue, Suite D123	Buena Park	90620	(800) 980-3793
Chamberlain University	3005 Highland Parkway	Downers Grove, IL	60515	(877) 751-5783
CPR and More LLC.	11030 Arrow Rt., Suite 204	Rancho Cucamonga	91730	(800) 477-6193
CPS Nursing Education	207 Allen Avenue	Glendale	91201	(818) 563-1935
D&D Nursing Educators, Inc.	903 Sneath Lane, 220	San Bruno	94066	(650) 303-5488
Elsevier	3251 Riverport Lane	Maryland Heights, MO	63043	(800) 325-4177

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

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:	Telephone Number:		
P.O. BOX 944210, SACRAMENTO, CA 94244-2100	(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: 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.			
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 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.			
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.

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.