



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
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ONLINE RN REQUEST FOR REPEAT/REAPPLY EXAMINATION IDENTIFICATION FORM

You must complete and submit this form via your online BreEZe account, or by mailing to:

Board of Registered Nursing, ATTN: Licensing Program, P.O. Box 944210, Sacramento, CA 94244-2100.

Print Full Name: _____
(Last) (First) (Middle)

U.S. Social Security Number or Individual Taxpayer Identification Number: _____ **E-Mail:** _____

Address: _____ **Date of Birth:** _____

Name of Registered Nursing Program: _____

City, State and Country of Registered Nurse Program: _____

Mother's Maiden Name: _____ **Date of Last NCLEX-RN Exam:** _____

HAVE YOU COMPLETED AND/OR ENCLOSED THE FOLLOWING ITEMS (check all that apply):

Have you attached a recent 2" x 2" **passport type photograph**? YES NO

If applicable, have you enclosed the **Request for Accommodation of Disabilities** forms? YES NO

If applicable, is supplemental information regarding reporting prior convictions or discipline against licenses enclosed? YES NO

I certify under penalty of perjury under the laws of the State of California, that all information provided in connection with this online 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: _____



**Tape Your 2" x 2"
Passport Type
Photograph Here**