



Board of Registered Nursing
1747 North Market Blvd., Suite 150, Sacramento, CA 95834
P (916) 322-3350 | www.rn.ca.gov

DATA REPORT FORM

NAME RN License #

ADDRESS

HOME PHONE WORK PHONE

CELL PHONE E-MAIL

BASIC NURSING PREPARATION DIPLOMA/DEGREE(s)

NAME OF NURSING SCHOOL;

LOCATION: YEAR GRADUATED

OTHER DEGREE/S YEAR OBTAINED

OTHER LICENSE/S

CURRENTLY WORKING AS A RN? : YES (if yes, Start date) : No

NAME OF CURRENT EMPLOYER:

ADDRESS

YOUR POSITION CLINICAL AREA

WORK DAYS WORK HOURS HOURS PER PAY PERIOD

IMMEDIATE SUPERVISOR Ph #

RN MANAGER/DIRECTOR Ph #

SOBRIETY DATE:

YOUR EMPLOYMENT FOR PAST 5 YEARS (INCLUDING THE ABOVE) IN ANY CAPACITY:

Table with 3 columns: Dates of Employment, RN Position, RN Employer