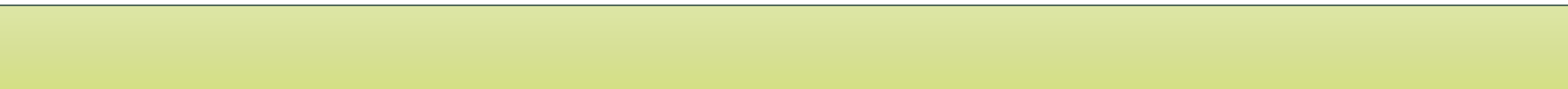




Online RN Initial Exam Application

CA BOARD OF REGISTERED NURSING

This screen-by-screen overview will assist you in completing the **Online RN Initial Exam** Application through your online BreEZe account.



IMPORTANT TIPS WHEN APPLYING

- Submit your payment the same day you submit the online application. Applications submitted without payment will NOT be processed.
- Please fully read the instructions on each page and follow them carefully. You will NOT be able to make any changes to your application once it has been submitted.
- If you would like to request an Interim Permit, you will need to submit the “**RN Initial Exam Application**” FIRST, and then you may submit the online application “**Request for Interim Permit**”.
- If you submit your online application and forgot to attach any required documentation to the application, you can submit the additional document(s) through your BreEZe account. When you log into your BreEZe account, the online application titled “Submit Additional Documents” is located at the Quick Start Menu under the “Applicant Activities” section.

Introduction

- Carefully read the Introduction screen, as it contains important information and helpful links, such as our current Processing Times.
- Important Fingerprint requirement instructions are listed here.
- New California nursing graduates - Do not submit your application any sooner than 2 weeks prior to your graduation date.

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1 - RN Initial Exam Application - Introduction

Please read all instructions fully to avoid errors in processing. The Registered Nurse examination application fee is an earned fee; therefore, if an applicant is found ineligible the application fee is not refunded. Your application will not get placed into our queue for processing until payment is received.

If you are a student graduating soon from a California Board-approved nursing program, please do not submit your application until two (2) weeks prior to your graduation date, and not earlier.

This is the application to take the National Council Licensure Examination (NCLEX-RN). You must take the NCLEX-RN: ENU or NCLEX-RN-1: ENU if you have never been licensed as a registered nurse in another state or if you have not passed the national licensing examination. If you are licensed in Canada, you must take the NCLEX-RN: ENU or NCLEX-RN-1: ENU unless you have passed an acceptable five-part Canadian examination.

You must have completed a nursing program meeting all California requirements. If you are lacking any educational requirements, you must successfully complete an approved course in that subject before taking the examination.

The BRN encourages candidates to wait until they are made eligible for the examination and receive their testing eligibility letter by mail from the BRN before registering with the NCLEX testing service, Pearson VUE.

Due to varying processing times, please allow appropriate processing time for the initial evaluation of your application. Once your application has been evaluated, your application status will be updated in your online BreEZe account. Processing times may vary, depending on the receipt of documentation from academic programs, agencies and other states or countries. Current processing times can be found here: <http://rn.ca.gov/times.shtml>

For assistance in completing this online application, step-by-step instructions can be found here:

<http://rn.ca.gov/pdfs/applicants/exam-app-instructions.pdf>. It is helpful to have these instructions open while completing your online application.

A pending application file is not a public record; therefore, an applicant must sign a release of information before the Board of Registered Nursing will release information to the public, including employers, relatives or other third parties.

Once you are licensed, your address of record may be disclosed to the public upon request. All requests for information are mandatory.

Please refer to the General Instructions and Application Requirements regarding the Application to obtain Licensure by Examination for a Registered Nurse (RN). <http://www.rn.ca.gov/pdfs/applicants/exam-app.pdf>

FINGERPRINTING REQUIREMENT: Fingerprinting is required for all applicants for the purpose of conducting a criminal history record check. 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. **Federal Bureau of Investigations (FBI) guidelines requires applicants to complete a criminal history background check AFTER they have submitted their application.**

Two fingerprinting methods are available:

- **Live Scan Process:** You must use a Live Scan site located in California to use this method. The Board will NOT be able to receive results for fingerprints taken at Live Scan locations that are outside of California. The Live Scan form can be downloaded here: [\[redacted\]](#)

The Live Scan form will print in triplicate; take all three copies to the Live Scan site. Complete the required fields (marked with red "X"). At the Live Scan site, they will scan your fingerprints electronically and submit them immediately for processing.

After your fingerprints have been scanned:

1. First copy of the form is kept by the Live Scan operator.
2. Second copy may be submitted to the Board through your online BreEZe account (this is NOT required - please only submit a completed copy if it is being specifically requested by the Board).
3. Third copy can be kept by you for your records.

- **Manual Fingerprint Process:** If you are outside of California or are unable to access Live Scan, you may use the manual fingerprint (hard card) method. A fingerprint card can be requested by using the request form on the Board's website here: <https://www.dca.ca.gov/webapps/rn/requests.php>

Information Privacy Act

- The Information Privacy Act screen contains information on the Information Practices Act, Section 1798.17 Civil Code. You must Agree to this section before continuing with the application.

Introduction	1 - RN Initial Exam Application - Information Privacy Act
Information Privacy Act	INFORMATION COLLECTION AND ACCESS
Transaction Suitability Questions	The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.
Application Questions	Agency Name: Board of Registered Nursing
Name and Personal/Organization Details	Title of official responsible for information maintenance: Executive Officer
Contact Details	Address: P.O. BOX 944210, SACRAMENTO, CA 94244-2100
Education History	Telephone Number: (916) 322-3350
Previous Name(s)	Authority which authorizes the maintenance of the information: Section 30, Section 2732.1(a), Business and Professions code all information is mandatory.
Out of Country License Information	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.
Additional Questions	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 11350.6 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 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.
Discipline and Conviction Questions	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.
File Attachments	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.
Application Summary	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 \$1,000, or by both imprisonment and fine.
	For further details, consult Penal Code Section 11164 and subsequent sections.
	Press "Agree" to continue.
	To save and exit this application, click on the "Cancel" button.

Transaction Suitability Questions

- The questions on this screen will determine if you are eligible to submit the Exam application.
- Please note that a valid U.S. Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is required to apply to the Board.

Introduction	1 - RN Initial Exam Application - Function Suitability <p>The following questions will determine if you are able to submit the online application.</p> <p>Press "Previous" to return to the previous section.</p> <p>Answer the questions and press "Next".</p> <p>To save and exit this application, click on the "Cancel" button.</p> <table><thead><tr><th>Question</th><th>Answer</th></tr></thead><tbody><tr><td>Do you have a U.S. Social Security Number or Individual Taxpayer Identification Number?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Have you ever been licensed by examination as an RN in another U.S. State/Territory?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Have you ever been issued a Registered Nurse license in California?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Did you review the General Instructions and Application Requirements regarding the Application for Licensure by Examination?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Do you have a recent 2" x 2" passport type photograph ready to be attached to this online application? You will need to upload the photo as part of the online application.</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr></tbody></table> <p>The Board of Registered Nursing (BRN) does not accept applications without a U.S. Social Security Number or Individual Taxpayer Identification Number.</p> <p>The Nursing Practice Act provides for a unified examination and licensing application. Once an application is deemed to have met all of California's requirements, a license is automatically issued. Under these circumstances the BRN cannot accept applications for examination and licensure without a U.S. Social Security Number or Individual Taxpayer Identification Number.</p> <p>Pursuant to Section 30(c) of the Business and Professions code the BRN may not process any application for licensure unless the applicant provides a U.S. Social Security Number or Individual Taxpayer Identification Number. Section 30 of the Business and Professions code states in part:</p> <p>30. (a) Notwithstanding any other provision of law, any board, as defined in Section 22, shall at the time of issuance of the license require that the licensee provide his or her Social Security Number or Individual Taxpayer Identification Number.</p> <p>(b) Any licensee failing to provide the Social Security Number or Individual Taxpayer Identification Number shall be reported by the licensing board to the Franchise Tax Board and, if failing to provide after notification pursuant to paragraph (1) of subdivision (b) of Section 19528 of the Revenue and Taxation Code, shall be subject to the penalty provided in paragraph (2) of subdivision (b) of Section 19528 of the Revenue and Taxation Code.</p> <p>(c) In addition to the penalty specified in subdivision (b), a licensing board may not process any application for an original license unless the applicant or licensee provides its Social Security Number or Individual Taxpayer Identification Number where requested on the application.</p> <div>Previous Next Cancel</div>	Question	Answer	Do you have a U.S. Social Security Number or Individual Taxpayer Identification Number?	<input type="radio"/> Yes <input type="radio"/> No	Have you ever been licensed by examination as an RN in another U.S. State/Territory?	<input type="radio"/> Yes <input type="radio"/> No	Have you ever been issued a Registered Nurse license in California?	<input type="radio"/> Yes <input type="radio"/> No	Did you review the General Instructions and Application Requirements regarding the Application for Licensure by Examination?	<input type="radio"/> Yes <input type="radio"/> No	Do you have a recent 2" x 2" passport type photograph ready to be attached to this online application? You will need to upload the photo as part of the online application.	<input type="radio"/> Yes <input type="radio"/> No
Question		Answer											
Do you have a U.S. Social Security Number or Individual Taxpayer Identification Number?		<input type="radio"/> Yes <input type="radio"/> No											
Have you ever been licensed by examination as an RN in another U.S. State/Territory?		<input type="radio"/> Yes <input type="radio"/> No											
Have you ever been issued a Registered Nurse license in California?		<input type="radio"/> Yes <input type="radio"/> No											
Did you review the General Instructions and Application Requirements regarding the Application for Licensure by Examination?		<input type="radio"/> Yes <input type="radio"/> No											
Do you have a recent 2" x 2" passport type photograph ready to be attached to this online application? You will need to upload the photo as part of the online application.		<input type="radio"/> Yes <input type="radio"/> No											
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Application Questions

- On this page, you can request Special Testing Accommodations (this will require additional documentation), specify the type of nursing program completed, and read other important information regarding fingerprints and military expedite information.

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Application Questions	1 - RN Initial Exam Application - Application Questions
Name and Personal/Organization Details	If the following questions are not applicable to your application, make sure to select "No" as your response. Answer the questions and press "Next" to continue. Press "Previous" to return to the previous section. To save and exit this application, click on the "Cancel" button.
Contact Details	Are you reporting any type of prior convictions or discipline against any licenses? For additional information please refer to section II of the Exam Application Instructions. <input type="button" value="v"/>
Education History	Are you requesting a third party to obtain information regarding the status of your pending application? <input type="button" value="v"/>
Out of Country License Information	Will you be submitting fingerprints via a fingerprint hard card? If "Yes", this will add an additional \$49.00 to your application fee. To request a fingerprint card or Live Scan form, refer to the following instructions below: REQUESTING FINGERPRINT CARD/LIVE SCAN FORM <input type="button" value="v"/>
Additional Questions	Will you be requesting Special Testing Accommodations? For additional information please refer to section VIII of the Exam Application Instructions and refer to the following instructions below: REQUESTING SPECIAL TESTING ACCOMMODATIONS <input type="button" value="v"/>
Discipline and Conviction Questions	Will you or have you graduated from a Board-approved Registered Nursing program located in California? For a list of Board-approved schools in California, please refer to our website. <input type="button" value="v"/>
Previous Name(s)	Have you served or are you currently serving in the military? <input type="button" value="v"/>
File Attachments	Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces? <input type="button" value="v"/>
Application Summary	REQUESTING SPECIAL TESTING ACCOMMODATIONS Refer to section VIII of the Exam Application Instructions for Candidates with Disabilities - Request for Accommodations and complete the "Request for Accommodations of Disabilities" and "Professional Evaluation and Documentation of a Disability" forms. If necessary, please use this link www.m.ca.gov/pdfs/applicants/disable.pdf to download the required accommodation documents. The completed forms may be scanned and uploaded to the File Attachments section of this application. REQUESTING FINGERPRINT CARD/LIVE SCAN FORM If you are located outside of California, you must submit a physical fingerprint card. Click here https://www.dca.ca.gov/webapps/m/requests.php to request a fingerprint hard card to be mailed to you. If you are in California, you may submit fingerprints by electronic Live Scan. Click here http://www.m.ca.gov/pdfs/applicants/livescan.pdf to print the Live Scan form. You must have your fingerprints taken at a Live Scan site in California for the BRN to receive your fingerprint results. Live Scan fingerprints taken anywhere outside of California cannot be received by the BRN. Once you have your fingerprints taken by Live Scan, the completed Live Scan form may be scanned and uploaded to the Attachments section of this application. MILITARY HONORABLE DISCHARGE REQUIREMENTS Note: If you meet the U.S. Armed Forces expedite requirement, please scan and attach a copy of the following documentation on the attachments page of this application. <ul style="list-style-type: none">DD214 or other supporting documentation.
	<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>

Name and Personal Details

- Enter your identifying information on this screen.
- Please note, the name on your application must match exactly with the name on your photo ID. If the name on your application does not match the name on your photo ID, the testing vendor, Pearson VUE, will not allow you access to the testing site.

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1 - RN Initial Exam Application - Name and Personal Details

Your name must match EXACTLY as it appears on your photo identification.

Items with an asterisk (*) are required for the online application. If your culture does not permit a First Name or Last Name please enter "-" in the appropriate name field.

Pursuant to Business and Professions Code section 30, you MUST provide either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) if you are an individual, or a Federal Employer Identification Number (FEIN) if you are applying on behalf of a partnership. The number you provide will be used for purposes related to tax enforcement, compliance with a judgment or order for child or family support in accordance with Family Code section 17520, or for verification of licensure or examination status when a reciprocity agreement or comity exists between that state and California. If you fail to disclose your SSN, ITIN, or FEIN, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a penalty against you.

With the exception of your SSN, ITIN, and FEIN, this application and the information contained herein may be disclosed pursuant to a request made under the California Public Records Act.

Press "Previous" to return to the previous screen.

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

To save and exit this application, click on the "Cancel" button.


Title:

* First Name:

Middle Name (optional):

* Last Name:

Suffix (Jr, Sr, II):

* SSN/ITIN: 

* Date of Birth:

(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 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)

During the online application process, do not select the "Back" button on your browser. This will cause your session to end without any updates.

Previous

Next

Cancel

Contact Details

- Add an “Address of Record” here. The Board will use this address, your email address and/or telephone number for any follow-up correspondence.
- *Please note: a valid e-mail address and phone number are required to receive your NCLEX-RN Authorization to Test (ATT) from the testing vendor.*
- Your “Address of Record” (mailing address) can be updated at any time throughout the application process. Just log into your BreEZe account, and access the online application titled: “RN-Change of Address”, located at the Quick Start Menu under the “Application Activities” section.

Introduction	1 - RN Initial Exam Application - Address Detail Summary		
Information Privacy Act	Press "Previous" to return to the previous section.		
Transaction Suitability Questions	Press "Next" when finished adding/changing addresses.		
Application Questions	To save and exit this application, click on the "Cancel" button.		
Name and Personal/Organization Details	License Specific Addresses		
Contact Details	<u>Address of Record</u>	Address:	555 Main St Sacramento , CA 95834 US
Education History		Phone Number:	916-555-1234
Out of Country License Information		E-mail:	firstlast@email.com
Additional Questions		Alternate Phone	
Discipline and Conviction Questions	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.		
Previous Name(s)			
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Education History

- *Please fully read the information on this screen.*
- Enter your nursing school information here.
- School names are sorted alphabetically. If you do not see your school listed, select the “Other” option, located at the top of the list.
- Please leave the “End Date” blank.

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1 - RN Initial Exam Application - Add Education History

Please enter the school information regarding your FIRST degree in Registered Nursing only. For example, if you obtained multiple degrees in nursing (such as an ADN and a BSN), please enter the information for your ADN only. In this scenario, the educational information regarding your BSN is not needed.

Please enter the following information: Name of Registered Nurse (RN) Program, Graduation Date, Degree/Program, and School Address. If you are unable to locate your school on the list, please select the “99999 - * OTHER” option, located at the top of the list.

PLEASE DO NOT ENTER AN END DATE.

Press “Continue” when you have finished entering data.

Press “Cancel” to return to the previous screen.

Name of Registered Nursing (RN) Program

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

Graduation Date (mm/dd/yyyy)

Degree/Program

School Address

CALIFORNIA GRADUATES ONLY:

CALIFORNIA NURSING PROGRAMS HAVE A PROCESS IN PLACE WITH THE BRN FOR SUBMITTING TRANSCRIPTS ELECTRONICALLY FOR THEIR GRADUATING CLASS. PLEASE CONTACT YOUR SCHOOL FOR FURTHER INFORMATION REGARDING THIS PROCESS.

OUT-OF-STATE U.S. GRADUATES ONLY:

THE BRN IS NOW ACCEPTING ELECTRONIC TRANSCRIPTS FOR OUT-OF-STATE NURSING PROGRAMS. TRANSCRIPTS MUST BE SENT BY EITHER YOUR SCHOOL OF NURSING OR A THIRD-PARTY VENDOR SUCH AS PARCHMENT, NATIONAL STUDENT CLEARINGHOUSE, ETC.

ELECTRONIC TRANSCRIPTS MUST BE SENT DIRECTLY FROM THE SCHOOL OR THIRD-PARTY VENDOR TO: BRN.eTranscripts@dca.ca.gov

ELECTRONIC TRANSCRIPTS SENT FROM APPLICANTS TO THIS E-MAIL ADDRESS WILL NOT BE ACCEPTED. TRANSCRIPTS MUST BE SENT TO THIS E-MAIL ADDRESS DIRECTLY FROM THE SCHOOL OR THIRD-PARTY VENDOR.

The BRN requires transcripts from all colleges and/or universities you attended that reflect courses required for a degree in nursing. This includes general education course requirements (anatomy, physiology, microbiology, general psychology, social sciences, oral and written communications) and all nursing courses.

Out of Country License Information

- *This screen is only for Internationally-educated applicants.*
- To add information for an out-of-country nursing license, click the “Add” button to begin adding the information.
- If this screen does not apply to you, click the “Next” button.

Introduction	1 - RN Initial Exam Application - Out of Country License Information - Information
Information Privacy Act	This section is only applicable to applicants who completed a Registered Nursing program located outside the United States of America. If this does not apply to you, click the "Next" button to proceed with the application. Items with an asterisk (*) are required for the online application.
Transaction Suitability Questions	Press the "Edit" link to edit the record.
Application Questions	Press the "Remove" link to remove the record.
Name and Personal/Organization Details	Press "Add" to add a new record.
Contact Details	Press "Previous" to return to the previous section.
Education History	Enter appropriate details and press "Next" to continue.
Out of Country License Information	To save and exit this application, click on the "Cancel" button.
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Country where you hold a Registered Nurse (RN) License	Other Country where you hold a Registered Nurse (RN) License	RN License Number	RN License Issue Date: (mm/dd/yyyy) (mm/dd/yyyy)	RN License Expiration Date: (mm/dd/yyyy) (mm/dd/yyyy)

[Add](#) [Previous](#) [Next](#) [Cancel](#)

Additional Questions

- Answer all questions on this screen to continue.

Introduction	1 - RN Initial Exam Application - Additional Questions - Information	
Information Privacy Act	Please answer the following questions. Items with an asterisk (*) are required for the online application.	
Transaction Suitability Questions	Press "Previous" to return to the previous section.	
Application Questions	Enter appropriate details and press "Next" to continue.	
Name and Personal/Organization Details	To save and exit this application, click on the "Cancel" button.	
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* Please enter Mother's Maiden Name (last name only):	<input type="text" value="SMITH"/>
Have you ever been licensed as an LVN or any health-care related license/certificate in California?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Have you ever been licensed by examination as an RN in another state?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Have you ever applied for RN licensure in California?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Taken RN Exam:	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>	

Discipline and Conviction Questions

- These questions relate to the applicant's prior discipline or prior license denial information, if any.
- Answering "Yes" to any of these questions may extend processing time.
- *If answering "Yes" to any of these questions, you may attach a written statement (may be typed) explaining your situation on the "File Attachments" screen of the online application.*

Introduction	1 - RN Initial Exam Application - Discipline and Conviction Questions - Information
Information Privacy Act	Please answer the following questions. Items with an asterisk (*) are required for the online application.
Transaction Suitability Questions	Press "Previous" to return to the previous section.
Application Questions	Enter appropriate details and press "Next" to continue.
Name and Personal/Organization Details	To save and exit this application, click on the "Cancel" button.
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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? ☐ Yes ☐ No

If yes, prepare a written statement including the date, state and/or country where the discipline occurred. You may attach the statement to the Attachments section of this application.

Have you ever been denied an RN or any other health-care related license in any state/territory? ☐ Yes ☐ No

If yes, prepare a detailed written explanation, including the date, state and/or country where the denial occurred. You may attach the explanation to the Attachments section of this application.

I understand that I am 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 the California license/certificate is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

[Previous](#) [Next](#) [Cancel](#)

Previous Name(s)

- On this screen, click the “Add” button to add any previous name information (such as a former last name).
- This may help us in locating transcripts and other documents that may come to our Board under a previously used last name, etc.
- If you do not have any previous names, simply click the “Next” button.

Introduction	1 - RN Initial Exam Application - Previous Name(s) - Information Enter any previous name(s) you have. Previous name(s) include i.e. maiden name, also known as (AKA) and alias. Items with an asterisk(*) are required for the online application. 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. To save and exit this application, click on the "Cancel" button.
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First Name	Middle Name	Last Name	Suffix (Jr, Sr, II)
<div>< ></div>			

Add Previous Next Cancel

File Attachments

- You can upload multiple documents to your online application. Please note, after clicking "Browse" and selecting the file on your computer, you MUST click the "Attach" button at the bottom of the screen each time you add a new file. If you do not click the "Attach" button before continuing with the online application, your file(s) will NOT be uploaded.
- The screenshots below are a comparison – the screenshot labeled "1" shows a file that has been selected from the computer but has NOT YET been attached. The screenshot labeled "2" shows a file that is successfully attached. You will see the message "Files Uploaded" when you have successfully attached your document(s).
- PLEASE MAKE SURE TO VERIFY THAT YOUR FILE(S) ARE ATTACHED CORRECTLY BEFORE CONTINUING WITH THE APPLICATION. A HEADSHOT PHOTO IS REQUIRED FOR EVERY APPLICATION.**

1 – File Not Yet Uploaded

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Application Summary

1 - RN Initial Exam Application - Attachments

The following items may be attached to your online application. Only the first item, a recent 2" x2" photo, is REQUIRED. The remaining items are optional. You MUST click the Attach button below each time you add a new file.

- One recent 2" x 2" passport type photograph (REQUIRED).
- Any written explanations regarding prior conviction(s), discipline, etc., if applicable.
- The Request for Accommodation of Disabilities form completed and signed by the applicant, and any additional documents regarding special testing accommodations, if applicable. www.rn.ca.gov/pdfs/applicants/disable.pdf
- Military discharge DD-214 document for application expediting for honorably discharged members of the armed forces, if applicable.

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

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

Press "Previous" to return to the previous screen.

To save and exit this application, click on the "Cancel" button.

File Name: C:\Users\Rnmzett\Desktop\Photo.rtf Browse...

Notes: Photo x

You can attach more than one file to your application. You MUST click the Attach button each time you add a new file, even if you are only attaching one file. If you do not click the Attach button below before continuing with the online application, your file(s) will NOT be uploaded.

IF ATTACHED CORRECTLY, YOU WILL SEE THE MESSAGE "FILES UPLOADED" HIGHLIGHTED IN GREEN. PLEASE VERIFY THAT YOUR FILE(S) ARE ATTACHED CORRECTLY BEFORE PROCEEDING WITH THE APPLICATION.

Attach Previous Next Cancel

2 – File Uploaded

1. One recent 2" x 2" passport type photograph (REQUIRED).

2. Any written explanations regarding prior conviction(s), discipline, etc., if applicable.

3. The Request for Accommodation of Disabilities form completed and signed by the applicant, and any additional documents regarding special testing accommodations, if applicable. www.rn.ca.gov/pdfs/applicants/disable.pdf

4. Military discharge DD-214 document for application expediting for honorably discharged members of the armed forces, if applicable.

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

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

Press "Previous" to return to the previous screen.

To save and exit this application, click on the "Cancel" button.

Files Uploaded

Photo.rtf

Photo

View Remove

Total Size of Attached Files (MB): 4.92

File Name: Browse...

Notes:

You can attach more than one file to your application. You MUST click the Attach button each time you add a new file, even if you are only attaching one file. If you do not click the Attach button below before continuing with the online application, your file(s) will NOT be uploaded.

IF ATTACHED CORRECTLY, YOU WILL SEE THE MESSAGE "FILES UPLOADED" HIGHLIGHTED IN GREEN. PLEASE VERIFY THAT YOUR FILE(S) ARE ATTACHED CORRECTLY BEFORE PROCEEDING WITH THE APPLICATION.

Be sure to click the Attach button here → Attach Previous Next Cancel

Application Summary

- The Application Summary screen is an overview of all the information you have entered for your online application. Review the accuracy of the information before continuing.

Introduction	1 - RN Initial Exam Application - Application Summary
Information Privacy Act	NOTICE:
Transaction Suitability Questions	Recent legislation has passed requiring the Board to collect certain demographic data relating to our licensees at the time of licensure and renewal and report this data to the Office of Statewide Health Planning and Development. Completion of this survey will help the State analyze and report gaps in the health care workforce in California to the California Legislature.
Application Questions	You are required to complete a short survey to comply with this legislation when you receive your initial license and at renewal. The survey is available for you at https://www.dca.ca.gov/webapps/oshpd_survey.php . Please go to this web address and complete the survey at this time. Instructions will be provided in the survey.
Name and Personal/Organization Details	Once you have completed this survey, please submit the application.
Contact Details	Press "Previous" to the return to the previous section.
Education History	Review the data and press "Proceed to Payment" to submit this application.
Out of Country License Information	To save and exit this application, click on the "Cancel" button.
Additional Questions	1 - RN Initial Exam Application Summary
Discipline and Conviction Questions	License Type: Registered Nurse - RN
Previous Name(s)	Application Date: 08/11/2020 (mm/dd/yyyy)
File Attachments	Application Questions
Application Summary	Are you reporting any type of prior discipline against any licenses? For additional information please refer to section II of the Exam Application Instructions. No
	Are you requesting a third party to obtain information regarding the status of your pending application? No
	Will you be submitting fingerprints via a fingerprint hard card? If "Yes", this will add an additional \$49.00 to your application fee. To request a fingerprint card or Live Scan form, refer to the following instructions below: REQUESTING FINGERPRINT CARD/LIVE SCAN FORM No
	Will you be requesting Special Testing Accommodations? For additional information please refer to section VIII of the Exam Application Instructions and refer to the following instructions below: REQUESTING SPECIAL TESTING ACCOMMODATIONS No
	Will you or have you graduated from a Board-approved Registered Nursing program located in California? For a list of Board-approved schools in California, please refer to our website. Yes
	Have you served or are you currently serving in the military? No
	Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces? No

Attestation

- Review the Attestation statement before clicking “Yes”.
- Please note that paid application fees are not refunded for any reason.

Introduction	1 - RN Initial Exam Application - Attestation
Information Privacy Act	Press "Previous" to return to the previous section.
Transaction Suitability Questions	Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue. To save and exit this application, click on the "Cancel" button.
Application Questions	
Name and Personal/Organization Details	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.
Contact Details	I understand that any 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.
Education History	Failure to provide any of the requested information will delay the processing of your application.
Out of Country License Information	I understand that the Application for Licensure by Examination fee is an earned fee; therefore, if an applicant is found ineligible the application fee is not refunded.
Additional Questions	<input checked="" type="radio"/> Yes <input type="radio"/> No
Discipline and Conviction Questions	
Previous Name(s)	
File Attachments	
Application Summary	Previous Proceed to Payment Cancel

Fee and Summary Report

- You will be shown a summary of required fees. Please click the “Pay Now” button to begin payment.
- Please submit payment the same day you submit the online application. Applications received without payment will NOT be processed.

Fee and Summary Report

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.

You are required to pay the amount below for your application to be processed.

Press "Pay Now" to proceed to the fee payment page.

Press "Add to Cart" to Add to Shopping Cart and return to the main menu.

Fees	
RN Exam Application Fee:	\$300.00
Total Amount Due:	\$300.00

Due to varying processing times, please allow appropriate processing time for the initial evaluation of your application. Once your application has been evaluated, your application status will be updated in your online BreEZe account. Processing times may vary, depending on the receipt of documentation from academic programs, agencies and other states or countries. Current processing times can be found here: <http://rn.ca.gov/times.shtml>

The Application for Licensure by Examination fee is an earned fee; therefore, if an applicant is found ineligible the application fee is not refunded.

[Pay Now](#)[Add to Cart](#)[View PDF Summary Report](#)

NOTE: Fees are subject to change and the fees shown above are used as an example and may be different for your own application.

- After submission of payment, a copy of your payment receipt will be available on your BreZE profile home page, shown below.

Quick Start Menu

To start, choose an option, and you will return to this Quick Start menu after you have finished.

License/Registration Information

No License Information Available

Applicant Activities

■ Manage your application

Registered Nurse - RN File #2158627

<Choose Application> ▼

Select

Applications

■ Start a New Application or Take an Exam

<Choose Board> ▼

<Choose Application> ▼

Select

■ View Application Status

Board of Registered Nursing - 1 - RN Initial Exam Application

Status: Pending

Details

Additional Activities

■ Payment Receipts (1)

Select

■ Add Authorized Representative

Select

■ License Notification Subscriptions

Select

Checking Your Application Status

- After submitting an Exam application, you may check your current status from your BreEZe account homepage by clicking on the “**Details**” button under the “**View Application Status**” heading.
- *Please consult our current Processing Times at <http://www.rn.ca.gov/times.shtml> for the dates in which we are currently processing applications before contacting the Board for details regarding your application status.*
- Note that the name of the application is “**RN Initial Exam Application**”. This means the applicant has not yet been approved to take the NCLEX-RN exam.

The screenshot displays the BreEZe account homepage. At the top right, a box labeled 'License/Registration Information' states 'No License Information Available'. The main content area is divided into three sections: 'Quick Start Menu', 'Applicant Activities', and 'Applications'. The 'Applicant Activities' section includes a 'Manage your application' link and a dropdown menu for 'Registered Nurse - RN File #2167594' with a 'Select' button. The 'Applications' section includes a 'Start a New Application or Take an Exam' link and two dropdown menus for 'Choose Board' and 'Choose Application', both with 'Select' buttons. A red box highlights the 'View Application Status' link, which leads to a table showing the application status. The table has two columns: 'Application' and 'Status'. The first row shows 'Board of Registered Nursing - 1 - RN Initial Exam Application' with a status of 'Pending' and a 'Details' button.

Application	Status
Board of Registered Nursing - 1 - RN Initial Exam Application	Pending

Checking Your Application Status (cont'd)

- When clicking on the “Details” button, if there are no deficiencies listed for the “**RN Initial Exam Application**”, that means the application has been received but has **NOT YET** been evaluated:

Quick Start Menu
To start, choose an option, and you will return to this Quick Start menu after you have finished.

License/Registration Information
No License Information Available

Applicant Activities
■ Manage your application
Registered Nurse - RN F
<Choose Application>

Applications
■ Start a New Application
<Choose Board>
<Choose Application>
■ View Application Status
Board of Registered Nurses
Application

Submission Date	03/22/2018
Application Name	1 - RN Initial Exam Application
Status	Open
Deficiencies	
Notes	

Done PDF

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Checking Your Application Status (cont'd)

- If there are deficiencies listed, the application has been evaluated and is awaiting receipt of additional requirements:

The screenshot displays a web interface for checking application status. A modal window is open, showing details for a submission dated 03/22/2018. The application name is '1 - RN Initial Exam Application' and its status is 'Open'. A red rectangle highlights the 'Deficiencies' section, which lists: '1. * A recent passport size 2" x 2" photograph.' The modal also includes a 'Notes' section and buttons for 'Done' and 'PDF'. The background interface includes a 'Quick Start Menu', 'Applicant Activities', and 'Applications' sections.

Submission Date	03/22/2018
Application Name	1 - RN Initial Exam Application
Status	Open
Deficiencies	1. * A recent passport size 2" x 2" photograph.
Notes	

[Done](#) [PDF](#)

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Checking Your Application Status (cont'd)

- Upon application approval, the name of your application will change from “RN Initial Exam Application” to “Apprvd Exm App – Pending Exm Pass Rslts”, shown below.
- “Apprvd Exm App – Pending Exm Rslts” means that your exam application has been approved and you have been issued testing eligibility to take the NCLEX-RN. You now need to register with the testing vendor, Pearson VUE, who will issue your Authorization to Test (ATT) by e-mail.
- If you have submitted the application for an Interim Permit (IP), your IP will automatically be issued to you upon application approval (may take 24-48 hours) and you may verify your IP using our online verification system at <https://search.dca.ca.gov/>
- **Good luck on your exam!**

Quick Start Menu

To start, choose an option, and you will return to this Quick Start menu after you have finished.

License/Registration Information

No License Information Available

Applicant Activities

- Manage your application
 - Registered Nurse - RN File #2242200
 - <Choose Application> **Select**

Additional Activities

- Make Payments/Cart (1) **Select**
- Add Authorized Representative **Select**
- License Notification Subscriptions **Select**

Applications

- Start a New Application or Take an Exam
 - <Choose Board>
 - <Choose Application> **Select**
- View Application Status
 - Board of Registered Nursing - Apprvd Exm App - Pending Exm Pass Rslts Status: Pending **Details**