



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

REQUEST FOR DUPLICATE LICENSE
\$30.00 per License/Certificate

CHECK REQUESTED LICENSE(S) AND/OR CERTIFICATE(S) BELOW:

LICENSE/CERTIFICATE TYPE	Pocket ID	Certificate
<input checked="" type="checkbox"/> Registered Nurse (RN)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nurse Anesthetist (NA)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nurse Practitioner (NP)	Not applicable - NP number appears on RN License	<input type="checkbox"/>
<input type="checkbox"/> Nurse Midwife (NMW)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clinical Nurse Specialist (CNS)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Furnishing Number (NPF)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Furnishing Number (NMF)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Health Nurse (PHN)	Not applicable	<input type="checkbox"/>
<input type="checkbox"/> Psychiatric Mental Health Nurse (PMH)	Not applicable	<input type="checkbox"/>
<input type="checkbox"/> Continuing Education Provider (CEP)	Not applicable	<input type="checkbox"/>
TOTAL FEE ENCLOSED:		30.00

YOU MUST RETURN YOUR CURRENT POCKET ID **AND** SUBMIT A PHOTOCOPY OR ELECTRONIC COPY OF THE FOLLOWING **TWO** REQUIRED DOCUMENTS FOR NAME CHANGES: A current government-issued photographic identification (e.g. driver license, alien registration, passport, etc.) **AND** one of the following legal documents as proof of name change: certified court order, marriage certificate, or dissolution of marriage (divorce).

PLEASE PRINT OR TYPE:

First Name: NEETHU	Middle Name:	Last Name: TOMS
RN License or CEP Number: RN95057412	Date of Birth: (MM/DD/YYYY) 02/25/1981	

Reason for Request:

REQUESTING POCKET ID CARD FOR THE FIRST TIME

IF DUPLICATE REQUEST IS DUE TO NAME CHANGE, COMPLETE THE FOLLOWING:

Former First Name:	Former Middle Name:	Former Last Name:
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PERSONAL ATTESTATION:

I certify under penalty of perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license or certificate by the Department of Consumer Affairs.

Signature of Applicant: _____ **Date:** _____