

BOARD OF REGISTERED NURSING

CENTRAL RENEWALS UNIT
P.O. BOX 942549
SACRAMENTO, CA 94258-0549
916 322-3350
www.rn.ca.gov



LICENSE RENEWAL APPLICATION

FILL IN THE FOLLOWING INFORMATION & RETAIN TOP PORTION FOR YOUR RECORDS. COMPLETE AND RETURN BOTTOM PORTION IN ENCLOSED ENVELOPE.

***** I M P O R T A N T *****

DO NOT SEND CASH. SEND A CHECK OR MONEY ORDER MADE PAYABLE TO:
BOARD OF REGISTERED NURSING

RRNRN
12/02/10

TYPE	LICENSE NO	LICENSE EXPIRES	RENEWAL FEE PAID	DATE RENEWAL MAILED	YOUR CHECK NUMBER
RN	394910	10/31/13	\$140.00	9/11/13	ck#168

RENEWAL NOTICE INSTRUCTIONS

PLEASE ALLOW 6-8 WEEKS FOR PROCESSING YOUR RENEWAL BY MAIL
2 WEEKS FOR PROCESSING YOUR RENEWAL VIA THE ONLINE SYSTEM

Online Services: You can renew your license online using your credit card at www.rn.ca.gov. Other services available are address changes, duplicate license requests, and license verification. There are NO processing fees for these services.

Late Fee: You must pay a delinquent fee if your renewal is postmarked after the expiration date.

Legality of Practice Between Renewal and Receipt of License: Section 121 of the Business and Professions Code provides that a nurse may work pending receipt of his/her renewed license providing the renewal fee has been submitted timely and all renewal requirements have been met.

Certification Reminder: Registered nurses must be certified by the Board in order to use the titles Clinical Nurse Specialist, Nurse Practitioner, Nurse Anesthetist, Public Health Nurse, or Nurse-Midwife.

Specialty Renewals: If you are a clinical nurse specialist, nurse anesthetist, nurse-midwife, or if you possess a furnishing number certificate, you must renew your certificate(s) in addition to your registered nurse license. You will receive a separate renewal notice for your certificate(s) requiring a renewal fee. Note: The following certifications are automatically updated upon renewal of the registered nurse license; nurse practitioner, public health nurse, and psychiatric/mental health nurse.

Correspondence Address: The address provided at the top of this form is for renewals only. All other correspondence should be addressed to: Board of Registered Nursing, P.O. Box 944210, Sacramento, CA 94244-2100.

Name/Address Changes: If you have moved or changed your name, you are required by law (Title 16, California Code of Regulations, Section 1409.1) to notify the BRN within 30 days of the change. Address changes may be submitted to the Board over the phone, by mail, or by e-mail to renewals_brn@dca.ca.gov. Name changes must be submitted in writing and be accompanied by a copy of the appropriate legal documentation.

FAILURE TO RESPOND TO ANY OF THE ITEMS BELOW WILL RESULT IN A DELAY IN THE PROCESSING OF YOUR RENEWAL

Active/Inactive Status: The same fee is required for both active and inactive status. Inactive status means you have not completed continuing education and may not practice nursing in California. Please indicate either "Active" (A) or "Inactive" (B) in the license status box below.

Continuing Education (CE) for Active Status: You must check the box in block (C) below to certify completion of the CE requirement to qualify for active status. See reverse side of this form for more information on CE requirements.

Signature Required: Be sure to sign your name in block (D) as indicated below.

Conviction and Discipline Instructions: Check the box next to "YES" (item G) below if, since your last renewal, you have had a license disciplined by a government agency or other disciplinary body, or if you have been convicted of any crime. "Conviction" includes a plea of guilty or no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanors, and felonies. You do not need to report a conviction of an infraction with a fine of less than \$300 unless the infraction involved alcohol or a controlled substance. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code. "License" includes permits, registrations, and certificates. "Discipline" includes, but is not limited to, suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license held by you. Be sure to check the box next to "NO" (item H) if, since your last renewal you have not had a license disciplined by another government agency and you have not been convicted of a crime.

Fingerprint Requirement: A licensee not previously fingerprinted by the Board must be fingerprinted as directed by the Board. THIS REQUIREMENT APPLIES TO REGISTERED NURSES LICENSED PRIOR TO AUGUST 1, 1990, UNLESS SUBSEQUENTLY FINGERPRINTED BY THE BOARD. Failure to submit a set of fingerprints, if required or directed, by the date required for your renewal is grounds for discipline by the Board. Check the appropriate box: "YES" (item I) or "NO" (item J) below to certify compliance with the fingerprint requirement. If you check the "No" (item J) box, or fail to check either box, your renewal application is considered incomplete and your license is not eligible for renewal.

NOTE FEE INCREASE: Renewal fees for RN, NMW, NA and CNS including delinquent fees have changed. Refer to the approved regulatory language on the back of this form for the new fee schedule.

Renewal Application Registered Nurse

SINCE YOU LAST RENEWED YOUR LICENSE, HAVE YOU HAD A LICENSE DISCIPLINED BY A GOVERNMENT AGENCY OR OTHER DISCIPLINARY BODY; OR, HAVE YOU BEEN CONVICTED OF ANY CRIME IN ANY STATE, THE USA AND ITS TERRITORIES, MILITARY COURT OR OTHER COUNTRY?

G. ☐ YES H. ☒ NO

HAVE YOU COMPLIED WITH THE FINGERPRINT REQUIREMENT AS DESCRIBED ABOVE?

I. ☐ YES J. ☒ NO

LICENSE NO 394910 LICENSE EXPIRES 10/31/13 AMOUNT DUE \$140.00

LICENSE STATUS

ACTIVE

CHECK
APPROPRIATE BOX

☐ ACTIVE

☒ INACTIVE

KATE D. GELLER
212 S STANLEY DRIVE
BEVERLY HILLS CA 90211

DETACH HERE & RETAIN TOP PART FOR YOUR RECORDS.

CHECK FOR ACTIVE STATUS

C. ☐ I CERTIFY THAT I HAVE COMPLETED 30 HOURS OR MORE OF CONTINUING EDUCATION DURING MY LAST LICENSE PERIOD, OR I AM EXEMPT FROM CE BASED ON FIRST-TIME RENEWAL STATUS AS DESCRIBED IN INSTRUCTIONS ON REVERSE OF FORM.

SIGNATURE REQUIRED

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL RESPONSES I HAVE PROVIDED IN THIS RENEWAL APPLICATION ARE TRUE AND CORRECT.

D. SIGNATURE Kate D Geller DATE 9/1/13

DELINQUENT FEE IF
POSTMARKED AFTER
10/31/13

\$205.00

E. ONLY FILL IN IF A CHANGE IN NAME OR ADDRESS HAS OCCURRED. PRINT ANY CHANGES BELOW.

FULL NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

ENTER YOUR PHONE NUMBER FOR REFERENCE

PHONE NUMBER (310) 652 6832

OVER

001814001814002003949104011031130001400000020500

KATE GELLER
212 S STANLEY DR
BEVERLY HILLS, CA 90211-3005

168

16-24/1220 4498
9007390397

9/1/13

Date

Pay to the
Order of

Board of Registered Nursing \$ 140.00
One Hundred Forty & no/100 Dollars



Wells Fargo Bank, N.A.
California
wellsfargo.com

For lic# 394910

Kate Geller MP

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