STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

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

REQUEST FOR TRANSCRIPT
PUBLIC HEALTH NURSE CERTIFICATION

A. TO BE COMPLETED BY APPLICANT

Send this form to your baccalaureate, entry-level masters or master's school of nursing. If you need to contact more than one school, this form may be reproduced. Transcripts must include all completed course work and reflect the degree awarded and date conferred. An official transcript must come directly from the school of nursing to the Board of Registered Nursing. Transcripts are not accepted from applicants.

NAME: Last	First	Middle	Previous Names (Including Maiden):
ADDRESS: Street	City	State	Zip Code
U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER:	BIRTHDATE: Month Day Year		TELEPHONE NUMBER: Home: ( ) Work: ( )
NAME OF BSN/ELM/MSN NURSING SCHOOL:			YEARS ATTENDED: _____ to _____
LOCATION: City	State	(Country)	YEAR GRADUATED:

SIGNATURE OF APPLICANT: _____ DATE: _____

B. TO BE COMPLETED BY THE SCHOOL OF NURSING

The above applicant has applied for Public Health Nurse Certification in California. Please supply the following information and attach an official transcript.

ENTRANCE DATE:	DATE DEGREE AWARDED:	TYPE OF DEGREE AWARDED:

OUT-OF-STATE GRADUATES ONLY

Is this school NLN accredited? Yes _____ No _____ If yes, when: _____

Is this school CCNE accredited? Yes _____ No _____ If yes, when: _____

Was the school accredited at the time of applicant's graduation? Yes ____ No ____

SIGNATURE OF SCHOOL OFFICIAL: _____ TELEPHONE: ( )

NAME & TITLE: _____ DATE: _____