

Continuing Education Provider Initial Renewal Notice

AMOUNT DUE NOW \$750.00

AMOUNT DUE IF
POSTMARKED AFTER
EXPIRATION DATE
\$1,125.00

I. Renewal Instructions

Attention:

- **To Renew Online, visit www.rn.ca.gov.**
- **Online Services:** You can renew your certification online using your credit card at www.rn.ca.gov. Other online services available include address changes and duplicate certificate requests. There are NO additional processing fees for these services.
- **Late Fee:** Renewal fees are due prior to the expiration date. A late penalty is added for renewals postmarked after the expiration date.
- A person whose license to practice registered nursing has been disciplined (had the license to practice registered nursing surrendered, revoked, suspended, or placed on probation) may need to present documentary evidence to the Board verifying the completion of nursing continuing education (CE) courses in order to demonstrate current nursing knowledge. Such documentation may be needed by a petitioner to reinstate a license or by a nurse on Board-imposed probation.
- At times, persons whose licenses have been disciplined have been denied the opportunity by Board-approved Continuing Education Providers (CEPs) to take CE courses. With some exceptions, the Board permits a licensee whose license has been disciplined to take CE courses, and requests that CEPs permit such persons to attend CE courses.
- The Board prohibits a licensee from taking a CE course when the course has a direct patient care component and the person's license has been surrendered or revoked, or the licensee is currently suspended from practice, or the licensee is on probation and enrollment in the course must be approved by the Board.
- After successful course completion, the certificate to be issued to persons who have had a license surrendered, revoked, or suspended must not contain either the initials "RN" after the person's name or an RN license number. For registered nurses with a license on probation, the initials "RN" and the license number may appear on the certificate.
- Continuing Education Provider Approval is nontransferable. If you have had a change of ownership, you will need to apply for a new provider number. For a new provider application, please visit our website: www.rn.ca.gov where you can download the application or apply online. You may also contact the Board directly at (916) 322-3350.

(Continue to Renewal Checklist on page 2.)

Renewal Checklist:

Please ensure all steps have been completed. Process time for renewals submitted by mail is 6 to 8 weeks. For faster processing, renew online at: www.rn.ca.gov

- ☐ Complete the renewal application in black or blue ink and make a copy for your records.
- ☐ Use your legal name on the renewal application and all forms.
- ☐ Read all instructions. Answer the questions on page 3 by checking the appropriate boxes on the Cashiering Slip. INCOMPLETE RENEWAL APPLICATIONS WILL NOT BE PROCESSED.
- ☐ Remember to sign the renewal application. Renewal applications received without a signature will not be processed.
- ☐ Include a check or money order payable to Board of Registered Nursing for the amount noted on the Cashiering Slip. Do not send cash. If postmarked after certificate expiration, the delinquent amount is required. Underpayments will delay your renewal and you will receive an Underpayment Notice from the Board.
- ☐ If there is a change to your mailing address, check the appropriate box “E” on the Cashiering Slip and fill-in your new address on the back side.
- ☐ If there is a change to your coordinator name, check the appropriate box “E” on the Cashiering Slip and fill-in the name change at the bottom of page 3. *Please note that if the change in name is due to a change of ownership or if the organization type has changed, you may not renew and will need to apply for a new CEP number.*
- ☐ Return page 3 with the appropriate fee to the address on page 4.

II. Renewal Requirements

Change of Address

If you have moved, you are required by law (Title 16, California Code of Regulations, Section 1409.1) to notify the Board within 30 days of the change. Address changes may be submitted to the Board online at www.rn.ca.gov, over the phone, by mail, or by e-mail to renewals.brn@dca.ca.gov.

Continuing Education Provider

The Continuing Education Provider named on the first page of this form is subject to renewal. Certificates are not transferable. The renewal application for a certificate number requires verification of the information in section “F” on Page 3. If any of the information listed is incorrect, or if there has been any change in the Continuing Education Coordinator, please note this change at the bottom of page 3.

III. Renewal Application*(Return entire page. Fold according to instructions on reverse side.)***Question 1: Change of Address**

Has a change in mailing address occurred?

- If Yes, check Box "E" below and print changes in designated area on reverse side.

Question 2: Email Address

Would you like to provide the Board with your email address?

- If Yes, enter your email address on the reverse side.

Question 3: Continuing Education Coordinator

Has there been a change in Continuing Education Coordinator?

- If Yes, check Box "E" below and print changes in the space provided at the bottom of the page.

(DO NOT DETACH)**Board of Registered Nursing – Continuing Education Provider Initial Renewal**

PROVIDER NAME	CEP NO.	EXPIRATION DATE	AMOUNT DUE NOW \$750.00	AMOUNT DUE IF POSTMARKED AFTER EXPIRATION DATE \$1,125.00
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CHECK ONLY IF THERE HAS BEEN A CHANGE

"E" ☐ Change of Address (fill in reverse side) or
Coordinator Name (fill in below)

ENTER CE COORDINATOR PHONE NUMBER:

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ENTER CE COORDINATOR NAME:**SIGNATURE REQUIRED**

"F"

The following certification must be signed by the owner if an individual ownership, or a partner if a partnership, or corporate officer if a corporation. I certify, under penalty of perjury under the laws of the State of California, that all statements, answers and representations in this application including supplementary statements attached hereto, are true and accurate.

Signature _____ Date _____

 **RETURN ADDRESS**

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
PO BOX 942549
SACRAMENTO CA 94258-0549

FOLD HERE



CHANGE OF MAILING ADDRESS

Email

Street Address

City

State

Zip

—

PO Box (if used, must provide a confidential physical street address, above)

City

State

Zip

—