



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:	
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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: _____		