



**BOARD OF REGISTERED NURSING**

PO Box 944210, Sacramento, CA 94244-2100  
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**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:                                  TELEPHONE NUMBER: Home: (    ) Work: (    )  
Month    Day    Year

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: \_\_\_\_\_