

BRN

/// report

THE OFFICIAL PUBLICATION OF THE
**CALIFORNIA BOARD OF
REGISTERED NURSING**



❄️ **WINTER 2025**

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

IN THIS ISSUE



**EXPERT PRACTICE
CONSULTANT RECRUITMENT**



**FINGERPRINT INFORMATION
FOR APPLICANTS**



**FEDERAL SERVICEMEMBERS
CIVIL RELIEF ACT (SCRA)**



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P.O. Box 944210
Sacramento, CA 94244-2100

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1747 North Market Blvd., Suite 150
Sacramento, CA 95834

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Hearing-impaired persons:
711, or (800) 735-2929 (TTY)

California Relay Service:
(800) 735-2922 (Voice)

Website
<https://rn.ca.gov/>

BRN unit are available on the
Board's website.

Executive Officer
Loretta Melby, RN, MSN

Board Members
President: Dolores Trujillo, RN
Vice President: Nilu Patel
Alison Cormack
Jovita Dominguez, RN
Vicki Granowitz
Ro'i David Lollar
Patricia "Tricia" Wynne, Esq.

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DOES BRN HAVE YOUR EMAIL ADDRESS?

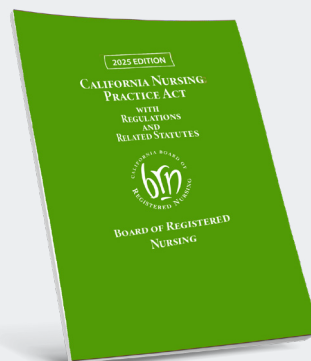
In 2019, BRN implemented an electronic process that sends courtesy email notifications to registered nurses (RNs) regarding their license renewal. Email notifications will be sent 90, 45, and 15 days prior to license expiration. RNs are encouraged to log into their BreEZe account and ensure their correct email address is on file.



NAME AND ADDRESS CHANGES

It is very important that the Board has accurate name and address information on file should the Board need to contact its licensees or applicants. Instructions for submitting name and address changes are available on the **BRN website**.

Licensees are required by law to notify BRN within 30 days if they change their name or address of record. The Enforcement Division cites and may fine nurses who fail to comply with this requirement.



THE CALIFORNIA NURSING PRACTICE ACT REFERENCE MANUAL

The newest edition of the California Nursing Practice Act (NPA) with Regulations and Related Statutes will be available for online purchase through **LexisNexis** in early 2025.

In addition to the laws and regulations that relate to nursing, this book also contains sections from other codes that may affect the practice of nursing. This edition is \$54. The NPA laws and regulations, (not including the related statutes from other codes), are available on the BRN **website**.

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BEGIN YOUR CAREER HERE. THE OPPORTUNITIES ARE ENDLESS.

The California Board of Registered Nursing is Hiring



BENEFITS INCLUDE:

COMPETITIVE SALARY



**WORK HOURS
8 A.M.—5 P.M.
MONDAY-FRIDAY
WEEKENDS OFF
AND PAID
HOLIDAYS**



**GREAT STATE
RETIREMENT
AND MEDICAL/
DENTAL PLANS**



**OPPORTUNITIES
FOR CAREER
ADVANCEMENT AND
HYBRID TELEWORK
SCHEDULE**



**FREE ON-SITE
PARKING AND
CLOSE TO PUBLIC
TRANSPORTATION**



**FLEXIBLE SPENDING
ACCOUNTS FOR
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BOARD OF REGISTERED NURSING ADVISORY COMMITTEES

In accordance with Business and Professions Code (BPC) section 2710.5, the Board can appoint advisory committees to advise them on implementation of California's Nursing Practice Act. Advisory committees are tasked with diving deeper into policy issues that impact a specific nursing profession or nursing topic and providing recommendations to the Board.

The membership of an advisory committee is often prescribed by statute and can vary based on the committee's unique charge and desired outcomes. The Board currently has five advisory committees, all of which are listed below along with their primary functions.

NURSE PRACTITIONER ADVISORY COMMITTEE (NPAC)

Established by BPC section 2837.102, the NPAC is charged with making recommendations to the Board on all matters relating to nurse practitioners, including, but not limited to, education, appropriate standard of care, and other matters specified by the Board. The NPAC also provides recommendations or guidance to the Board when the Board is considering disciplinary action against a nurse practitioner.

NURSE-MIDWIFERY ADVISORY COMMITTEE (NMAC)

Established by BPC section 2746.2, the NMAC is charged with making recommendations to the Board on all matters related to midwifery practice, education, appropriate standard of care, and other matters as specified by the Board. The NMAC also provides recommendations or guidance on

care when the Board is considering disciplinary action against a certified nurse-midwife.

CERTIFIED REGISTERED NURSE ANESTHETIST ADVISORY COMMITTEE (CRNAAC)

Established by the Board, the CRNAAC is tasked with making recommendations to the Board on all matters relating to certified registered nurse anesthetists (CRNA), including but not limited to, education, appropriate standard of care, and other matters specified by the Board.

CLINICAL NURSE SPECIALIST ADVISORY COMMITTEE (CNSAC)

Established by the Board, the CNSAC is tasked with making recommendations to the Board on all matters relating to clinical nurse specialists, including but not limited to, education, appropriate standard of care, and other matters specified by the Board.

NURSING EDUCATION AND WORKFORCE ADVISORY COMMITTEE (NEWAC)

Established by BPC section 2785.6, the NEWAC is tasked with soliciting input from approved nursing programs and members of the nursing and health care professions to study and recommend nursing education standards and solutions to workforce issues to the Board. The NEWAC is tasked with recommending standards for simulated clinical experiences based on the best practices published recognized national and international associations focused on simulation in nursing education, and based on BPC section 2785.6(h)(1)(A-F).

GLOSSARY OF TERMS

An explanation of terms that may appear throughout the *BRN Report*:

APA stands for Administrative Procedure Act, which contain rulemaking procedures the Board must follow when developing regulations.

Board refers collectively to the nine appointed members and is the Board of Registered Nursing's policy-making body responsible for the interpretation and enforcement of the Nursing Practice Act.

BreEze is the online licensing and enforcement system for the Department of Consumer Affairs (DCA). It allows licensees and license applicants to do business with DCA electronically and allows greater access for consumers to interact with DCA.

BRN stands for the Board of Registered Nursing. This is the state agency within DCA responsible for the implementation of Board policies and programs.

CCR stands for California Code of Regulations, which is the official publication of state regulations pursuant to APA.

DCA stands for the California Department of Consumer Affairs. This agency supports many of the regulatory licensing entities in California, including the Board of Registered Nursing.

DOJ stands for Department of Justice.

IEC stands for Intervention Evaluation Committee, which evaluates RNs who request admission, makes recommendations regarding participation in the Intervention Program. They determine if an RN may safely continue or resume the practice of nursing.

Live Scan is a digital fingerprinting process. Fingerprints are securely transmitted to a government agency for criminal history background checks. It is often required by statute for certain types of state-issued licenses, employment, and volunteer work.

NCLEX-RN refers to the National Council Licensure Examination for Registered Nurses.

NPA stands for the Nursing Practice Act. The NPA contains the statutes that govern the practice of RNs in California and provides the BRN with the authority to promulgate regulations to provide clarity to the statute.

OAL stands for Office of Administrative Law.

BPC stands for Business and Professions Code, which contain the statutes governing the regulation of professions, including the statutes that govern registered nursing in the NPA.

PHN stands for public health nurse.

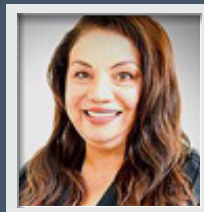
PIU stands for the Public Information Unit, which is comprised of call agents who assist with general application questions.

PRA stands for Public Records Act, which allows the public the right to inspect and/or obtain copies of public records maintained by state and local agencies, with specified exceptions.

SRCA stands for Federal Servicemembers Civil Relief Act, which allows service members or their spouses who hold a license in good standing in another state who practice in California due to military orders.

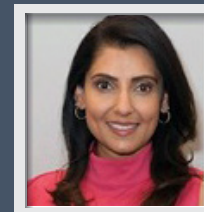
BOARD MEMBERS

California law establishes a nine-member Board to serve as the policy setting body for the Board of Registered Nursing composed of four members of the public and five registered nurses. The five RNs include two direct-patient care nurses, an advanced practice nurse, a nurse administrator, and a nurse educator. Seven of the members are appointed by the governor and two of the public members are appointed by the Legislature. Each member serves a four-year term and can be reappointed, although the member cannot serve more than two consecutive terms.



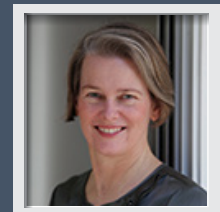
PRESIDENT

Dolores Trujillo, RN
Appointed by: Governor

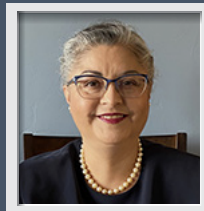


VICE PRESIDENT

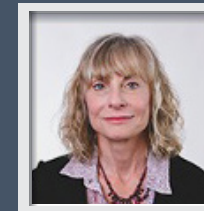
Nilu Patel, RN
Appointed by: Governor



Alison Cormack
Appointed by: Speaker of the Assembly



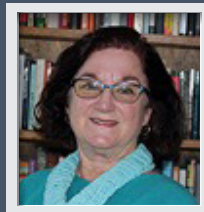
Jovita Dominguez, BSN, RN
Appointed by: Governor



Vicki Granowitz
Appointed by: Senate Rules Committee



Roi David Lollar
Appointed by: Governor



Patricia "Tricia" Wynne, Esq.
Appointed by: Governor

*As of the date of publication, the Board has two vacant positions: one for a nurse administrator member and one for a direct patient care member. For more information on each of the members and their backgrounds, please visit the **Board Members webpage** on the Board's website.*

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INTERVENTION EVALUATION COMMITTEE

The Intervention Evaluation Committee (IEC), which evaluates RNs who request admission, makes recommendations regarding participation in the Intervention Program. They determine if an RN may safely continue or resume the practice of nursing.

There are several IECs located throughout California. Each IEC is composed of five members (three RNs, one physician, and one public member) with expertise in the field of substance use disorder and/or mental health. Each IEC meets on a quarterly basis.

WANT TO BE AN IEC MEMBER?

Serving as an IEC member is a rewarding experience for those who wish to make the commitment to help impaired RNs return to safe nursing practice while also taking measures to protect members of the public. The Board is recruiting dedicated individuals who meet the following qualifications to serve on an IEC:

- **RN member:** must hold an active California RN license and have demonstrated expertise in the field of chemical dependency or psychiatric nursing.

- **Physician member:** must hold an active California medical license (M.D. or D.O.) and must specialize in the diagnosis and treatment of addictive diseases or mental illness.
- **Public member:** must be knowledgeable in the field of chemical dependency or mental illness.

If you are interested in becoming an IEC member, please submit a completed **Intervention Evaluation Committee Application** to the Intervention Program.

For more information about the IEC member role, please read **Role Delineation Intervention Evaluation Committee** or contact the Intervention Program at (916) -574-7692 or **BRN-Intervention@dca.ca.gov**.

For general information about the Intervention Program for RNs, please refer to the **General Information page**.



INTERVENTION PROGRAM

The Intervention Program is a voluntary and confidential monitoring program for RNs whose competency may be impaired by substance use disorder or mental illness. The program protects the public by providing RNs access to effective treatment services, monitoring their recovery through an individualized plan, and returning them to safe practice.

The Board currently contracts with Premier Health Group to administer the Intervention Program. To request admission into the Intervention Program, an RN must call the Intervention Program vendor directly. Their 24-hour, toll-free telephone number is 1-800-522-9198.

For more information about the Intervention Program:

- Visit www.youtube.com/watch?v=OPDuXi9s2vg.
- Visit <https://rn.ca.gov/intervention/index.shtml>.
- For additional resources, please refer to the **Additional Resources** page.
- For frequently asked questions, please refer to the **FAQs** page.
- Call the Intervention Program at (916) 574-7692.

THE INTERVENTION PROGRAM IS SEEKING NURSE SUPPORT GROUP FACILITATORS AND CO-FACILITATORS

If you are interested in becoming a Nurse Support Group facilitator or co-facilitator, please submit a completed **Application for Nurse Support Group Facilitator/Co-Facilitator**. For more information regarding nurse support groups, visit <https://rn.ca.gov/intervention/int-support.shtml> or click the "Intervention" tab at <https://rn.ca.gov>.

BRN IS ON SOCIAL MEDIA

The Board of Registered Nursing is on social media! Please give us a follow and stay up to date on all things Board related. You can find us on **Facebook**, **Instagram**, **LinkedIn** and **X** (formerly known as Twitter).



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EXPERT PRACTICE CONSULTANT RECRUITMENT

BRN's Enforcement Division is currently recruiting qualified RNs with the professional and educational background to review investigative case materials, prepare written opinions, evaluating whether an RN deviated from the standards of nursing practice, or is responsible for unprofessional conduct.

BRN needs expert consultants in the following areas of expertise:

- Long-Term Care/Skilled Nursing Facilities/Geriatrics
- Hospice
- Home Health
- Labor and Delivery
- Neonatal ICU
- Corrections
- Emergency Room
- PACU/Recovery Room
- Critical Care—Adult

- Medical/Surgical
- CCU/Telemetry
- Oncology
- Cosmetic/Botox/Laser
- Dialysis

This exciting opportunity may be yours if you meet the following qualifications:

- California resident with an active California RN license.
- Ten or more years of experience as an RN.
- Minimum of five years of clinical practice experience in the area of expertise and current employment in that setting.
- No prior or current discipline against any health care-related license or certification.

- RN expert practice consultants are paid \$75 an hour.
- Advanced practice RN expert practice consultants are paid \$125 an hour.

The Board is also seeking qualified licensed psychologists, psychiatrists, and physicians to assist the Board by conducting physical exams and psychiatric evaluations. Qualifications for physicians, psychologists, and psychiatrists are:

- Hold a valid license, which includes scope of practice to conduct a clinical diagnostic evaluation.
- Have at least three years' experience in evaluating mental health and/or substance use disorders.

Compensation

- RN expert practice consultants are paid \$75 an hour.
- Advanced practice RN expert practice consultants are paid \$125 an hour.
- Psychologists are paid at a rate of \$150 an hour.
- Psychiatrists and physicians are paid at a rate of \$175 an hour.

If you are interested in providing expert practice consultant services to the Board and meet these requirements please complete and submit an **Expert Practice Consultant Application** along with your curriculum vitae (resume) to Expert.BRN@dca.ca.gov or the address below.

Enforcement Expert Coordinator Board of Registered Nursing

PO Box 944210
Sacramento, CA 94244-2100

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LEGISLATIVE OVERVIEW

Bills are considered and laws enacted during the legislative process. The California State Legislature is made up of two houses: the Senate and the Assembly. There are 40 senators and 80 assembly members representing the people of California. There is a legislative calendar that establishes important deadlines over the course of each two-year session.

Bills that are ultimately passed by the Legislature and approved by the governor are assigned a chapter number by the secretary of state. Chaptered bills are then referred to as statutes and are included as a part of the California Codes. The California Codes are a comprehensive collection of laws grouped by subject matter. The statutes that establish the Board's mission, authority, and duties can be found in the California Codes under Division 2, Chapter 6 of the Business and Professions Code (BPC).

Each legislative session, the Board tracks, analyzes, and may take a position on bills that could directly or indirectly impact the field of nursing. During the legislative session, each Board meeting will have a standing agenda item for legislative updates. After Board staff provide an overview of the bill, Board members have an opportunity to discuss pros and cons of the bill, ask clarifying questions, and hear input from members of the public. Board members then decide whether to take a formal position on a bill (e.g., support, support with amendments, oppose unless amended, oppose). If a formal position is taken, Board staff are responsible for communicating the position and any other pertinent information to the author's office and all relevant legislative committees.

2024 LEGISLATIVE SESSION

The following are bills that were considered by the Board during the second year of the 2023-2024 legislative session and were ultimately passed by the Legislature then signed into law by Governor Gavin Newsom. Because some bills contain multiple provisions, please refer to the bills themselves for complete details. The bills can also be accessed through the [California Legislative Information](#) website.

ASSEMBLY BILLS

AB 1577 (Low)—Health facilities and clinics: clinical placements: nursing

The bill requires health facilities and clinics to meet with a community college or California State University with an approved school of nursing, upon the college's request, and work in good faith to meet the needs of the college's nursing program, including adding additional clinical

placement slots to accommodate the nursing program. Requires the hospital or clinic, if unable to provide additional clinical placement slots, to inform the Department of Health Care Access and Information of its lack of capability or capacity using a form developed by the department, subject to a \$1,000 fine for failure to provide the information.

AB 1991 (Bonta)—Licensee and registrant renewal: National Provider Identifier

The bill requires health profession licensing boards within the Department of Consumer Affairs to require a licensee or registrant who electronically renews their license or registration to provide their individual National Provider Identifier if they have one.

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LEGISLATIVE OVERVIEW (CONTINUED)

ASSEMBLY BILLS (CONTINUED)

AB 2015 (Schiavo)—Nursing schools and programs: faculty members, directors, and assistant directors

The bill establishes a process for licensees to obtain approval directly from the Board to serve as a faculty member, assistant director, or director at any approved prelicensure nursing program throughout the state.

AB 2270 (Maienschein)—Healing arts: continuing education: menopausal mental or physical health

The bill requires the Board, Medical Board of California, Board of Psychology, Physician Assistants Board, and Board of Behavioral Sciences, in determining their continuing education requirements, to consider including a course in menopausal mental or physical health.

AB 2471 (Patterson)—Professions and vocations: public health nurses

The bill removes the requirement for public health nurses to renew their certificates on a biennial basis with the Board.

AB 2581 (Maienschein)—Healing arts: continuing education: maternal mental health

The bill requires the Board, Board of Psychology, Physician Assistants Board, and the Board of Behavioral Sciences, in establishing standards for continuing education, to consider including a course in maternal mental health.

AB 2730 (Lackey)—Sexual assault: medical evidentiary examinations

This bill adds a certified nurse midwife to the list of qualified health care professionals that can perform a sexual assault exam. It also clarifies that qualified health care professionals can work in consultation with any licensed physician and surgeon, rather than just those who perform medical forensic examinations for sexual assault.

AB 3119 (Low)—Physicians and surgeons, nurse practitioners, and physician assistants: continuing medical education: infection-associated chronic conditions

The bill requires the Board, Medical Board of California, Osteopathic Medical Board of California, and the Physician Assistant Board to consider requiring licensees to take a continuing education course related to infection-associated chronic conditions, including but not limited to, long COVID, myalgic encephalomyelitis, and dysautonomia.

SENATE BILLS

SB 607 (Portantino)—Controlled substances

The bill expands the existing requirement for prescribers to discuss information about the risks associated with opioid use and addiction when issuing or dispensing opioids to a minor patient, to require that discussion to occur regardless of the patient's age.

SB 639 (Limón)—Medical professionals: course requirements

The bill, among other provisions, requires a nurse practitioner who provides primary care to a patient population of which over 25% are 65 years of age or older to certify that they have completed at least 20% of all existing mandatory continuing education hours in a course in the field of gerontology, the special care needs of patients with dementia, or the care of older patients.

SB 1015 (Cortese)—Nursing schools and programs

The bill requires the Board, through its Nursing Education and Workforce Advisory Committee, to study and recommend standards regarding how approved schools of nursing or nursing programs manage or coordinate clinical placements. It also requires the Board to annually collect, analyze, and report information related to the management of clinical placements and coordination with clinical facilities by nursing programs.

SB 1451 (Ashby)—Professions and vocations

The bill, among other provisions, makes various changes to the criteria for licensure of nurse practitioners that practice without standardized procedures. It also clarifies that no person shall use the words “doctor” or “physician,” the letters or prefix Dr., the initials M.D. or D.O., or any other terms or letters indicating or implying that the person is a physician and surgeon, physician, surgeon, or practitioner in a health care setting that would lead a reasonable patient to determine that person is a licensed M.D. or D.O.

SB 1468 (Ochoa-Bogh)—Healing arts boards: informational and educational materials for prescribers of narcotics: federal “Three Day Rule.”

The bill requires each health professional licensing board that licenses a prescriber to develop informational and educational material regarding the federal Drug Enforcement Administration’s “Three-Day Rule” to ensure prescriber awareness of existing medication-assisted treatment pathways to serve patients with substance use disorder.

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FINGERPRINT INFORMATION FOR APPLICANTS

All license, registration, and permit applicants and holders must furnish a full set of fingerprints for purposes of conducting federal and state criminal history record checks through the California Department of Justice (DOJ). There are two methods available to complete this requirement:

- **Live Scan Process:** Live Scan fingerprinting is the technology used to capture and transmit fingerprints electronically. The fingerprints are electronically transmitted directly to the DOJ for a criminal record check.

- **Manual Fingerprint Process:** Manual fingerprinting involves fingerprints being rolled on to a fingerprint hard card (FD-258) which must be mailed to the Board, which then submits it to DOJ.

While either method is accepted, the Live Scan process is greatly preferred as results are processed and received by the Board significantly faster than with the hard card process.

Please note that the Board can only accept Live Scans completed by approved Live Scan locations in California. However, you do not need to be a California resident to complete a Live Scan in California. Consequently, if you are an applicant from out

“ All license, registration, and permit applicants and holders must furnish a full set of fingerprints ... ”

of state and plan to travel to California for any reason while awaiting licensure, please consider using the Live Scan process for the collection and submission to the Board of your fingerprints.

For more information on Live Scan locations in California, please visit the following website: <https://oag.ca.gov/fingerprints/locations>.

For more information on fingerprinting processes and submission instructions, please visit www.rn.ca.gov/applicants/fpinstruct.shtml.

RETIRED LICENSE STATUS

Passage of **Assembly Bill (AB) 633 (Patterson, Chapter 449, Statutes of 2023)** established a new license status for RNs who are retiring from the workforce and no longer need to maintain an active nursing license. A license that has been placed into retired status does not need to be renewed and is exempt from continuing education requirements. Additionally, a RN whose license is retired can still utilize their professional title, but only with the word “retired” directly preceding or directly following the professional title.

To retire an RN license, the licensee must meet both of the following qualifications:

- Hold an unrestricted license on the date of application.
- If not already on record, furnish to the Department of Justice, as directed by the Board, fingerprints for the purpose of conducting a criminal history record check and for the purpose of undergoing a state- and federal-level criminal offender record information search conducted through the Department of Justice.

A retired license cannot be used for the practice of nursing. However, a retired licensee may provide nursing services to the public free of charge in any public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity, if a licensed RN provides adequate medical and nursing supervision.

Licensees can apply to retire their license in BreZE by completing the Registered Nurse Current to Retired License Application.

It is important to note that once an application is submitted, the retired license will take effect immediately. This means that if an actively practicing RN applies for a retired license in the middle of their two-year renewal period, their license will immediately be retired and they will no longer be able to practice. A retired license can be reinstated back to active status, but only ONE TIME. If an RN license is retired a second time, it cannot be reinstated to active status and the licensee will not be able to practice nursing in California again.

For more information on the retired license status, please visit the Board's **website**.

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FEDERAL SERVICEMEMBERS CIVIL RELIEF ACT (SCRA)

The Federal Servicemembers Civil Relief Act (SCRA) authorizes service members or their spouses who hold a valid license in good standing in another state to practice in California within the same profession or vocation if they are required to relocate to California because of military orders.

Individuals who would like to practice nursing in California in accordance with SCRA must meet the following eligibility requirements:

- Hold an RN license in good standing in another state, district, or territory of the United States.
- Relocate to California because of military orders for military service.
- Use the out-of-state license at some point during the two years immediately preceding relocation to California (e.g., perform at least one activity within the scope and under the authority of the out-of-state license).
- Maintain in good standing all other valid and active out-of-state RN licenses.

- For spouses/domestic partners, maintain marriage or other legal union with a servicemember subject to military orders for military service.

To implement SCRA's license portability provisions, California has created a new registration process and portal for all the licensed professions or vocations that are regulated by the boards and bureaus within the California Department of Consumer Affairs, allowing individuals' eligibility to practice in California under SCRA to be verified by potential employers and others.

As part of this process, eligible RNs will need to provide the following information:

- A copy of the military orders requiring relocation to California.
- Written or online verification that their active and valid out-of-state RN license is in good standing.
- For spouses or domestic partners, evidence of current marital or other legal status with a servicemember subject to military orders described above.

“**To implement SCRA's license portability provisions, California has created a new registration process and portal for all the licensed professions or vocations that are regulated by the boards and bureaus within the California Department of Consumer Affairs.**”

- California address of record.
- Attestation to the registration requirements and that the information provided is accurate.

For more information on SCRA, a step-by-step user guide and access to the registration portal, please visit the California Department of Consumer Affairs website at [Federal Professional License Portability and State Registration](#).

NO MORE PUBLIC HEALTH NURSE CERTIFICATION RENEWALS

Effective January 1, 2025, the Board of Registered Nursing will no longer require Public Health Nurse (PHN) certificate holders to renew their PHN certificates.

With the passage of AB 2427 (Patterson, Chapter 717, Statutes of 2024), the requirement to renew PHN certificates along with the associated fee has been removed. A licensee's PHN certificate will remain valid as long as their RN license remains active.

Please note that licensees must still apply for and pay a fee to renew their RN license as well as any advanced practice registered nurse certificates they may hold.

“**Effective January 1, 2025, the Board of Registered Nursing will no longer require PHNs to renew their PHN certificates.**”

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PUBLIC INFORMATION UNIT

When calling into the Board's main telephone line, all stakeholders will hear multiple options to press: Option 2 is to check on the status of their application for licensure or ask any licensing application questions. This option on the call tree routes callers to the Board's Public Information Unit (PIU).

The PIU is comprised of call agents who are available to assist with general application questions. The call agents can review your application and discuss what is needed for you to complete your application process. If your application has already been reviewed

by our licensing team, the agent will attempt to locate any documents that you may have submitted to the Board after that review and provide that update to the Licensing Division so that your license or certification can be granted. Additionally, the call agents can reset your BreEZe password, provide email and physical addresses so you can send your documents to us, and assist with other general questions.

Call center agents can assist with questions such as:

- What email address do I send my application documents to?
- What is the mailing address for the Board?
- How can I reset my BreEZe (the Board's online licensing system) password?
- Why is my application still pending? (They can provide you with a current list of documents needed.)
- I sent my transcripts four months ago, but it still shows they are missing. Did you receive them?
- I did my Live Scan (fingerprints) but it still shows they are missing or pending. Were my fingerprints received?

It is important to note that PIU is not part of the licensing or enforcement divisions. The call center agents cannot conduct additional review on exam applications, update applicants on school review processes, answer specific enforcement or background check-related questions, discuss complaints, or conduct advance practice application reviews.

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PUBLIC INFORMATION UNIT (CONTINUED)

Call center agents cannot answer certain questions, such as:

- Do my transcripts show the required courses to obtain Schedule II privileges?
- I sent my transcripts yesterday; can you download them and approve my application?
- Is my Advanced Pharmacology form acceptable for furnishing privileges?
- What do I need to send in for review of my prior convictions?
- My school is under review; how do I get that corrected?

In 2024, the PIU handled approximately 69,162 calls and assisted approximately 2,064 individuals at our public counter.

The Board's phone system utilizes a "call back" feature where the caller can enter their phone number to enter the queue, and when they are next in line, the phone system will automatically call you back and connect you to an agent. Callers do not need to wait on hold, and do not lose their place in line. Currently, the Board has capped the call back queue at a maximum of 200 callers at any given time on Monday through Thursday, and 100 callers on Friday. This is to ensure a return call within the next business day, which is important especially near the end of the month for potential renewal concerns to be handled in a timely manner.

If you are not able to reach a PIU agent by using the call center phone line, the Board's "[Contact Us](#)" page lists several contact options to submit messages, and includes a contact form where you can send BRN a message, and links to directories with additional email addresses. BRN will forward emails and messages to the correct unit.

PUBLIC COUNTER

The Board has a public counter located in Sacramento. Staff at the public counter are not able to provide updates on applications, review applications, review documentation submitted, or approve applications for licensure or exam. Staff at the public counter are only able to accept and date stamp documents provided for consideration for licensure or certification, accept payments (via check, money order, or exact cash), and provide paper forms and/or paper applications.

Main Phone Line: Monday through Friday from 8 a.m. to 4 p.m. PST

Public Counter: Monday through Friday from 8:15 a.m. to 11:55 a.m. and 1:05 p.m. to 4:45 p.m. PST with the exception of state holidays.

We will make every effort to assist you, but we may not be able to complete all necessary business before we close.

Department of Consumer Affairs
Consumer Information Center
1625 North Market Blvd., Suite N-112
Sacramento, CA 95834

ONLINE SERVICES

Applicants can also check for application status updates by checking their BreZE account or visiting the Board's Application Status and Details [page](#) or by emailing BRN.Licensing@dca.ca.gov.

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PUBLIC RECORDS ACT REQUESTS

The California Public Records Act (PRA) provides the public with the right to inspect and/or obtain copies of public records maintained by state and local agencies, with specified exceptions.

HOW TO SUBMIT A PUBLIC RECORDS REQUEST

To ensure accuracy in responding to requests for public records, the Board encourages the submission of all requests through an online form found here: [PRA Request Form](#).

PRA requests may also be submitted via email to BRN.PRA@dca.ca.gov or via the United States Postal Service.

However, please only submit your request via one of these methods as utilizing multiple methods may cause a delay in processing your request.

FOR PHYSICAL MAIL, PLEASE MAIL ANY PRA REQUEST TO:

Board of Registered Nursing
PO Box 944210
Sacramento, CA 94244-2100

It may take up to 10 calendar days for Board staff to review the request and inform the requestor of the determination of disclosable records. Occasionally, the Board may need up to 14 additional calendar days to identify whether it has any potentially responsive records. Board staff will provide the requestor with an estimated date for disclosure of the public records.

PUBLIC RECORDS REQUEST EXEMPTIONS

Certain records are confidential and cannot be disclosed to the public. These confidential records include, but are not limited to:

- Investigative records.
- Complaint records.
- Criminal offender record information.

For more information on PRA exemptions and guidance on how to submit other types of record requests, please visit [Public Records Act](#).

“*To ensure accuracy in responding to requests for public records, the Board encourages the submission of all requests through an online form.*”



REGULATION OVERVIEW

Regulations, also referred to as rules, are drafted by state agencies to implement, interpret, or make specific, statutes that have been passed by the Legislature and signed by the governor (or approved by the voters as a ballot measure). Once approved by the Office of Administrative Law (OAL) and filed with the Secretary of State's Office, regulations also carry the force of law.

The Board must follow the rulemaking procedures specified in the Administrative Procedure Act (APA) when promulgating a regulation. The requirements set forth in the APA are designed to provide the public with a meaningful opportunity to participate in the adoption of state regulations and to ensure that regulations are clear, necessary, and legally valid.

The California Code of Regulations (CCR), is the official compilation and publication of the regulations adopted, amended or repealed by state agencies pursuant to the APA. The CCR is compiled into Titles and then organized into Divisions containing the

regulations of all state agencies. The regulations issued by the Board can be found under Title 16, Division 14 of the CCR.

Below is an overview of what the Board does each time it wants to promulgate new regulations or amend existing regulations. The process is lengthy and often takes one to two years to complete.

- Once the Board approves the initial proposed text, Board staff prepare the initial rulemaking package that is submitted for a comprehensive pre-review and approval by the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency.
- Once these agencies review and approve the initial rulemaking package, a "Notice of Proposed Action" is published and disseminated by OAL and the Board. This begins a 45-day comment period to allow the public time to submit written comments.
- At the close of the 45-day period, a regulation hearing may be held to allow for oral comments to be submitted. After the comment period has ended and any testimony recorded, the Board will review the comments and determine if changes are necessary in the text in response to the comments received.
- If changes are made, the modified text must be noticed for a 15-day comment period, followed by a Board review of the comments, and possible modification of the proposed regulation again. If significant changes are made, the Board will submit the updated language for review and open up a new 45-day comment period.
- Whenever changes are made following a 15 or 45-day comment period, the process repeats until no additional changes are made by the Board. After any comment period, when the Board declines

to modify the regulation, the Board adopts the regulation and directs staff to compile the rulemaking file.

- Once the Board adopts the final regulation text, Board staff prepare a rulemaking package that is submitted for review and approval by the Department of Consumer Affairs, Business, Consumer Services and Housing Agency, Department of Finance, and OAL. If approved by OAL, the regulation becomes effective on the first day of the following quarter, unless the Board requests and is granted an earlier effective date by OAL.

For more information on the APA and rulemaking processes, please visit the [Office of Administrative Law](#).

For more information on the Board's proposed regulations, please visit the [Proposed Regulations webpage](#).

For more information on the Board's approved regulations, please visit the [Approved Regulations webpage](#).