

Petition For Reinstatement or
Petition for Reduction of Penalty Modification of One or More
Probation Conditions or
Early Termination of Probation Check List

Petitioners must provide the following:

Completed Petition Application

Completed fingerprints using either the Live Scan Process or the Fingerprint Card (Hard Card) processing method as directed in the INSTRUCTIONS FOR SUBMITTING A FINGERPRINT CARD. Submit the appropriate non-refundable fee as directed in the fingerprint fee schedule.

Documents and/or letters explaining convictions since the Board disciplinary action. (If applicable)

Documents that show proof of completion of court ordered criminal probation/parole. (If applicable)

Documents supporting all statements made in the petition application regarding rehabilitation, support groups, therapy and counseling, etc. since the Board disciplinary action.

Continuing Education Documents

Attach a chronological list of employment history/Curriculum Vitae (Including beginning and ending dates, name(s) and address(es) of employer(s), job title(s), description of duties, and reason(s) for leaving).

Select meeting location:

Northern California

Southern California

First Available



BOARD OF REGISTERED NURSING

PO BOX 944210, Sacramento, CA 94244-2100

P (916) 322-3350 | TTY (800) 326-2297 | www.rn.ca.gov



**PETITION FOR REDUCTION OF PENALTY
EARLY TERMINATION OF PROBATION**

Name (Last, First, Middle)		Previous Names (Including Maiden)	
Address of Record		City	State
		Zip Code	
Telephone No.		Email Address	
California RN License No.	CA Advance Certificate No(s)	Date Last Practiced as an RN	
Have you ever petitioned for reinstatement or reduction of penalty? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, for: <input type="checkbox"/> Reinstatement <input type="checkbox"/> Penalty Reduction Date(s): _____			
List all states where you have ever been licensed as a RN, your RN license number and status of each license.			
Will you be represented by an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Attorney: _____		Telephone No: _____	
Address: _____			
Street Address			

City / State / Zip			
Have you violated any condition of your BRN probation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, please explain (include dates):			

Have you received a violation notice? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, please explain (include dates):			

PETITION FOR REDUCTION OF PENALTY EARLY TERMINATION OF PROBATION

Have you satisfied your work requirement pursuant to probation condition?

Function as a Registered Nurse? Yes No

If **NO**, please explain:

Attach or submit documents to support statements.

Summarize the nature of the act(s) causing the disciplinary action against your California RN license:

Specific reason for request: (Limit to 2-3 sentences; a more detailed explanation can be attached)

Attach or submit documents to support statements.

Why should the Board grant your petition for Early Termination of Probation?

Have you ever had an RN license or other health care-related license or certificate disciplined by another state, another California board, or any governmental agency? *(Includes surrender of license)* Yes No

Have you had an application for such a license or certificate denied? Yes No

If YES, please explain:

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CRIMINAL CONVICTION(S):

- a) Have you been convicted of a criminal offense since your Board disciplinary action? Yes No
(Convictions must be reported even if they have been adjudicated, dismissed or expunged or if a diversion program has been completed under the Penal Code or Article 5 of the Vehicle Code. All misdemeanors and felonies, including outside of California, must be reported. The definition of conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. Convictions expunged under Sections 1203.4 and 1000 of the Penal Code must also be reported.)

If YES, please explain:

Date (mo/day/yr)	Offense (Codes violated, description, court jurisdiction)	Sentence/Disposition

- b) Are you currently on court imposed probation or parole? Yes No
(Court imposed probation includes summary and informal probation)
- c) Are you currently subject to an order of registration as a sex offender pursuant to Section 290 of the Penal Code? Yes No

Please attach proof of completion of probation/parole or status of compliance.

(Complete this section if you answered **YES**)

Name of probation/parole officer: _____

Telephone number of probation/parole officer: _____

Date criminal probation was completed or will be completed: _____

Are you in compliance with the terms and conditions of your criminal probation? Yes No

If No, please explain below:

REHABILITATION PROGRAM: Complete if applicable

Are you currently attending or have you attended a rehabilitation program (Alcohol / Drug)? Yes No
Circle One

If yes, please provide the following information:

Date program entered: _____ Date Program completed: _____

Name of program: _____ Name of Counselor: _____

Address: _____
Street Address

City / State / Zip Code

Telephone No: _____

Check the type of rehabilitation program: Residential In-patient Out-patient

Please attach Proof of Completion of program if applicable and a description of services provided.

List any education courses you have completed since the Board action. **Attach or submit documents to support statements.**

Date	Title of Course	Number of Hours/Units

Relative to the acts resulting in the discipline of your California RN license, what have you done to ensure that you are now safe to practice nursing? **Attach or submit documents to support statements.**

PETITIONER REQUIREMENTS

Initial each item you have completed:

- Carefully read the attached "Instructions for Filing a Petition for Reinstatement of License or Reduction of Penalty."
- Filled in all pages of petition, signed and dated page 4.
- Attached a chronological list of my employment history (Curriculum Vitae) since the date of disciplinary action against my RN license. Including beginning and ending dates, name(s) and address(es) of employer(s), job title(s), description of duties, and reason(s) for leaving.

I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

SIGNATURE:

DATE: