Nursing Registration Form

Patient Information	
Full Name:	Jane Morales
Date of Birth:	05/23/1995
Social Security Number:	123-45-6789
Contact Number:	(555) 123-4567
Email Address:	jane.m@gmail.com
Address:	
9027 NW. Center Street, Santee, CA 92071	
Educational Background	
Nursing School Attended:	City University School of Nursing
Degree/Certificate Earned:	Bachelor of Science in Nursing (BSN)
Graduation Date:	05/20/2013
Licensure Information	
Current License Number:	RN123456
Licensing State:	State of Cityville
Expiration Date:	05/31/2023
License Type (RN/LPN):	Registered Nurse (RN)
Professional Experience	
Current Employer:	City General Hospital
Position/Title:	Staff Nurse
Employment Start Date:	06/01/2015
Work Setting (Hospital/Clinic/Home Health):	Hospital
References	
Reference 1:	City General Hospital
Name:	Dr. John Meller
Contact Number:	(555) 987-6543
Reference 2:	City General Hospital
Name:	Jack Robertson, RN
Contact Number:	(555) 876-5432

Additional Information		
Have you ever had disciplinary action taken against your license?	☐ Yes	☑ No
If yes, please provide details:		
Are you currently under investigation by any licensing authority?	☐ Yes	☑ No
If yes, please provide details:		

Signature
I certify that the information provided above is accurate and complete to the best of my knowledge.
Signature: **JANE MORALES**
Date: 02/04/2029