



RECORD OF MILITARY SERVICE

This Section To Be Completed By Applicant Who Qualifies On The Basis Of U.S. Military Service

The VOCATIONAL NURSING PRACTICE ACT, SECTION 2873.5 specifies that "Any person who has served on active duty in the medical corps of any of the armed forces, in which no less than an aggregate of 12 months was spent in rendering bedside patient care, and who has completed the basic course of instruction in nursing required by his or her particular branch of the armed forces, and whose service in the armed forces has been under honorable conditions, or whose general discharge has been under honorable conditions, shall be granted a license upon proof that he or she possesses the necessary qualifications of this section, as set forth in his or her the service records, and upon his or her passing an examination." This section refers to *United States Military* only.

PRINT OR TYPE (DO NOT USE PENCIL)

1. NAME (LAST) _____ (FIRST) _____ (MIDDLE) _____		
2. ADDRESS _____ (STREET OR BOX NUMBER) _____ (APT. NO) _____		
3. CITY _____ STATE _____ ZIP _____		
4. BIRTHDATE (Month/Day/Year) _____	5. SOCIAL SECURITY NUMBER* _____	6. TELEPHONE NUMBER Business () _____ Home () _____ Area Code _____
7. SPECIFY THE BRANCH OF MILITARY YOU SERVED IN: <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MARINES <input type="checkbox"/> NAVY		
8. DATE OF ENLISTMENT: _____ DATE OF DISCHARGE: _____ ARE YOU STILL ON ACTIVE DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
9. DATES OF SERVICE FOR YOUR ACTIVE DUTY IN MEDICAL CORPS: FROM: _____ TO: _____		
10. BASIC COURSE IN NURSING (CLASSROOM INSTRUCTION ONLY) RECEIVED AT THE FOLLOWING PLACE: _____		
11. NAME OF COURSE IN "NURSING": _____ DATE STARTED: _____ DATE COMPLETED: _____		
12. TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 2516.5 REQUIRES THAT YOU SUBMIT THE FOLLOWING DOCUMENTS WITH THIS FORM:		
A. TRANSCRIPTS OR "CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY" (DD 214) SHOWING COMPLETION OF BASIC COURSE OF INSTRUCTION IN NURSING REQUIRED BY YOUR PARTICULAR BRANCH OF THE ARMED FORCES.		
B. DD214 OR OTHER MILITARY DOCUMENT SHOWING THAT SERVICE IN THE ARMED FORCES HAS BEEN UNDER HONORABLE CONDITIONS, OR WHOSE GENERAL DISCHARGE HAS BEEN UNDER HONORABLE CONDITIONS; AND		
C. MILITARY SERVICE EVALUATIONS SHOWING THE DATES OF SERVICE, WARDS ASSIGNED AND DUTIES PERFORMED FOR EACH ASSIGNMENT. YOU MUST DEMONSTRATE THAT YOU RENDERED AT LEAST 12 MONTHS OF ACTIVE DUTY BEDSIDE PATIENT CARE.		
13. PLEASE READ CAREFULLY BEFORE SIGNING. – <i>I hereby certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. False statements included in this application can result in licensure denial.</i>		
SIGNATURE: _____		DATE: _____
* SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT – Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [(42 USCA (c)(2)(C))] authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. <u>If you fail to disclose your social security number, your application for initial license will not be processed and you will be reported to the Franchise Tax Board.</u>		