

Please use the navigation buttons provided throughout the application to ensure your information is saved.



Gtester MTester

MY PROFILE



Update Profile  
Change Password  
Add Business Entity

LICENSE



Apply For Individual License  
Add Specialty To License  
Renew License  
Request Verification  
Second Chance Determination  
Inactivate License Request  
Update License Or Application  
View Applications  
View/Print Licenses

CONDUCT



File Complaint  
View Complaints

CONTINUING EDUCATION



Approved Courses Search  
Individual CE Pre-Approval  
Log My CE  
View My Submitted Courses

ADDITIONAL RESOURCES



Find A Professional  
Miscellaneous Payment  
Request Relief of Reinstatement Penalty

LICENSES

MY BUSINESSES

Active licenses

Registered Nurse  
License No. 026.0160033  
Expires:March 31, 2021  
Effective:September 2, 2020

RECENT ACTIVITY

Miscellaneous Payment  
03/03/2021 (MP-3360)  
Miscellaneous Payment  
03/03/2021 (MP-3359)  
Apply for License  
03/02/2021 (L-27151)  
Apply for License  
02/10/2021 (L-25141)  
Apply for License  
02/10/2021 (L-25140)

[View All](#)

## APPROVED COURSES

Profession

ACCOUNTANCY



Profession	Provider Name	CourseTitle	Approved Hours	Approved Date	Course Type	Continuing Education	Qualifying Education
ACCOUNTANCY	DEvTesting.X00X	Accountancy		Aug 22, 2017	ONLINE	No	Yes
ACCOUNTANCY	RojaLM Madabattula	CA New Courses		Dec 3, 2018	SELF	No	Yes
ACCOUNTANCY	firstcheck1 lastcheck1	sub		Dec 3, 2018	SELF	No	Yes
ACCOUNTANCY		MyCourse	10	Mar 28, 2018	ONLINE	No	Yes
ACCOUNTANCY	FN4600 LN4600	NKK CA - 2nd July 2018	566	Dec 4, 2018	ONLINE	No	Yes
ACCOUNTANCY	Business01	NKK CA2 - 2nd July		Dec 3, 2018	SELF	Yes	No
ACCOUNTANCY	aaa ccc	ghd	20	Jun 11, 2019	ONLINE	No	Yes
ACCOUNTANCY	aaa ccc	sdf		Dec 3, 2018	CLASSROOM	Yes	No
ACCOUNTANCY	Attachments Testing	da	445	Jun 19, 2019	CLASSROOM	Yes	No
ACCOUNTANCY	FN2019 LN2019	sdf	2	Jun 19, 2019	CLASSROOM	Yes	No

CLOSE

## Enter Profile Information

First Name \*

Middle Name

Last Name \*

Date of birth \*

MM/DD/YYYY



Last 4 SSN \*

 I do not have an SSN

Email \*

Confirm Email \*

## Create User ID and Password

Create a User ID \*

Password \*

Confirm Password \*

Your password must meet the following criteria

- ✗ Minimum 8 characters in length
- ✗ Must include upper (A-Z) and lower case (a-z) letters
- ✗ Must include numbers (0-9)
- ✗ Special Characters (e.g. @,#,\$.)
- ✗ Password and Confirm Password match

## Provide Security Questions and Answers

Question 1

Select...



Answer 1

Question 2

Select...



Answer 2

Question 3

Select...



Answer 3

**Retrieve User ID**

Provide the below information to help locate your account

First Name \*

Last Name \*

Date of Birth \*

MM/DD/YYYY



Last 4 SSN \*

 I do not have an SSN

Email \*

**SUBMIT**   **CANCEL**

### Reset Password

Provide your User ID to locate your account.

User ID \*

**SUBMIT** **CANCEL**

Professional  
InformationComplaint  
DescriptionUpload  
DocumentsComplainant  
InformationWitness  
InformationComplaint  
Summary

## PROFESSIONAL INFORMATION

## Who do you have a complaint against?

(A copy of this complaint may be sent to the person or business of which you are filing this complaint against.)

Name of Person/ Business/ Occupation \*

Address/Location

City/Town

Zip Code

Phone number

Email

License Number (if known)



## WITNESS INFORMATION

Do you have witnesses? \*

 Yes    No

## Witnesses

(Please enter as much information as possible.)

## Witness 1:

First Name *	Address type
<input type="text"/>	Select <input type="text"/>
Last Name *	Country
<input type="text"/>	United States <input type="text"/>
Business Name(if Any)	Address Line 1
<input type="text"/>	<input type="text"/>
License Number	Address Line 2
<input type="text"/>	<input type="text"/>
Preferred Number	City/Town
<input type="text"/>	<input type="text"/>
Cell Number	State
<input type="text"/>	Select <input type="text"/>
Email	Zip Code
<input type="text"/>	<input type="text"/>

[+ Add Additional Witnesses](#) [- Remove](#)

## COMPLAINT SUMMARY

[Print Summary](#)

## Professional Information

## Who do you have a complaint against?

(A copy of this complaint may be sent to the person or business of which you are filing this complaint against.)

Name of Person/ Business/ Occupation

Address/Location

City/Town

ZZX

---

---

Zip Code

Phone number

Email

---

---

---

License Number(if known)

---

## Complaint Description

## Describe your complaint below

(This information WILL be shared with the person you are complaining about.)

Complaint Summary

adfa

Question:

Have you submitted this complaint to another agency?

Answer:

No

Question:

Is there a litigation pending or related to this complaint?

Answer:

No

## Uploaded Documents

Document name

No items

## Complainant Information

If you make changes to your contact information here, it does not update your profile.

First Name

---

Last Name

---

Business Name (if Any)

---

License Number

---

[← PREVIOUS](#)[SUBMIT](#)

**Who do you have a complaint against?**

(A copy of this complaint may be sent to the person or business of which you are filing this complaint against.)

Name of Person/ Business/ Occupation

Test

Zip Code

License Number(if known)

Address/Location

---

Phone number

---

City/Town

---

Email

---

**Complaint Description****Describe your complaint below**

(This information WILL be shared with the person you are complaining about.)

Complaint Summary

Testing

Question:

Have you submitted this complaint to another agency?

Answer:

No

Question:

Is there a litigation pending or related to this complaint?

Answer:

No

**Uploaded Documents**

Document name

No items

**Complainant Information**

If you make changes to your contact information here, it does not update your profile.

First Name

---

Last Name

---

Business Name (if Any)

---

License Number

---

Preferred Phone Number

---

Cell Number

---

Email

---

**Address Information**

<b>Document name</b>
No items

**Complainant Information**

If you make changes to your contact information here, it does not update your profile.

**First Name**

----

**Last Name**

----

**Business Name (if Any)**

----

**License Number**

----

**Preferred Phone Number**

----

**Cell Number**

----

**Email**

----

**Address Information**

**Address Type**

----

**Country**

United States

**Address Line 1**

----

**Address Line 2**

----

**City/Town**

----

**State**

----

**Zip Code**

----

**Witness Information**

No witnesses added

WELCOME TO OUR  
GUEST SERVICES

FIND A PROFESSIONAL

FILE AN UNPROFESSIONAL CONDUCT COMPLAINT

COURSE SEARCH

LOGIN TO ACCOUNT

Username

Password

[Forgot Username or Password](#)

LOGIN

[Create an account](#)

## FIND A PROFESSIONAL

CHOOSE WHAT YOU WOULD LIKE TO DO:

LICENSEE LOOKUP

PROFESSIONAL ROSTER DOWNLOAD

Please enter one of the following\*:

License Number (123.1234567)

OR

First Name

Last Name

OR

Business Name

Profession (optional)

SELECT PROFESSION ▾

Specialty (optional)

SELECT SPECIALTY ▾

DISPLAY RESULTS

[RESET](#)

Displaying 1 result for snow white.

License#	Status	First Name	Last name	License First Issuance Date	License Expiration ▾		
057.0900430	Active	snow	white	Nov 21, 2017	Dec 30, 1971	 PRINT	DETAILS

GUEST SERVICES

HOME

**FIND A PROFESSIONAL**

CHOOSE WHAT YOU WOULD LIKE TO DO:

LICENSEE LOOKUP

PROFESSIONAL ROSTER DOWNLOAD

Please enter one of the following\*:

License Number (123.1234567)

OR

First Name

Last Name

OR

Business Name

Profession (optional)

SELECT PROFESSION ▾

Specialty (optional)

SELECT SPECIALTY ▾

DISPLAY RESULTS

[RESET](#)

Displaying 1 result for snow white.

License#	Status	First Name	Last name	License First Issuance Date	License Expiration ▾		
057.0900430	Active	snow	white	Nov 21, 2017	Dec 30, 1971	 PRINT	DETAILS

GUEST SERVICES

HOME

## FILE A COMPLAINT

## WHO DO YOU HAVE A COMPLAINT AGAINST?

(A copy of this complaint may be sent to the person or business of which you are filing this complaint against.)

Name of Person/ Business/ Occupation\*

Address/Location

City/Town

Zip Code

Phone number

Email

License Number (if known)

Describe your complaint\*

(This information WILL be shared with the person you are complaining about.)

Remaining: 10000 characters

Please upload documents and supporting materials for this complaint

 

Files must be less than 1000 MB

No file chosen

Have you submitted this complaint to another agency? \*

Yes  No

Is there a litigation pending or related to this complaint? \*

Yes  No

GUEST SERVICES

HOME

## FILE A COMPLAINT

## PROFESSIONAL INFORMATION

## COMPLAINANT INFORMATION

First Name

Last Name

Business Name

License Number

Phone number

Email

Address Type

Country

Address Line 1

Address Line 2

City/Town

State

Zip Code

Do you have witnesses? \*

 Yes  No[NEXT](#)[PREVIOUS](#)[GUEST SERVICES](#)[HOME](#)

## FILE A COMPLAINT

## PROFESSIONAL INFORMATION

## COMPLAINANT INFORMATION

## WITNESS INFORMATION

Do you have witnesses? \*

 Yes  No

First Name

Last Name

[ADD WITNESS](#)[REMOVE](#)

Business Name

License Number

Phone number

Email

Address Type

Country

Address Line 1

Address Line 2

City/Town

State

Zip Code

[NEXT](#)[PREVIOUS](#)

GUEST SERVICES

[HOME](#)

FILE A COMPLAINT

GUEST SERVICES

HOME

PRINT SUMMARY

COMPLAINT SUMMARY

**Who do you have a complaint against?**

(A copy of this complaint may be sent to the person or business of which you are filing this complaint against.)

Name of Person/ Business/ Occupation	Address/Location
Test	_____
Zip Code	Phone number
_____	_____
License Number(if known)	
_____	

**Describe your complaint below**

(This information WILL be shared with the person you are complaining about.)

Complaint Summary

Testing

Question:	Answer:
Have you submitted this complaint to another agency?	No

Question:	Answer:
Is there a litigation pending or related to this complaint?	No

**Document name**

No items

If you make changes to your contact information here, it does not update your profile.

First Name	Last Name
_____	_____
Business Name (If Any)	License Number
_____	_____
Cell Number	Email
_____	_____
Address Type	Country
_____	United States
Address Line 1	
_____	
Address Line 2	
_____	
City/Town	
_____	
State	Zip Code
_____	_____

No witnesses added

SUBMIT

[EDIT](#)

## COURSE SEARCH

CHOOSE A PROFESSION

SELECT PROFESSION ▾

GUEST SERVICES

HOME

## COURSE SEARCH

CHOOSE A PROFESSION

Displaying 10 results for Accountancy

Profession	Provider Name	CourseTitle	Approved Hours	Approved Date	Course Type	Continuing Education	Qualifying Education
ACCOUNTANCY	DEvTesting XXXX	Accountancy		Aug 22, 2017	ONLINE	No	Yes
ACCOUNTANCY	RojaLM Madabattula	CA New Courses		Dec 3, 2018	SELF	No	Yes
ACCOUNTANCY	firstcheck1 lastcheck1	sub		Dec 3, 2018	SELF	No	Yes
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ACCOUNTANCY	aaa ccc	sdf		Dec 3, 2018	CLASSROOM	Yes	No
ACCOUNTANCY	Attachments Testing	da	445	Jun 19, 2019	CLASSROOM	Yes	No
ACCOUNTANCY	FN2019 LN2019	sdf	2	Jun 19, 2019	CLASSROOM	Yes	No

 DOWNLOAD

GUEST SERVICES

HOME

## FORGOT USERNAME

## RETRIEVE USERNAME

First Name \*

Last Name \*

Date of birth \*

MM/DD/YYYY



Last 4 SSN \*

 I do not have an SSN

Email \*

GUEST SERVICES

[HOME](#)

## FORGOT PASSWORD

## RETRIEVE PASSWORD

Username \*

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[HOME](#)

## CREATE AN ACCOUNT

## ENTER PROFILE INFORMATION

First Name \*

Middle Name

Last Name \*

Date of birth \*

MM/DD/YYYY



Last 4 SSN \*

 I do not have an SSN

Email \*

Confirm Email \*

## CREATE USERNAME AND PASSWORD

Create a Username \*

Password \*

Confirm Password \*

Your password must meet the following criteria:

- Minimum 8 characters
- Upper case (A-Z) and lower case letters (a-z)
- At least one number (0-9)
- At least one special character (@, #, \$, ...)
- Password and confirm password match

## PROVIDE SECURITY QUESTIONS AND ANSWERS

Question 1

Select a question



Answer 1

Question 2

Select a question



Answer 2

Question 3

Select a question



Answer 3

SUBMIT

Warnings notification banner

APPLY FOR A LICENSE

CONTINUING EDUCATION

FIND A PROFESSIONAL

MISCELLANEOUS PAYMENT

FILE A COMPLAINT

SECOND CHANCE DETERMINATION

#### LICENSES

*You currently have no licenses.*

#### APPLICATIONS

*You currently have no applications.*