

**ARIZONA STATE BOARD OF NURSING (ASBN)
CRNA PRESCRIBING PRIVILEGES REQUIREMENTS/INSTRUCTIONS**

**Processing for Prescribing Authority for applicants, who meet the requirements,
may take up to 1 month after submitting applications.**

CRNA's seeking prescribing privileges shall submit a completed application and meet the following requirements:

- Hold a current license as a Registered Nurse (RN) in good standing in Arizona OR current RN license in good standing in another compact state (you must enclose a copy).
- Has graduated from an educational program accredited by the American Association of Nurse Anesthetist's Council on Accreditation of Nurse Anesthesia Education Programs or a predecessor.
- Transcripts – The applicant must request that official sealed transcripts, from the institution where the anesthesia program was completed, be sent **directly** to the Arizona State Board of Nursing.
- Is certified by the American Association of Nurse Anesthetist's Council on Certification or recertified by the American Association of Nurse Anesthetist's Council on Recertification as identified in the Rules of the Board of Nursing at R4-19-515.A.3. (Online verification will be done by Arizona State Board of Nursing.)
- A copy of the certificate granted by the American Association of Nurse Anesthetist's Council on Certification showing expiration date of certification or recertification. (Submitted by applicant.)

CRNA's NOT seeking prescribing privileges must complete the same requirements as above, but do not pay the prescribing fees.

NOTE: If you have never been licensed as an RN in Arizona, you must:

- Apply for a RN license by endorsement or hold a current RN license in good standing with multistate privileges in another compact state that you are declaring as your primary state of residence.

CITIZENSHIP/NATIONALITY/ALIEN STATUS DOCUMENTATION REQUIRED

Federal law, 8 U.S.C. § 1641, and a state law, A.R.S. § 1-501, require documentation of citizenship/nationality/alien status for licensure. If the documentation does not demonstrate that the applicant is a United States citizen, national, or has alien status, the applicant will not be eligible for licensure in Arizona. All applicants must submit documentation regarding their citizenship/nationality/alien status with their application. See attached list A & B for specific documentation required. A copy of the documentation you submit must be on 8 ½ x 11 paper.

Fingerprinting (Must have results before they can administer OR prescribe.)

- Pursuant to A.R.S. § 32-1606(B) (15), and R4-19-505 (2) (K), each applicant is required to submit a full set of fingerprints; if you have not submitted fingerprints to Arizona State Board of Nursing within the past 2 years.
- If you download an application off the website (www.azbn.gov) and submit the completed application to Arizona State Board of Nursing, a fingerprint card will be mailed to you to complete when we receive your application. The fingerprint card you receive from ASBN **must** be the card you use for fingerprints, since it has specific agency data pre-printed on it.
- Please check your local phone directory for information on fingerprinting agencies.
- It can take 2-4 weeks to receive fingerprint results from the FBI. Administering or prescribing privileges are not granted until fingerprint results are received.

Fees

- The fingerprint fee is \$50.
- The application fee for prescribing privileges is \$150.
- You may pay by credit/debit card (must complete attached two pages for credit card authorization) or personal check or money order, and made payable to the Arizona State Board of Nursing. **All personal checks must be pre-printed with your name and address – No exceptions.**
- **All fees submitted must be in U.S. Dollars and are non-refundable.**
- Personal checks drawn on banks out of the Continental U.S. are not considered U.S. Dollars and will not be accepted.
- A \$50.00 fee will be charged for checks returned because of insufficient funds.

Felony Convictions:

Pursuant to A.R.S. § 32-1606 (B) (17), the Board shall revoke a nursing license or multistate privileges or deny licensure if the applicant has one or more felony convictions that have not previously been disclosed to the board and has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application. If this law pertains to you, your application will not be processed, and proceedings for revocation of your Arizona license or multistate privileges in Arizona and denial of your application shall be instituted by the Board.

Reporting of Criminal Charges

Applicants for licensure/certification must notify the Board of criminal charges that may affect patient safety within 10 days of being charged. Further information is available at www.azbn.gov.

Licensing Time Frames

For more information regarding the time frames for licensure, consult NPA R4-19-102. For assistance with the application process for licensure, contact Cristina Oates at 602-771- 7800 or email coates@azbn.gov

Information on Prescribing Authority for CRNA'S

1. According to R4-19-515 (C), a CRNA with prescribing authority may order drugs or medication to be administered by a licensed, certified, or registered health care provider pre-operatively, post-operatively, or as part of a procedure performed in a health care facility; the office of a health care provider licensed pursuant to A.R.S. Title 32, Chapters 7, 11, 13, and 17; or in an ambulance.
2. A DEA number is not necessary.
3. Arizona's prescriptive authority can only be used in Arizona. It cannot be transferred to another state. Prescriptive laws for CRNA's vary from state to state.
4. A one time application and fee will be paid at the time of initial request for prescribing authority. To maintain prescriptive authority, the RN license and national certification or recertification must remain current.
5. According to R4-19-515(D), a CRNA with prescribing authority shall ensure that all prescription orders contain the following:
 - The CRNA's name;
 - The prescription date;
 - The name of the patient and patient identification number; and
 - The name of the medication, strength, dosage, and route of administration.

RETURN YOUR APPLICATION & DOCUMENTATION OF CITIZENSHIP / LAWFUL PRESENCE TO:

**Arizona State Board of Nursing
4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3655**

ARIZONA STATEMENT OF CITIZENSHIP & ALIEN STATUS

All applicants must answer questions on the application regarding citizenship. A Xeroxed copy of a document that shows evidence of your citizenship or alien status MUST BE submitted with your application for licensure or renewal. See List A or List B.

LIST A

Evidence showing U.S. citizen or U.S. national status includes the following:

***If any of the following documents do not contain a photograph of the individual, the individual shall also present a government issued document that contains a photograph of the individual.**

a. Primary Evidence:

- (1) An AZ driver's license issued after 1996 or an AZ non-operating identification license
- (2) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction); *
- (3) A birth certificate or delayed birth certificate issued in any state, territory or possession of the U.S.; *
- (4) A signed United States passport; current or expired;
- (5) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens); A U.S. certificate of birth abroad *
- (6) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State; *
- (7) Form N-550 or N-570, Certificate of Naturalization (issued by the Service through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has changed);
- (8) Form N-561, Certificate of Citizenship;
- (9) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (10) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (11) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have a FS-240, FS-545, or DS-1350); or *
- (12) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoo living near the U.S./Mexican border).
- (13) A tribal certificate of Indian blood.*
- (14) A tribal or bureau of Indian affairs affidavit of birth*

NOTE: SOCIAL SECURITY CARDS ARE NOT ACCEPTABLE DOCUMENTATION.

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status;

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parent(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917, American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Marian Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a state or jurisdiction approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands

(on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;

- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.
- f. **U.S. Citizenship By Marriage**
 A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.
 Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.
- g. **A U.S. certificate of birth abroad***
 h. **A foreign passport with a U.S. Visa***
 i. **An I-94 form with a photograph**
 j. **A U.S. citizenship and immigration services employment authorization document or refugee travel document***

LIST B

Qualified Aliens, Nonimmigrant, and aliens paroled into U.S. for less than one year.

a. **“Qualified Aliens”**

Evidence of “Qualified Alien” status includes the following:

Alien Lawfully admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- *Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (5)”;
- *Form I-766 (Employment Authorization Document) annotated “A5”;
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- *Form I-94 annotated with stamp showing admission under § 207 of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- *Form I-766 (Employment Authorization Document) annotated “A5”;

Alien Paroled Into the U.S. for at Least One Year

- *Form I-94 with stamp showing admission for at least one year under section 212(d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.

Alien Whose Deportation or Removal was withheld

- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (10)”;
- *Form I-766 (Employment Authorization Document) annotated “A10”;
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry

- *Form I-94 with stamp showing admission under §203 (a) (7) of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- *Form I-766 (Employment Authorization Document) annotated “A3”.

Cuban/Haitian Entrant

- *Form I-551 (Alien Registration Receipt Card, commonly known as a “green Card”) with the code CU6, CU7, or CH6.
- Unexpired temporary I-551 stamp in foreign passport or on *Form I-94 with the Code CU6 or CU7; or
- *Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212 (d) (5) of the INA.

Alien who has been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. **Nonimmigrant**

Evidence of “Nonimmigrant” status includes the following:

- *Form I-94 with stamp showing authorized admission as nonimmigrant

c. **Alien Paroled into U.S. for less than One year**

- *Form I-94 with stamp showing admission for less than one year under section 212 (d) (5) of the INA

d. **A foreign passport with a U.S. visa**

e. **An I-94 form with a photograph.**

f. **A U.S. citizenship and immigration services employment authorization document or refugee travel document.**



ARIZONA STATE BOARD OF NURSING

APPLICATION FOR CERTIFIED REGISTERED NURSE ANESTHETIST

Select if you are applying for:

- Prescribing privileges
- No prescribing privileges (no fee, no certificate issued)

Note: Fingerprint requirement (see instructions)

Select the RN license that you are applying with:

- I have a compact license (a copy must be enclosed)
- I am submitting an application for an AZ RN license
- I have an AZ Registered Nurse license (write your # below)

R N

PLEASE PRINT ALL INFORMATION WITH CAPITAL LETTERS

1. APPLICANT'S NAME

First Name Middle Name
Last Name
Former Last Name(s)

2. SOCIAL SECURITY NUMBER

- -

BIRTH DATE (month/day/year)

/ /

Gender

Male Female

BIRTH CITY

STATE

COUNTRY (ex. USA)

3. HOME ADDRESS/PRIMARY STATE OF RESIDENCE (where you vote, pay federal taxes, obtain a drivers license)

Street Address Line 1
Street Address Line 2 County of Residence
City State Zip Code

4. MAILING ADDRESS (If different than Home Address)

Street Address Line 1
Street Address Line 2
City State Zip Code

5. HOME PHONE

() -

CELL PHONE

() -

FOR OFFICIAL USE ONLY

Prescribing Authority Granted # _____ DATE ISSUED _____

NURSIS Results

Neg Pos Initials _____

CRNA





9. CURRENT EMPLOYMENT OR PRACTICE SETTING

Title/Position

Employer's Name

Street Address Line 1

Street Address Line 2

Work Phone
 () -

City

State

Zip Code

Employed From:
 (month/year) /

10. If you are unemployed or your current employment or practice setting is less than 960hrs in the past 5 yrs, list previous employment

Title/Position

Employer's Name

Street Address Line 1

Street Address Line 2

Work Phone
 () -

City

State

Zip Code

Employed from
 (month/year) / To /

11. OPTIONAL INFORMATION

E-Mail Address

- Marital Status: Never Married Married Separated Divorced Widowed
- Ethnicity: African American Asian Caucasian Hispanic Indian Other

CRNC



19. CITIZENSHIP OR NATIONAL DECLARATION

Are you a citizen or national of the United States? No Yes

If yes, **submit with your application a legible xeroxed copy of one of the documents from List A**. See the instructions for List A.

Name of document you are submitting _____

Expiration Date, if any (mm/dd/yyyy) _____ / _____ / _____

If you are a citizen or national of the United States, go directly to Question 21. If you are not a citizen or national of the United States, complete question 20.

20. ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Submit a legible xeroxed copy of the front and back of a document from the attached List B with your application.

“Qualified Alien” Status

- A. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- B. An alien who is granted asylum under Section 208 of the INA.
- C. A refugee admitted to the United States under Section 207 of the INA.
- D. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- E. An alien whose deportation is being withheld under section 243(h) of the INA.
- F. An alien granted conditional entry under Section 203(a) (7) of the INA as in effect prior to April 1, 1980.
- G. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- H. An alien who has, or whose child or child’s parent has, been declared a “battered alien” or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C § 1621(a) (2))

- I. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a) (15).

Alien paroled into the United States for less than one year (8 U.S.C § 1621(a) (3))

- J. An alien paroled into the United States for less than one year under Section 212(d) (5) of the INA.

Other Person (8 U.S.C § 1621 (c) (2) (A) and (C))

- K. A nonimmigrant whose visa for entry is related to employment in the United States
- L. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 49 U.S.C § 1901 et seq.];
- M. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- N. A person not described in categories A-M who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.**

To establish alien status, **submit with your application a legible xeroxed copy of one of the documents from List B**. See the instructions for List B.

Name of document you are submitting _____

Expiration Date, if any (mm/dd/yyyy) _____



APPLICATION QUESTIONS



21. Are you currently under investigation or is disciplinary action pending against your nursing license or CRNA certificate or any other license or certification you hold in any state or territory of the United States?

No Yes

If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

Before answering the next question read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated or that your civil rights have been restored, does not mean that you answer this question "no"; you would have to answer "yes" and give details on each conviction.

22. Have you ever been convicted, entered a plea of guilty, nolo contendere or no contest, or have you ever been sentenced, served time in jail or prison, or had prosecution deferred or sentence deferred or probation deferred in any **felony** or undesignated offense?

No Yes

If yes, provide a written explanation of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction, indicating type of conviction, conviction date and sentence including the date of absolute discharge of the sentence for each felony conviction with your application.

FINAL NOTE: If you answer "yes" to this question, your application will not be processed until you provide proof that it has been more than 5 years since the date of absolute discharge for each felony conviction or provide proof that the conviction was designated a misdemeanor.

23. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program?

No Yes

If yes, provide a **written explanation** including the state, dates, reasons for participation, and a copy of the participation agreement.

24. Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion?

No Yes

If yes, provide a **written explanation** including the state, dates, and reasons for participation and termination.

AFTER COMPLETING THE APPLICATION, WAIT TO SIGN THE APPLICATION UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC

VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION

The undersigned declares under penalty of perjury under the laws of Arizona, that he/she:

- Is the person referred to in the foregoing application;
- That the statements are true in every respect to the best of his/her knowledge;
- That he/she has not suppressed any information that would affect this application;
- That he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing;
- That he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate;
- Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

Applicants Signature

Date

JURAT

State of _____

County of _____

_____ personally appeared before me, and under oath, swears that the statements made in this
Applicants Name

document and all attachments are true and correct this _____ day of _____ 20 _____.

NOTARY PUBLIC (signature)

MY COMMISSION EXPIRES



CRNE



RNs/LPNs/APs SAVE YOURSELF TIME AND FRUSTRATION...

Check these areas before returning your application.

ALL BLANKS MUST BE COMPLETED, EXCEPT THOSE MARKED OPTIONAL

GENERAL FOR ALL

- Your application is in black ink
- Primary Residence – i.e., this is the address where you vote, or pay federal taxes, or obtain a driver's license
- You enclosed a check (pre-printed with your name and address) or money order for the *correct* fees made out to Arizona State Board of Nursing
- You answered ALL QUESTIONS, signed application and dated it
- Initial Applicants** (i.e., exam, endorsement): A fingerprint card will be mailed to you after we receive your application
- Citizenship/Nationality/Alien Status documentation is attached to your application.
- Read the instructions for more details on these reminders. Thank you!**

EXAMINATION APPLICANTS

- Examination fee \$300 – add \$50** fingerprint fee. If you have submitted fingerprints within the past 2 years, you do not need to resubmit another set of fingerprints.

ENDORSEMENT APPLICANTS

- Endorsement fee \$150 – add \$50** fingerprint fee (If requesting a temporary license, **add \$50** for license fee)
- Endorsement Applicants:** If you are requesting temporary license, you enclosed a photocopy of current license which shows an expiration date.
- If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS/IERF/ERES with ID number.
- Verification from original (first) state of licensure has been requested & sent to Arizona State Board of Nursing

ADVANCED PRACTICE/SCHOOL NURSE APPLICANTS

- | | | |
|--|---|---|
| <input type="checkbox"/> Nurse Practitioner fee \$150 for each specialty listed on the application - need to add \$50 fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years. | <input type="checkbox"/> Prescribing & Dispensing Authority fee \$150 for initial application - need to add \$50 fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years. | <input type="checkbox"/> Clinical Nurse Specialist fee \$150 for each specialty listed on application - need to add \$50 fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years. |
| <input type="checkbox"/> CRNA Prescribing fee \$150 for initial application - need to add \$50 fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years. | <input type="checkbox"/> School Nurse Initial fee \$75 certification fee | <input type="checkbox"/> School Nurse Renewal fee \$25 certification fee |

ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SO. CAROLINA
AS	AM. SAMOA	IA	IOWA	NV	NEVADA	SD	SO. DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEW HAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NO. CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NO. DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
GU	GUAM	MP	NO. MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
HI	HAWAII	MS	MISSISSIPPI	PR	PUERTO RICO		
ID	IDAHO						

**ARIZONA STATE BOARD OF NURSING
PAYMENT CARD AUTHORIZATION FEE SCHEDULE**

IF PAYING BY CREDIT/DEBIT CARD PLEASE COMPLETE THIS FORM AND ATTACH IT TO THE CREDIT CARD AUTHORIZATION FORM.

A ONE-TIME CHARGE OF \$2.00 FOR PROCESSING IS APPLIED TO ALL PAYMENT CARD TRANSACTIONS

CHECK THE FEES THAT YOU ARE PAYING FOR.

RN/LPN APPLICATION FEES:

<input type="checkbox"/>	RN/LPN EXAM FEE	\$ 300.00
<input type="checkbox"/>	RN/LPN RENEWAL FEE	\$ 160.00
<input type="checkbox"/>	RN/LPN ENDORSEMENT FEE	\$ 150.00
<input type="checkbox"/>	RN/LPN TEMPORARY LICENSE FEE (Reg or 48 Hr.)	\$ 50.00
<input type="checkbox"/>	RN FINGER PRINT FEE	\$ 50.00

RN ADVANCED PRACTICE FEES:

<input type="checkbox"/>	INITIAL NURSE PRACTITIONER FEE	\$ 150.00
<input type="checkbox"/>	NURSE PRACTITIONER W/PRESCRIBING AND DISP FEE	\$ 150.00
<input type="checkbox"/>	TEMPORARY NURSE PRACTITIONER FEE	\$ 35.00
<input type="checkbox"/>	CLINICAL NURSE SPECIALIST FEE	\$ 150.00
<input type="checkbox"/>	CERTIFIED REGISTERED NURSE ANESTHETIST W/PRESCRIBING	\$ 150.00

CNA APPLICATION FEES

<input type="checkbox"/>	CNA EXAM CERTIFICATE FEE (OPTIONAL)	\$ 50.00
<input type="checkbox"/>	CNA RENEWAL CERTIFICATE FEE (OPTIONAL)	\$ 50.00
<input type="checkbox"/>	CNA ENDORSEMENT FEE	\$ 50.00

OTHER FEES:

<input type="checkbox"/>	DUPLICATE RN/LPN LICENSE FEE	\$ 25.00
<input type="checkbox"/>	DUPLICATE CNA CERTIFICATE FEE	\$ 25.00
<input type="checkbox"/>	ADDRESS CHANGE FEE	\$ 25.00

ARIZONA STATE BOARD OF NURSING

4747 N. 7TH STREET, SUITE 200
PHOENIX, ARIZONA 85014-3655

CREDIT/DEBIT CARD AUTHORIZATION FORM

PLEASE RETURN COMPLETED FORM WITH YOUR APPLICATION

ONLY VISA OR MASTERCARD IS ACCEPTED

PLEASE CLEARLY PRINT ALL INFORMATION EXCEPT WHERE A SIGNATURE IS REQUIRED

NAME OF APPLICANT: _____

(REQUIRED)

AUTHORIZATION INFORMATION:

TOTAL AUTHORIZED AMOUNT: _____ + \$2.00 = _____
(TOTAL FROM PAYMENT CARD FEE SCHEDULE Plus \$2.00 PROCESSING FEE)

TYPE OF CARD:

VISA

MASTERCARD

CARD NUMBER: _____

(REQUIRED)

EXPIRATION DATE: _____

(REQUIRED)

CVN # _____

(REQUIRED)

BILLING INFORMATION:

CARD HOLDER NAME: _____

(REQUIRED)

BILLING/MAILING ADDRESS: _____

PHONE NUMBER: _____

(REQUIRED)

EMAIL ADDRESS: _____

SIGNATURE OF CARDHOLDER: _____

(REQUIRED)