

ARIZONA STATE BOARD OF NURSING (AZBN) RN/LPN Exam Instructions

IMPORTANT

Arizona is a Compact State. If your Primary State of Residency is in another Compact State (AR, CO, DE, ID, IA, KY, MD, ME, MO, MS, NE, NH, NM, NC, ND, RI, SC, SD, TN, TX, UT, VA, WI), you should not apply for licensure in AZ unless you are declaring AZ as your Primary State of Residency.

For the list of compact states go to www.ncsbn.org/nlc.htm. #1

REQUIREMENTS

• U.S. EDUCATED APPLICANTS:

1. RN applicants hold a Diploma, Associate Degree or Baccalaureate Degree in Nursing from an approved program. LPN applicants hold a Diploma or Certificate from an approved program. Visit www.azbn.gov/RNLPNExceptions to view RN or LPN exceptions. #2
2. Passing score on NCLEX exam.
3. Arizona Graduates – Certificate of Completion from an approved nursing program. Go to www.azbn.gov/RNLPNExam. #3
4. Graduates of out of state schools – Transcripts, including graduation dates and type of degree, sent by your school to AZBN.
5. Board approval for applicants who are under investigation.

• FOREIGN EDUCATED APPLICANTS; Including Canada and Puerto Rico

Visit www.azbn.gov/ForeignEducatedRequirements for application requirements #4, 4a, 4b

ITEMS TO COMPLETE FOR LICENSURE

- SUBMIT A PAPER APPLICATION WITH FEE
 - Print a copy of the application from the website
 - Complete the application in black ink and sign
 - Answer all required questions
 - Application must be mailed to AZBN (No Faxes)
- COMPLETE THE NCLEX REGISTRATION by going to www.pearsonvue.com/nclex OR by phone 866-496-2539 #5
- Request a Certificate of Completion – sent by the program directly to AZBN (for AZ graduates only)
- Request Official Transcripts – Sent by the program directly to AZBN (for out of state graduates)
- CITIZENSHIP/NATIONALITY/ALIEN STATUS DOCUMENTATION REQUIRED
 - All applicants must submit a copy of documentation regarding citizenship/nationality/alien status. A copy of the document must be submitted on an 8½ x 11 sheet of plain white paper and submitted with the application. For a list of acceptable documents go to www.azbn.gov/Citizenship #6
- SUBMIT A FINGERPRINT CARD
 - You are required to submit a full set of fingerprints for the purpose of obtaining State and Federal criminal record checks. You are exempt from this if you have submitted a fingerprint card to the AZBN within the previous two years.
 - A fingerprint card will be mailed to you when we receive your application.
 - The fingerprint card you receive from AZBN must be the card you use for fingerprints, since it has specific agency data pre-printed on it.
 - It can take a minimum of 4-5 weeks to receive fingerprint results. You cannot receive permanent licensure until these results are received.
 - Fingerprint Clearance Cards are not acceptable

ADDITIONAL INFORMATION

FEES & PAYMENT METHODS: Must be in US Dollars and are **non-refundable**

- Application Fee: \$300.00
- Fingerprint Fee: \$ 50.00 (required, unless submitted within the previous 2 years)
- Credit/Debit Card – Complete and **include** authorization form & submit with the application.
- Personal Checks – Pre-printed with your name/address and make payable to AZBN

OPTIONAL TEMPORARY LICENSE

- It usually not necessary for an Exam applicant to request a temporary license. **Exception:** When fingerprints are rejected and you have already passed NCLEX or if it has been more than 2 years since you graduated and must take a refresher course. Contact Becky Melton at 602.771.7830 if you wish to request a temporary license for either exceptions.

FELONY CONVICTIONS

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 be processed, and proceedings for revocation of your Arizona license or multistate privileges in Arizona or denial of your application shall be instituted by the Board.

For more information go to www.azbn.gov/ReportingCriminalCharges #7

REPORTING OF CRIMINAL CHARGES

Applicants for licensure/certification must notify the Board of criminal charges within 10 days of being charged.

For further information go to www.azbn.gov/ReportingCriminalCharges #7

UNDESIGNATED OFFENSE

Further information can be found at www.azbn.gov/FelonyBarStatutes. #8

TIME FRAMES FOR LICENSURE

The Board is required to process applications for licensure within certain time periods, per **R4-19-102** in the Nurse Practice Act. For further information go to www.azbn.gov/NursePracticeAct #9

CANDIDATE PROCESSING STEPS AND CHECKLIST

For further information go to www.azbn.gov/RNLPNExam. #10

APPLICATION PROCESS STEPS

For steps to the application process go to www.azbn.gov/Documents/Applications/Application-Process.pdf #11

VERIFICATION OF THE STATUS OF YOUR APPLICATION

To check the status of your application go to www.azbn.gov and click on License Verification. #12

When you submit an application, the Board will send you a deficiency notice identifying any elements of the application process which remain outstanding. For assistance with the application process for licensure, contact AZBN at 602.771.7800. If you fail to respond to a deficiency notice within the applicable time period, your application will be withdrawn. After withdrawal, if you are still interested in obtaining licensure you would need to submit a new application and applicable fee.

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



**ARIZONA STATE BOARD OF NURSING
REGISTERED NURSE/PRACTICAL NURSE
LICENSURE BY EXAMINATION**



SELECT THE LICENSE YOU ARE APPLYING FOR:

Registered Nurse License
 Practical Nurse License

NCLEX Registration: Please download the candidate bulletin for
 NCLEX at www.pearsonvue.com/nclex

NOTE: * Check the instructions for appropriate fee(s)
 * Processing can take 1-2 months for permanent licensure

PLEASE PRINT YOUR INFORMATION IN ALL CAPITAL LETTERS

1. APPLICANT'S NAME

First Name Middle Name

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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

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4. MAILING ADDRESS (If different than Home Address)

Street Address Line 1

--

Street Address Line 2

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City State Zip Code

--	--	--

5. HOME PHONE

() -

CELL PHONE

() -

OFFICE USE ONLY

License # _____

Issue Date ____ / ____ / ____

RNXA





6. NURSING PROGRAM ATTENDED

Name

City State Zip Code

Degree Licensed Practical Nurse RN Diploma RN Associates Degree BSN RN Masters

Date of Graduation (month/year) / Program Code

7. COLLEGE OR UNIVERSITY FOR HIGHEST DEGREE HELD (If different than Nursing Program)

Name

City State Zip Code

Degree Licensed Practical Nurse RN Diploma RN Associates Degree BSN Bachelors Non-Nursing
 Masters-Nursing Masters Non-Nursing Doctorate Certification

Date of Graduation (month/year) /

8. Certification: If applicable list any current national certification in nursing that you hold (does not include CPR)

Name of certification body Line 1
Line 2

Specialty/Category

Date of certification (month/year) / Expiration Date (month/year) /

9. Have you previously filed a nursing application in AZ? No Yes

If yes, what was the date? Month Year
 /

10. Have you ever taken the State Board Test Pool Examination (STPBE) or National Council Licensure Examination (NCLEX) in any state or US Territory? No Yes

If yes, list ALL dates, state(s) or US Territories, results of exam(s) and license number(s). (If exam was taken more than one time, please list the information on a separate sheet of paper, with your name printed at the top.)

Month Year State Pass Fail License Number
 /

11. List any country other than the USA in which you have been or are currently licensed as a nurse

Name of Country

Date Licensed (month/year) / Current Status of License Active Inactive Expired





12. 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) /

13. List any previous employer in Health Care if you have worked less than 960 hrs in the past 5 yrs with your current employer

Title/Position

Employer's Name

Street Address Line 1

Street Address Line 2

Work Phone
 () -

City

State

Zip Code

Employed From (month/year) / To /

14. OPTIONAL INFORMATION

E-Mail Address

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

ARIZONA GRADUATES:

- The Certificate of Completion form must be given to the Director of the nursing program. The Director must complete, sign, and return the form **directly** to the Board.

OUT OF STATE GRADUATES:

- Official nursing school transcripts, which includes the graduation date and type of degree must be sent by the school directly to the Board. (Faxed copies of transcripts are not acceptable.)

FOREIGN EDUCATED NURSES:

- Read the instructions for requirements.

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APPLICATION QUESTIONS

17. Are you currently under investigation or is a disciplinary action pending against your nursing license, CNA 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.
18. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program?
 No Yes
19. 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.
- 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.**
20. 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.

PLEASE BE ADVISED THAT FAILURE TO PROVIDE THE REQUESTED DOCUMENTS WILL DELAY THE PROCESSING OF YOUR APPLICATION

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.

 Applicant's Signature

 Date

REMEMBER TO ENCLOSE A COPY OF DOCUMENTATION OF CITIZENSHIP/NATIONALITY/ALIEN STATUS

PLEASE STAPLE ALL PAGES OF THE APPLICATION & CITIZENSHIP DOCUMENTATION TOGETHER AND

MAIL TO: ARIZONA STATE BOARD OF NURSING
 4747 N. 7TH STREET, SUITE 200
 PHOENIX, AZ 85014-3655
 (602) 771-7800 Fax (602) 771-7888
 Our Website: www.azbn.gov

RNXD





Doug Ducey
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

4747 North 7th Street, Suite 200
Phoenix, AZ 85014-3655
Phone (602) 771-7800
E-Mail: arizona@azbn.gov
Website: www.azbn.gov

You will not be made eligible to take NCLEX until this form is completed and received by the Board directly from your school.

CERTIFICATE OF COMPLETION **FOR ARIZONA GRADUATES**

RN

LPN

MSN

BSN

ADN

Diploma

I certify that: _____

Name of Graduate

Social Security Number

has completed final requirements of the nursing program curriculum:

Name of Nursing Program / Site

Date of Program Completion (MM/DD/YY)

Date Degree Posted (for RN program only) (MM/DD/YY)

Dean/Director/Designee (Signature)

Printed Name

Date

Must be submitted via Citrix ShareFile
The approved secure document delivery
account of the AZ State Board of Nursing

ARIZONA STATE BOARD OF NURSING

4747 N. 7TH STREET, STE. 200
PHOENIX, ARIZONA 85014

**CREDIT/DEBIT CARD AUTHORIZATION FORM
FOR RN/LPN EXAM APPLICATION**

IF PAYING BY CREDIT/DEBIT CARD PLEASE SUBMIT THIS FORM WITH YOUR ENDORSEMENT APPLICATION
ONLY VISA OR MASTERCARD IS ACCEPTED
A \$3.00 PROCESSING FEE IS APPLIED TO ALL PAYMENT CARD TRANSACTIONS

EXAM APPLICATION FEE- \$300.00
FINGERPRINT FEE- \$50.00

(PAYMENT REQUIRED TO PROCESS APPLICATION)
(PAYMENT REQUIRED TO PROCESS APPLICATION)

PLEASE CLEARLY PRINT ALL INFORMATION EXCEPT WHERE A SIGNATURE IS REQUIRED

NAME OF APPLICANT: _____

(REQUIRED)

AUTHORIZATION INFORMATION:

TOTAL AUTHORIZED AMOUNT:

_____ + **\$3.00**

(TOTAL APPLICATION FEES Plus \$3.00 PROCESSING FEE)

TYPE OF CARD:

VISA

MASTERCARD

CARD NUMBER:

(REQUIRED)

EXPIRATION DATE:

CVN #

(REQUIRED)

(REQUIRED)

BILLING INFORMATION:

CARD HOLDER NAME:

(REQUIRED)

BILLING/MAILING ADDRESS:

PHONE NUMBER:

(REQUIRED)

EMAIL ADDRESS:

SIGNATURE OF CARDHOLDER:

(REQUIRED)