

# **RN/LPN ENDORSEMENT INSTRUCTIONS**

**(Applying for licensure when previously licensed in another state)**

## **Nurses previously licensed in AZ must reapply by renewal, not by endorsement**

**ARIZONA IS A COMPACT STATE.** If your Primary State of Residency is in another Compact State (AR, CO, DE, ID, IA, KY, ME, MO, MD, MS, NE, NH, NM, NC, ND, RI, SC, SD, TN, TX, UT, VA, WI) do not apply for licensure in Arizona unless you are planning on declaring Arizona as your Primary State of Residency. Primary State of Residency is defined as where you vote, pay taxes and hold a drivers license. (For more information about the Nurse Licensure Compact visit [www.ncsbn.org](http://www.ncsbn.org).)

## **REQUIREMENTS FOR LICENSURE BY ENDORSEMENT FOR U.S. EDUCATED APPLICANTS**

### **PROFESSIONAL NURSES EDUCATED IN USA OR TERRITORIES:**

To be eligible for RN licensure you must:

1. Hold a Diploma, Associate Degree or Baccalaureate Degree in Nursing from an approved program.  
NOTE: Nurses educated in the Armed Forces must meet this requirement.
2. Have a passing score on the National Council Licensure Examination (NCLEX-RN®),  
OR have a score of 1600 on the NCLEX-RN® if the examination was taken prior to July 1988,  
OR have a score of not less than 350 on each part of the State Board Test Pool Examination (SBTPE) for professional nurses.
3. Have previous or current license in another state or territory.
4. Have met one of the following practice requirements:
  - a. Practiced as a nurse for 960 hours or more in the past 5 years **or**
  - b. Graduated from a nursing program and obtained a degree within past 5 years **or**
  - c. Completed an Arizona Board approved refresher course in the past 5 years **or**
  - d. Obtained an advanced nursing degree in the past 5 years (i.e. LPN to RN, RN to BSN, masters, or doctorate).
5. Excelsior graduates enrolled after 9/1/06, who have not practiced for 960 hours as an RN in another state must request the school to submit transcripts directly to AZBN showing completion of 120 hours Clinical Nursing Course.
6. Military programs designed to prepare persons for positions as corpsmen or technicians are not approved programs for licensure in Arizona.

### **PRACTICAL NURSES EDUCATED IN USA OR TERRITORIES:**

To be eligible for LPN licensure you must:

1. Hold a Diploma or Certificate from an approved practical nursing program.  
**Exceptions** to this practical nurse requirement:
  - Graduates of Sheppard Air Force Base School of Health Sciences 12 month nursing program in Texas between 1970 and 1976 were approved by the National League for Nursing. Vocational nurse applicants are eligible for licensure by endorsement if they graduated in the above years and passed the SBTPE.
  - Graduates of Fort Sam Houston Army Practical Nurse Program (1 Year) in Texas, and passed the SBTPE or the NCLEX-PN® are eligible for licensure by endorsement. Request transcripts from [Registrar@amedd.army.mil](mailto:Registrar@amedd.army.mil). Include name you took course under, social security number, dates course taken and Arizona Board of Nursing address for them to send transcripts.
  - The Navy has never applied for approval of a Practical Nurse Program to the Arizona State Board of Nursing; therefore applicants are not accepted into Arizona by endorsement.

NOTE: Transcripts required to verify Air Force and Army programs.

2. Have a passing score on the National Council Licensure Examination NCLEX-PN®,  
OR have a score of not less than 350 on the NCLEX-PN® if the examination was taken prior to October 1988,  
OR have a score of not less than 350 on the State Board Test Pool Examination (SBTPE) for practical nurses.  
**Exceptions** to this practical nurse requirement:
  - The first SBTPE for Vocational Nurses given in the state of **TEXAS** was in 1952 for one year only. From 1953 through 1967, a state constructed exam was given. Texas started the SBTPE again in 1968. Vocational Nurses therefore must have taken the examination in **1952** or **1968** to the present. If the applicant did not take and pass the examination in 1952 and has not taken and passed the examination since 1968, the applicant must request an application for examination.
  - Vocational Nurses requesting endorsement to Arizona from **CALIFORNIA** may be accepted if they took the SBTPE and passed before **June 1974** or the NCLEX-PN® after **April 1986**. If the applicant did not take and pass the SBTPE before June of 1974, and the applicant did not take and pass the NCLEX-PN® after April of 1986, the applicant must request an application for examination.
  - State Board Constructed Exams in **any** State or US territory are not accepted in Arizona.
3. Previous or current license in another state or territory.
4. Have met one of the following practice requirements:
  - a. Practiced as a nurse for 960 hours or more in the past 5 years **or**
  - b. Graduated from a nursing program and obtained a degree within past 5 years **or**
  - c. Completed an Arizona Board approved refresher course in the past 5 years **or**
  - d. Obtained an advanced nursing degree in the past 5 years (i.e. LPN to RN, RN to BSN, masters, or doctorate).

## **REQUIREMENTS APPLICANTS EDUCATED IN A FOREIGN COUNTRY (Including Canada and \*Puerto Rico)**

Note: Endorsement means nurses who are licensed in another U.S. state or Territory and wish to apply for licensure in Arizona.

### ▪ **FOREIGN EDUCATED PROFESSIONAL OR PRACTICAL NURSES MUST MEET THE FOLLOWING REQUIREMENTS (1 through 4):**

1. Validation of Educational Requirements
2. Validation of English Language Skills
3. Validation of Practice
4. Passed NCLEX-RN® or NCLEX-PN® OR State Board Test Pool Examination (SPTPE)

#### **1. Validation of Educational Requirements**

- Request an application from Commission on Graduates of Foreign Nursing Schools International (CGFNS) to obtain **one** of the following:
  - a) CES Professional Report.
  - b) Verification of VisaScreen® Certificate.
  - c) Verification of CGFNS Certification (Option not available for practical nurses).

**OR**

- Request an application from International Education Research Foundation (IERF) to complete an educational equivalency report.

**OR**

- Request or download an application from Educational Records Evaluation Services (ERES) to complete an Education Equivalency Report.

**OR**

- Request or download an application from Josef Silny & Associates, Inc. to complete an education equivalency report, specifically a 'licensing for nursing, basic report'.

**OR**

- Have the Canadian licensure board submit a passing score on the English language version of the CNATS or CRNE (Canadian Licensure Exam) **AND** verification of Canadian licensure status directly to AZBN).

**\*Exception** – RN endorsement applicants who have completed their basic nursing education in a foreign country are exempt from this requirement if they have obtained a BSN or graduate degree in nursing from an approved program in the United States **AND** worked at least 960 hours in the five years prior to applying for AZ licensure.

### **Contact Information for agencies listed above**

Commission on Graduates of Foreign Nursing Schools International  
3600 Market Street, Suite 400  
Philadelphia, PA 19104-2651  
Phone: 215-349-8767  
Website: [www.cgfns.org](http://www.cgfns.org)

International Education Research Foundation  
PO Box 3665  
Culver City, CA 90231  
Phone: 310-258-9451  
Email: [info@ierf.org](mailto:info@ierf.org)  
Website: [www.ierf.org](http://www.ierf.org)

Education Records Evaluation Services  
601 University Avenue, Suite 127  
Sacramento, CA 95825-6738  
Phone: 916-921-0791  
Toll-free: 866-411-ERES (3737)  
Email: [edu@eres.com](mailto:edu@eres.com)  
Website: [www.eres.com](http://www.eres.com)

Josef Silny & Associates, Inc.  
International Education Consultants  
7101 S W 102<sup>nd</sup> Avenue  
Miami, FL 33173  
Phone: 305-273-1616  
Website: [www.jsilny.com](http://www.jsilny.com)

#### **2. Validation of English Language Skills**

Exemptions from Validation of English Language Skills requirement:

If you have graduated from a nursing program in a country or territory where the principle language is English (i.e. Australia, United Kingdom, New Zealand, Canada (excluding Quebec), Ireland, Trinidad, Tobago, South Africa, Ghana, Jamaica, Barbados, or United States territory) you do not need to validate your English language skills.

**OR**

If you have been employed as a nurse for 960 hours or more within the past 5 years in a country or territory where the principal language is English (see countries/territories above) you do not need to validate your English language skills.

If the principal language of the country where your nursing program was given is a language other than English, you are required to obtain one of the following options.

- Computer-based Test of English as a Foreign Language (TOEFL) with a minimum score of 207 **AND** Test of Spoken English (TSE) with a minimum score of 50. OR  
Paper-based Test of English as a Foreign Language (TOEFL) with a minimum score of 540 **AND** Test of Spoken English (TSE) with a minimum score of 50. OR  
Internet-based (iBT) Test of English as a Foreign Language (TOEFL) with a minimum score of 76.

\*To have results sent to AZBN use the code 9680 when completing the application.

**OR**

- International English Language Test Service Academic Examination (IELTS) with a minimum score of 6.5 on the Overall Band Score and 7.0 on the Speaking Score.

**OR**

- Test of English in International Communication (TOEIC) with a minimum score of 725 **AND** Test of Spoken English (TSE) with a minimum score of 50.

**OR**

- Visa Screen Certificate from CGFNS.

**OR**

- A CGFNS Certificate **AND** the Test of Spoken English (TSE) with a minimum score of 50.

**Contact Information for agencies listed above**

TOELF and TSE: Education Testing Services PO Box 6151 Princeton, NJ 08541-6151 Phone: 1-877-863-3546 Email: <a href="mailto:toefl@ets.org">toefl@ets.org</a> Website: <a href="http://www.ets.org/toefl">www.ets.org/toefl</a>	IELTS: IELTS International 825 Colorado Boulevard, Suite 112 Los Angeles, CA 90041 Website: <a href="http://www.ielts.org">www.ielts.org</a> (Follow instructions on website for more detailed contact information)	TOEIC: TOEIC Testing Program Education Testing Service Rosedale Road Princeton, NJ 08541 Phone: 1-609-771-7170 Email: <a href="mailto:toeic@ets.org">toeic@ets.org</a> Website: <a href="http://www.ets.org/toeic">www.ets.org/toeic</a>	Commission on Graduates of Foreign Nursing Schools International 3600 Market Street, Suite 400 Philadelphia, PA 19104-2651 Phone: 215-349-8767 Website: <a href="http://www.cgfns.org">www.cgfns.org</a>
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**3. Validation of Practice**

Have met one of the following practice requirements:

- Practiced as a nurse for 960 hours or more in the past 5 years **or**
- Graduated from a nursing program and obtained a degree within past 5 years **or**
- Completed an Arizona Board approved refresher course in the past 5 years **or**
- Obtained an advanced nursing degree in the past 5 years (i.e. LPN to RN, RN to BSN, masters, or doctorate).

**4. Passed NCLEX-RN or NCLEX-PN or State Board Test Pool Examination (SBTPE)\*\***

\*\* If you have passed the SBTPE in Canada between certain dates, you will have met the testing requirement.

<u>Province</u>	<u>First Administered</u>	<u>Last Administered</u>
Alberta	1954 (September)	1970 (June)
British Columbia	1949 (September)	1970 (April)
Manitoba	1955 (October)	1970 (April)
Newfoundland	1961	1970
Nova Scotia	1955 (May)	1970 (August)
Prince Edward Island	1957	1970 (August)
Quebec	1959 (April)	1970 (August)
Saskatchewan	1956 (April)	1970 (April)

**\*Applicants educated in Puerto Rico**

- Applicants who have graduated before 9/15/06 AND their nursing program has a program code assigned by the National Council State Board of Nurses, are eligible to apply for licensure by exam and endorsement. They are NOT required to complete validation of education or language requirement.
- Applicants who have graduated after 9/15/06 are required to request a report from CGFNS/IERF/or ERES (validating their educational requirements) be sent directly to AZBN as well as Validation of English Language requirement.

**APPLICATION FEES:**

**ALL FEES MUST BE IN US DOLLARS AND ARE NON REFUNDABLE**

The application fee is \$150. The fingerprint/background check fee is \$50. An optional fee of \$50 is required for a temporary license.

Total amount due if requesting a temporary license- **\$250**

Total amount due if not requesting a temporary license - **\$200**

- You may pay by credit/debit card (must complete attached two pages for credit card authorization) or by check or money order payable to the Arizona State Board of Nursing.
- **ALL PERSONAL CHECKS** must be pre-printed with your name and address or they will be returned.
- There is a \$50.00 fee for all checks returned for insufficient funds. Non payment will result in an invalid license.
- All licenses that are returned to the Board because of an incorrect address will result in a fine of \$25.

**COMPLETING THE PAPER APPLICATION:**

Paper applications are scanned. Please print legibly in ink, one character per box. All questions with an “\*” must be answered. Faxed applications are not acceptable. If your information does not fit in the space provided, please include an 8 ½ x 11 paper with the section # and information that needs to be updated.

**OPTIONAL TEMPORARY LICENSE**

▪ **Regular temporary license or temporary for refresher course only**

Applicants are eligible for a temporary license if they:

1. Meet all requirements for U.S. or foreign educated nurses in the sections above.
2. Submitted a completed application, paid the applicable fees, and included a completed fingerprint card (see Fingerprinting section instructions).
3. Submitted a request for temporary license (attached) and paid applicable fee.
4. Did not answer “yes” to questions about disciplinary actions or felonies.
5. Included a copy of a current license in good standing from another state or territory of the U.S.
6. Have no disciplinary actions noted in databank.

7. Before a temporary license can be issued to a Foreign Graduate, a copy of the letter from CGFNS/IERF/ERES/Josef Silny stating the ID # and validation of English language requirement must be provided to AZBN.
8. Armed Forces Nurses – Have Military transcripts sent directly to the Board of Nursing.
9. Applicants applying for a temporary license “for refresher course only” must provide documentation that you have enrolled in an Arizona Board approved refresher course.

**Please note:** Applications for temporary licenses are processed in the order they are received. If you qualify for a temporary license, allow approximately 2 weeks for processing. The temporary license will be mailed to the address on your application. A temporary license can be held at the Board for pick up if you submit a written request with your application.

**Also note:** Applicants holding a current multistate license from another compact state should not request a temporary license, but can use their compact state license for up to 30 days until an Arizona permanent license is issued.

▪ **48 hour temporary license (For emergency purposes only)**

Meet all requirements making you eligible for a temporary license (see above) and:

1. **You** must hand carry to the Board office a completed application, including a completed fingerprint card and applicable fees.
2. **You** have written documentation on employer’s letterhead stating a specific hire date starting within 7 days.
3. You have **NOT** mailed in an application to the Board for the same licensure.

**Please note:** Applicants holding a current multistate license from another compact state cannot obtain a 48 hour temporary. Unless otherwise requested, all 48 hour temporary licenses will be placed up front for pick up.

- All temporary licenses are good for six months. If the results of your fingerprint check show a positive criminal history, an investigation may be initiated and your temporary license will not be extended until the investigation is complete. Investigations may take six months.
- Permanent licensure may take one to two months. If you receive a temporary license and have not received a permanent license at least 10 days before the temporary license is due to expire, contact the Board of Nursing at (602) 771-7800 to request an extension

**VERIFICATION OF YOUR ORIGINAL STATE OF LICENSURE**

- If your original (first) state of licensure was in one of the following states/territories go to [www.nursys.com](http://www.nursys.com) and submit a request for verification.

Alaska (AK)	Kentucky (KY)	New Jersey (NJ)	Tennessee (TN)
American Samoa (AS)	Louisiana (LA) - RN	New Mexico (NM)	Texas (TX)
Arizona (AZ)	Maine (ME)	New York (NY)	Utah (UT)
Arkansas (AR)	Maryland (MD)	North Carolina (NC)	Vermont (VT)
Colorado (CO)	Massachusetts (MA)	North Dakota (ND)	Virgin Islands (VI)
Delaware (DE)	Michigan (MI)	North Mariana Islands (MP)	Virginia (VA)
District of Columbia (DC)	Minnesota (MN)	Ohio (OH)	Washington (WA)
Florida (FL)	Mississippi (MS)	Oregon (OR)	West Virginia (WV)
Guam (GU)	Missouri (MO)	Rhode Island (RI)	Wisconsin (WI)
Idaho (ID)	Montana (MT)	South Carolina (SC)	Wyoming (WY)
Indiana (IN)	Nebraska (NE)	South Dakota (SD)	
Iowa (IA)	Nevada (NV)		
	New Hampshire (NH)		

- If your original state of license was in a state/territory other than those listed above, complete the VERIFICATION FORM on the following page and **mail** (DO NOT fax) to the state/territory of your original license. Most states/territories require a fee for verification of licensure. Please check with your original state to find out what the appropriate fee is BEFORE sending the verification form. For a list of addresses of state boards, see page following the VERIFICATION FORM. It is YOUR responsibility to request that your original state sends the Arizona Board of Nursing the verification. **A permanent license will not be issued without receipt of the verification form.**

**CITIZENSHIP/LAWFUL PRESENCE DOCUMENTATION REQUIRED:** Federal law 8 U.S.C. § 1641 and a state law A.R.S. § 1-501, placed into effect 1/1/2008, 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 certification in Arizona. All applicants must submit documentation regarding their citizenship/nationality/alien status once after that 1/1/2008 date unless submitting a document with an expiration date (excluding US passports). If documentation has not yet been submitted, see list A & B for specific documentation required. A photocopy of the documentation you submit must be on 8 ½ x 11 paper.

**FINGERPRINTING**

- Pursuant to A.R.S. § 32-1606(B)(15), each applicant for initial licensure is required to submit a full set of fingerprints with the completed application. You are only exempt from this requirement if you have submitted a fingerprint card to the Arizona Board of Nursing within the previous two years.
- If you download an application off of the website ([www.azbn.gov](http://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 AZBN **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. You cannot receive permanent licensure until these results are received.
- Fingerprint Clearance Cards are not acceptable.

**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 or 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 within 10 days of being charged. Further information is available at [www.azbn.gov/ReportingCriminalCharges.aspx](http://www.azbn.gov/ReportingCriminalCharges.aspx).

**TIME FRAMES FOR LICENSURE:** The Board is required to process applications for licensure within certain time periods, per NPA R4-19-102. Visit [www.azbn.gov/NursePracticeAct.aspx](http://www.azbn.gov/NursePracticeAct.aspx) and click on Rules for more information.

**Please Note:** 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, please contact Paula Delphy 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.

## VERIFICATION FORM

This form is to be used only if you were originally licensed in the following states/territories: AL, CA, CT, GA, HI, IL, KS, LA(LPN), OK, PA, PR, WV (RN).

**ARIZONA STATE BOARD OF NURSING**  
**4747 N 7<sup>TH</sup> ST, STE 200, PHOENIX, AZ 85014-3655 Ph:(602) 771-7800**  
**Allow 4 weeks for verification to be received by AZ**

<b>PART I: APPLICANT:</b> Complete part I and mail this form to the Board of Nursing of the state or territory where you were originally licensed. *Please note that most boards charge a fee for this service*				
NAME: _____				
LAST	FIRST	MIDDLE	PREVIOUS NAME(S)	
ADDRESS: _____				
STREET		CITY	STATE	ZIP
NAME WHEN ORIGINALLY LICENSED:		DATE OF BIRTH:	SOCIAL SECURITY NO:	
_____/_____/_____		____/____/____	____-____-____	
LAST		FIRST		
GRADUATION DATE:		LICENSE NO.:	ORIGINAL STATE OF LICENSURE:	
____/____/____		_____	_____	
MO	YEAR			
<b>PART II: ORIGINAL LICENSING BOARD:</b> Complete part II and return directly to the Arizona State Board of Nursing.				
ORIGINAL NAME OF LICENSEE: _____				
		LAST	FIRST	
LICENSE NO.:		DATE OF ISSUANCE:	EXPIRATION DATE:	
_____		____/____/____	____/____/____	
•ISSUED BY:	Exam <input type="checkbox"/>	Endorsement <input type="checkbox"/>	Waiver <input type="checkbox"/>	
•LICENSE STATUS:	Current <input type="checkbox"/>	Inactive <input type="checkbox"/>	Lapsed <input type="checkbox"/>	
•HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST THIS LICENSE? No <input type="checkbox"/> Yes <input type="checkbox"/>				
•IF YES, DATE: ____/____/____ ACTION: _____				
•ARE THERE ANY COMPLAINTS OR DISCIPLINARY ACTIONS PENDING? No <input type="checkbox"/> Yes <input type="checkbox"/>				
•IS LICENSEE A GRADUATE OF AN APPROVED NURSING SCHOOL? No <input type="checkbox"/> Yes <input type="checkbox"/>				
NAME OF NURSING PROGRAM: _____				
LOCATION: _____			Graduate Date: ____/____/____	
CITY			STATE	
DEGREE OBTAINED: Diploma <input type="checkbox"/>		Associates in Nursing <input type="checkbox"/>	Bachelors in Nursing <input type="checkbox"/>	
TEST TAKEN: State Board Test Pool Examination (SBTPE) <input type="checkbox"/> National Council Licensure Exam (NCLEX) <input type="checkbox"/>				
NUMBER OF TIMES CANDIDATE WROTE EXAM: _____				
DATE OF EXAM: ____/____/____				
TEST SERIES/FORM NUMBER _____				
IF NCLEX:				
Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	OR	Score _____	
IF SBTPE:				
Practical Nurse Score: _____				
Registered Nurse Scores:				
MEDICAL	PSYCHIATRIC	OBSTETRICAL	SURGICAL	NURSING OF CHILDREN
It is hereby certified that the facts are stated from official evidence on file in the office of the undersigned in relation to the individual named above.				
			Signature: _____	Date: _____
			Title: _____	
Board Seal			State Board of Nursing: _____	

## PLEASE CONTACT APPROPRIATE BOARD FOR CURRENT FEES REQUIRED FOR VERIFICATION

### ALABAMA

770 Washington Ave  
RSA Plaza, Ste 250  
Montgomery, AL 36130-3900  
(334) 242-4060

### ALASKA

550 W 7th Ave Ste 1500  
Anchorage AK 99501-3567  
(907) 269-8161

### AMERICAN SAMOA

Health Services Regulatory Bd.  
LBJ Tropical Med Ctr  
Pago Pago, AS 96799  
(684) 633-1222

### ARIZONA

4747 N. 7<sup>th</sup> Street, Suite 200  
Phoenix, AZ 85014-3655  
(602) 771-7800

### ARKANSAS

University Tower Bldg  
1123 S. University, Ste 800  
Little Rock, AR 72204-1619  
(501) 686-2700

### CALIFORNIA

Board of Registered Nursing  
1625 N Market Blvd, Ste N-217  
Sacramento, CA 95834-1924  
(916) 322-3350  
Board of Vocational Nursing &  
Psychiatric Technicians  
2535 Capitol Oaks Dr, Ste 205  
Sacramento, CA 95833  
(916) 263-7800

### COLORADO

1560 Broadway, Ste 1370  
Denver, CO 80202  
(303) 894-2430

### CONNECTICUT

Board of Examiners for Nursing  
Dept of Public Health  
410 Capitol Ave, MS# 13PHO  
PO Box 340308  
Hartford, CT 06134-0328  
(860) 509-7603

### DELAWARE

861 Silver Lake Blvd  
Cannon Building, Ste 203  
Dover, DE 19904  
(302) 744-4500

### DIST. OF COLUMBIA

Department of Health  
Health Professional Licensing  
Administration  
District of Columbia Board of  
Nursing  
899 North Capitol Street, NE  
Washington, DC 20002  
(877) 672-2174

### FLORIDA

4052 Bald Cypress Way, BIN  
C02  
Tallahassee, FL 32399  
(850) 245-4125

### GEORGIA

237 Coliseum Dr  
Macon, GA 31217-3858  
(478) 207-2440

### GUAM

Board of Nurse Examiners  
#123 Chalan Kareta  
Mangilao, GU 96913-6304  
(671) 735-7407

### HAWAII

PVLD/DCCA  
Attn: Board of Nursing  
PO Box 3469  
Honolulu, HI 96801  
(808) 586-3000

### IDAHO

280 N 8<sup>th</sup> St, Ste 210  
PO Box 83720  
Boise, ID 83720  
(208) 334-3110

### ILLINOIS

James R Thompson Ctr  
100 W Randolph, Ste #9-300  
Chicago, IL 60601  
312-814-2715

### INDIANA

Professional Licensing Agency  
402 W Washington St,  
Room W072  
Indianapolis, IN 46204  
(317) 234-2043

### IOWA

RiverPoint Business Park  
400 SW 8<sup>th</sup> St, Ste B  
Des Moines, IA 50309-4685  
(515) 281-3255

### KANSAS

Landon State Office Bldg  
900 SW Jackson, Ste #1051  
Topeka, KS 66612  
(785) 296-4929

### KENTUCKY

312 Whittington Pkwy,  
Ste 300  
Louisville, KY 40222  
(502) 429-3300

### LOUISIANA

Board of Practical Nurse  
Examiners  
3421 N Causeway Blvd,  
Suite 505  
Metairie, LA 70002  
(504) 838-5791  
RN Board of Nursing  
17373 Perkins Rd  
Baton Rouge, LA 70810  
(225) 755-7500

### MAINE

158 State House Station  
Augusta, ME 04333  
(207) 287-1133

### MARYLAND

4140 Patterson Ave.  
Baltimore, MD 21215  
(410) 585-1900

### MASSACHUSETTS

Bd of Registration of Nrsgr  
Commonwealth of MA  
239 Causeway St, 2<sup>nd</sup> Fl  
Boston, MA 02114  
617-973-0800

### MICHIGAN

MI/DCH/Bureau of Hlth  
Professions  
Ottawa Towers North  
611 W Ottawa, 1<sup>st</sup> Fl  
Lansing, MI 48933  
(517) 335-0918

### MINNESOTA

2829 University Ave SE  
Suite 200  
Minneapolis, MN 55414  
(612) 617-2270

### MISSISSIPPI

1935 Lakeland Dr Ste B  
Jackson, MS 39216-5014  
(601) 987-4188

### MISSOURI

3605 Missouri Blvd  
PO Box 656  
Jefferson City, MO 65102-0656  
(573) 751-0681

### MONTANA

301 S Park, Ste 401  
PO Box 200513  
Helena, MT 59620-0513  
(406) 841-2345

### NEBRASKA

301 Centennial Mall S  
Lincoln, NE 68509-4986  
(402) 471-4376  
Advanced Practice  
301 Centennial Mall S  
PO Box 94986  
Lincoln, NE 68509-4986  
(402) 471-6443

### NEVADA

5011 Meadowood Mall Way, Ste  
300  
Reno, NV 89502  
(775) 687-7700

### NEW HAMPSHIRE

21 S Fruit St, Ste 16  
Concord, NH 03301-2431  
(603) 271-2323

### NEW JERSEY

PO Box 45010  
124 Halsey St, 6<sup>th</sup> Fl  
Newark, NJ 07101  
(973) 504-6430

### NEW MEXICO

6301 Indian School Rd, NE, Suite  
710  
Albuquerque, NM 87110  
(505) 841-8340

### NEW YORK

Education Building  
89 Washington Ave  
2<sup>nd</sup> Floor West Wing  
Albany, NY 12234  
(518) 474-3817 ext 280

### NORTH CAROLINA

3724 National Dr, Ste 201  
Raleigh, NC 27602  
(919) 782-3211

### NORTH DAKOTA

919 S. 7<sup>th</sup> St., Suite 504  
Bismarck, ND 58504  
(701) 328-9777

### NORTHERN MARIANA ISLANDS

Commonwealth Board of Nurse  
Examiners  
PO Box 501458  
Saipan, MP 96950  
(670) 664-4810

### OHIO

17 S High St., Suite 400  
Columbus, OH 43215-3413  
(614) 466-3947

### OKLAHOMA

2915 N. Classen Blvd, Ste 524  
Oklahoma City, OK 73106  
(405) 962-1800

### OREGON

17938 SW Upper Boones Ferry Rd  
Portland, OR 97224  
(971) 673-0685

### PENNSYLVANIA

PO Box 2649  
Harrisburg, PA 17105-2649  
(717) 783-7142

### PUERTO RICO

Commonwealth of Puerto Rico  
Board of Nurse Examiners  
800 Roberto H Todd Ave  
Room 202, Stop 18  
Santurce, PR 00908  
(787) 725-7506

### RHODE ISLAND

Registration & Nrsgr Educ  
105 Cannon Building  
Three Capitol Hill  
Providence, RI 02908  
(401) 222-5700

### SOUTH CAROLINA

PO Box 12367  
Columbia, SC 29211  
(803) 896-4550

### SOUTH DAKOTA

4305 S Louise Ave, Ste 201  
Sioux Falls, SD 57106-3115  
(605) 362-2760

### TENNESSEE

227 French Landing, Ste 300  
Heritage Pl MetroCenter  
Nashville, TN 37243  
(615) 532-5166

### TEXAS

333 Guadalupe, Ste 3-460  
Austin, TX 78701  
(512) 305-7400

### UTAH

Heber M Wells Bldg, 4 Flr  
160 E 300 South  
Salt Lake City, UT 84111  
(801) 530-6628

### VERMONT

Office of Professional Regulation  
National Life Bldg N Fl.2  
Montpelier, VT 05620-3402  
(802) 828-2396

### VIRGIN ISLANDS

PO Box 304247  
Veterans Drive Station  
St. Thomas, VI 00803  
(340) 776-7131

### VIRGINIA

Dept of Health Professions  
Perimeter Center  
9960 Mayland Dr, Ste 300  
Richmond, VA 23233  
(804) 367-4515

### WASHINGTON

WA State Nrsgr Care QA  
Commission, Dept of Hlth  
HPQA #6  
310 Israel Rd SE  
Tumwater, WA 98501-7864  
(360) 236-4700

### WEST VIRGINIA

WV State Bd of Examiners for  
LPNs  
101 Dee Drive  
Charleston, WV 25311  
(304) 558-3572  
WV State Bd of Examiners for  
RNs  
101 Dee Drive  
Charleston, WV 25311  
(304) 558-3596

### WISCONSIN

WI Dept of Reg & Lic  
PO Box 8935  
Madison, WI 53708-8935  
(608) 266-2112

### WYOMING

1810 Pioneer Ave  
Cheyenne, WY 82001  
(307) 777-7601

**Don't forget to include document to show your citizenship/nationality/alien status with your application if  
not yet submitted.**

## 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  
REGISTERED NURSE/PRACTICAL NURSE  
LICENSURE BY ENDORSEMENT**

**SELECT THE LICENSE(S) YOU ARE APPLYING FOR:**

- RN    LPN    Temporary License (refer to the last page\*)  
 Advanced Practice Certificate (separate application)

NOTE:   \* If you were previously licensed in Arizona as an RN or LPN, you need to complete a renewal application to activate your RN or LPN license  
\* Check the instructions for appropriate fees  
\* 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

--	--

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. PRIMARY STATE OF RESIDENCE ADDRESS (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**

(    )   -

**OFFICE USE ONLY**

NURSYS Results   License # \_\_\_\_\_

Neg    Pos

Initials \_\_\_\_\_   Issue Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



RLEA





**6. TESTING INFORMATION**

In what state or territory did you obtain your **original** license?

What was your original license number?

What was the date of your state exam? Month   / Year

Did you test more than 1 time?  No  Yes If yes, how many times?

Which test did you take?  SBTPE (This test was given before 7/1/82)

NCLEX (This test was given after 7/1/82)

Passing the SBTPE or NCLEX test is required for licensure in Arizona.

**7. ARIZONA LICENSURE**

Have you previously submitted a nursing application in Arizona?  No  Yes

If yes, did you receive a permanent Arizona license?  No  Yes If yes, when Month   / Year

**8. 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

**9. 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  \*CRNA

Date of Graduation (month/year)   /     \*To work as a CRNA in Arizona you must complete a CRNA application

**10. 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)   /

**11. EMPLOYMENT STATUS**  Employed  Not Employed

Employed in Nursing Employment in a field other than Nursing PRN/Pool/Registry Traveler  
 Full Time  Full Time  Yes  Yes  
 Part Time  Part Time  No  No

Average number of hours worked per week as a nurse?





**12. LICENSE INFORMATION** List the state/territory, license number, and current status of all nursing licenses.

State	License Number	Active	Inactive	Expired
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State	License Number	Active	Inactive	Expired
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State	License Number	Active	Inactive	Expired
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State	License Number	Active	Inactive	Expired
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are licensed in more than 4 states, please list the information on a separate sheet of paper

**13. 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)  /

**14. Check the practice requirement that you meet for licensure (one option must be marked to be eligible for licensure)**

- I have practiced as a nurse for 960 hrs or more in the past 5 years **OR**
- I have completed an Arizona Board approved refresher course within the past 5 years **OR** graduated from a nursing program within 5 years **OR**
- I have obtained an advanced nursing degree (RN to BSN, Masters, or Doctorate) or advanced practice certificate in the past 5 years

**15. If 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  /

**16. OPTIONAL INFORMATION**

E-Mail Address

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



**17. 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 19. If you are not a citizen or national of the United States, complete question 18.

**18. 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

19. 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.
20. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program?  
 No  Yes
21. 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.**
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 ed “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

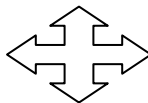
The undersigned declares under penalty of perjury under the laws of Arizona, that he/she:

- 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

**\* FOR A TEMPORARY LICENSE: TAPE A COPY OF A CURRENT LICENSE HERE AND COMPLETE THE "REQUEST FOR TEMPORARY LICENSE" FORM**



NO STAPLES PLEASE  
SCOTCH TAPE ALL SIDES

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

**PLEASE STAPLE ALL PAGES OF THE APPLICATION TOGETHER AND MAIL TO:**

**ARIZONA STATE BOARD OF NURSING**  
4747 N. 7<sup>TH</sup> STREET, SUITE 200  
PHOENIX, AZ 85014-3655  
(602) 771-7800  
Our Website: [www.azbn.gov](http://www.azbn.gov)

RLED



## REQUEST FOR TEMPORARY LICENSE

**ARIZONA STATE BOARD OF NURSING**  
**4747 N 7<sup>TH</sup> STREET, SUITE 200**  
**PHOENIX, AZ 85014-3655**  
**(602) 771-7800 FAX (602) 771-7888**

**THIS REQUEST MUST EITHER ACCOMPANY AN APPLICATION OR AN APPLICATION MUST ALREADY BE ON FILE.**

**NOTE: The 48 hours option should be utilized only for emergency purpose. Application and all supporting documents MUST be hand carried to Board Office.**

Name \_\_\_\_\_  
LAST FIRST

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MO DAY YEAR

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Soc. Sec Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (Mandatory)

**Are you applying for?**  RN or  LPN  Endorsement or  Examination

**ADVANCED PRACTICE:**  Nurse Practitioner  Nurse Midwife  Clinical Nurse Specialist

**You are eligible for a temporary license if you meet the following requirements for your application type.**

Note: Citizenship documentation is required for all applicants – don't forget to include documents to show your citizenship/nationality/alien status with your application.

**If all requirements for a permanent license are met before a temporary license is issued, a permanent license will be issued.**

<p><b><u>ENDORSEMENT APPLICANTS \$50 fee</u></b></p> <ul style="list-style-type: none"> <li>Have submitted an application, fingerprint card, and fees for licensure</li> <li>Do not have "yes" answers to questions on the last page of the application</li> <li>Have included a copy of a current license in good standing in another state</li> <li>Passed NCLEX or SBTPE</li> <li>No disciplinary action in another jurisdiction.</li> <li>Must have practiced as a nurse for 960 hours or more in the past 5 years, or completed an Arizona Board approved refresher course within the past 5 years or obtained an advanced nursing degree in the past 5 years</li> <li>Official documents from agency to AZBN</li> <li>Graduates of foreign nursing program:                     <ul style="list-style-type: none"> <li>* CGFNS/IERF/ERES/JS&amp;A ID#</li> <li>* Validation of English language requirement met.</li> </ul> </li> <li>Educated in the Armed Forces – transcripts required</li> <li>Excelsior Graduates – transcripts required</li> </ul>	<p><b><u>ADVANCED PRACTICE APPLICANTS \$35 fee</u></b></p> <ol style="list-style-type: none"> <li>1. <b>Endorsement</b> applicants who have met all of the requirements for Advanced Practice certification (listed on instructions) have been issued a temporary Arizona RN license and are waiting for permanent Arizona RN licensure.</li> <li>2. <b>New graduate AP</b> applicants who have met all of the requirements for Advanced Practice certification (listed on instructions) and are awaiting national certification, must:                     <ul style="list-style-type: none"> <li>Request certifying agency to send verification that you have applied for and are eligible to take or have taken an advanced practice certifying examination in their category or specialty area of practice. Verification must come directly from the certifying agency, directly to AZBN.</li> </ul> </li> </ol> <p><b>ADVANCED PRACTICE NEW GRADUATE APPLICANTS ONLY:</b>                      I attest that I have submitted written authorization to the certifying body to release my examination results to Arizona State Board of Nursing.</p> <hr style="width: 100%;"/> <p style="text-align: right;">Advanced Practice New Graduate Applicant</p>
<p><b><u>EXAMINATION APPLICANTS \$50 fee</u></b></p> <ul style="list-style-type: none"> <li>Have submitted an application, fingerprint card, and fees for licensure</li> <li>Do not have "yes" answers to questions on the last page of the application</li> <li>Have passed NCLEX</li> <li>Have negative fingerprint results from AZ Department of Public Safety</li> </ul>	<p><b><u>Additional Fee Info</u></b></p> <ul style="list-style-type: none"> <li><b>Fees are not refundable.</b></li> <li>A \$50.00 fee will be charged for checks returned because of insufficient funds.</li> <li><b>All</b> personal checks must be pre-printed with your name and address; starter checks will not be accepted.</li> <li>Out of country personal checks are not considered US Dollars and <u>will not be accepted</u>.</li> </ul>

**NOTE: Any applicant who has a criminal history, a history of disciplinary action by a regulatory agency, or a pending complaint before the board IS NOT eligible for a temporary license OR extension of a temporary without board approval.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

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

Check these areas before returning your application.

- Your application is in black ink.
- All required sections marked with a '\*' are completed.
- Your state of primary residency is not in another compact state.
- You signed and dated the application
- You enclosed a check (pre-printed with your name and address) or money order made out to Arizona State Board of Nursing.
- You have requested verification from your original state of licensure (see application instructions to determine whether you submit verification through NURSYS or send a form directly to your original state).
- If you have not already submitted one with the application or within the last two years, a fingerprint card will be mailed to you after we receive your application.
- A copy of your Citizenship/Nationality/Alien Status documentation is attached to your application.
- If you are requesting a temporary license, you enclosed a photocopy of a current license which shows an expiration date.
- If you are requesting a temporary license, you enclosed the temporary request form.
- If a graduate of a foreign nursing program and requesting a temporary license, you have submitted a copy of a letter from CGFNS/IERF/ERES/Josef Silny with ID number.
- Read the instructions for more details on these reminders. Thank you!**

**\*Note: Advanced Practice/CRNA nurses must also submit either an AP or CRNA application, plus any additional fees listed on the AP/CRNA application instructions. Only one fingerprint card and fee must be submitted if applying for both RN and AP/CRNA licensure.**

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### 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)