

ARIZONA STATE BOARD OF NURSING (AZBN)
APPLICATION INSTRUCTIONS FOR RN/LPN LICENSURE BY EXAMINATION

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. (See www.ncsbn.org for a list of Compact States.)

TWO APPLICATIONS TO COMPLETE

1. Application for **RN / LPN Licensure by Examination**
 - Complete and mail to Arizona State Board of Nursing
2. **NCLEX Registration**
 - Complete the **NCLEX Registration** online by going to www.pearsonvue.com **OR** by phone.

NOTE: Make sure your name and Social Security Number on both applications have exactly the same name and Social Security Number that you have on the 2 forms of identification you will show when you take NCLEX.

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.

FEES – All fees submitted must be in US dollars and are not refundable.

- **NOTE: THERE ARE TWO SEPARATE FEES** – One for **NCLEX Registration** and the other for **AZBN Application Fee**. If incorrect fees are submitted your check will be returned.
- The AZBN application fee is \$300, plus the fingerprint fee of \$50 for a total of \$350. (If you paid the fingerprint fee to become a CNA, LPN or RN within the past 2 years, you do not need to submit fingerprints or fingerprint fee again.) The license will be valid for 4 years.
- You may pay by credit/debit card (must complete attached two pages for credit card authorization) or money order or check made payable to the Arizona State Board of Nursing. All personal checks **must** be pre-printed with your name and address. **A \$50.00 fee will be charged for checks returned because of insufficient funds.**
- Personal checks drawn on banks out of the Continental US are not considered US Dollars and will not be accepted.

ADDRESS – The **home/primary state of residence** address must be completed. This address must reflect where you vote, pay federal taxes or obtain a drivers license. The **mailing** address is optional. A.R.S. § 32-3801 states that a professional’s residential address and phone number maintained by a professional board are not available to the public unless that is the only address and number of record. If you give a mailing address, your renewal notice, Journal, etc., would be sent to your mailing address.

OPTIONAL TEMPORARY LICENSE Form available in application packet

- It is usually not necessary for an Exam applicant to request a temporary license. (**Exceptions:** When fingerprints are rejected and you have already passed NCLEX or it has been more than 2 years since you graduated and must take a refresher course) A completed fingerprint card is required prior to a temporary license being issued.
- Applicants are ineligible for a temporary license if they answer “yes” to any questions on the last page of the application. Issuance of a permanent license will also be delayed.
- If you apply and are eligible for a temporary license, allow **1 week** for processing. The temporary license will be mailed to the address on your application. A temporary license can be held at the Board office for you to pick up, if you submit a written request with your application. The temporary license expires in 6 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 6 months. An applicant under investigation is not prohibited from taking NCLEX.
- If you do receive a temporary license and have not received a permanent license at least 10 days before the temporary license is due to expire, call the Examination Office, Becky Melton, at 602-771-7800 to request an extension.

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 that may affect patient safety within 10 days of being charged. Further information is available at www.azbn.gov.

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.
- 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 AZBN **must** be the card you use for fingerprints, since it has specific agency data pre-printed on it.
- A temporary license will **not** be issued until a completed application **AND** fingerprint results are received.

- Please check your local phone directory for information on fingerprinting agencies.
- It can take 2-3 weeks to receive fingerprint results from the FBI. You cannot receive permanent licensure until these results are received.

REQUIREMENTS FOR RN/LPN APPLICANTS EDUCATED IN THE USA OR TERRITORIES

1. Submit a complete application and fees.
2. 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.
3. Have passing score on NCLEX exam.
4. Arizona Graduates only – Proof of completion of an approved nursing program.*
5. Graduates of out-of-state schools – Transcripts, including graduation dates and type of degree, sent by your school to AZBN.
6. Fingerprint results from Arizona Department of Public Safety and the FBI.
7. Board approval for applicants who are under investigation.
8. Applicants educated in the Armed Forces: Military programs designed to prepare persons for positions as corpsmen or technicians are not approved programs for licensure in Arizona.

EXCELSIOR GRADUATES:

Applicants who started or re-enrolled in the program after 9/1/06 shall provide evidence of successfully completing the Excelsior Clinical Nursing Course, as a condition of licensing in AZ.

***NOTE:** Applicants who have not been licensed within two years of graduation will need to complete an Arizona Board approved refresher course after passing NCLEX. An application for a temporary license for “refresher course only” must be submitted with proof of enrollment in an Arizona Board approved refresher course.

REQUIREMENTS FOR LICENSURE BY EXAM FOR APPLICANTS EDUCATED IN A FOREIGN COUNTRY

(Including Canada & *Puerto Rico)

▪ FOREIGN EDUCATED PROFESSIONAL OR PRACTICAL NURSES MUST MEET THE FOLLOWING REQUIREMENTS (1 through 3):

1. Validation of Educational Requirements
2. Validation of English Language Skills
3. Passed NCLEX-RN® or NCLEX-PN®

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 (see pg __ for verification form).

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	International Education Research Foundation PO Box 3665 Culver City, CA 90231 Phone: 310-258-9451 Email: info@ierf.org Website: 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 Website: www.eres.com	Josef Silny & Associates, Inc. International Education Consultants 7101 S W 102nd Avenue Miami, FL 33173 Phone: 305-273-1616 Website: www.jsilny.com
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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: toefl@ets.org Website: www.ets.org/toefl	IELTS: IELTS International 825 Colorado Boulevard, Suite 112 Los Angeles, CA 90041 Website: www.ielts.org (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: toeic@ets.org Website: www.ets.org/toeic	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
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3. 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)
New Foundland	1961	1970
Nova Scotia	1955 (May)	1970 (August)
Prince Edward Island	1957	1970 (August)
Quebec	1959 (April)	1970 (August)
Saskatchewan	1956 (April)	1970 (April)

Nurses educated in a foreign country and have not passed NCLEX or SBPTE may apply for licensure by examination

***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.

Arizona State Board of Nursing
4747 N 7th St, Suite 200, Phoenix, AZ 85014-3655
Phone: 602-771-7800 Fax: 602-771-7888
E-mail: Arizona@azbn.gov

TO FIND OUT THE STATUS OF YOUR APPLICATION
(ALLOW 7-10 days after mailing application)

Go to WWW.AZBN.GOV/ONLINEVERIFICATION.ASPX

1. Enter either your Name or License number
2. Click “Verify”
3. Select “License No.” or “Not Issued”
4. License status: Identifies what is still needed in order to issue your license (i.e. Pending – Fingerprint results)

TIME FRAMES FOR LICENSURE

The Board is required to process applications for licensure within certain time periods, per Rule R4-19-102. Please visit 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 elements of the application process which remain outstanding. For assistance with the application process for licensure, contact Becky Melton at (602) 771-7800. If you fail to respond to a deficiency notice within the applicable time periods, your application will be withdrawn. If you are still interested in obtaining licensure, you must submit a new application and applicable fees.

CANDIDATE PROCESSING STEPS
AND
CHECKLIST

Your Graduation Date: _____

CANDIDATE

STEPS

- | | |
|---|--|
| 1. Registration for NCLEX exam completed and mailed. | 1 month prior to graduation. |
| 2. Application sent to ARIZONA STATE BOARD OF NURSING | <u>NO SOONER</u> than 2 months prior to graduation |

If you submit your application sooner than 2 months prior to graduation, your time frame may expire before you pass NCLEX, and you would be required to submit a 2nd application and pay another fee.

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|---|--------------------------------------|
| 3. Nursing program submits “certificate of completion or transcripts” to BOARD office when degree is filed. We must have this to make you eligible to test. | Within 7 to 10 days after graduation |
|---|--------------------------------------|

- | | |
|---|--|
| 4. Applicant pays fee to Pearson Vue (testing company). After you have paid the fee, your name is on the Person Vue list for one year until you are made eligible to test. After the Board submits your name, you have 90 days to test. | NOTE: The Board cannot make you eligible to test if you have not paid the fee to Pearson Vue. |
|---|--|

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|---|-----------------------------|
| 5. Board makes candidate eligible to take NCLEX exam when Certificate of Completion or Transcripts are received and a completed application is on file. | Within 10 days of receiving |
|---|-----------------------------|

- | | |
|---|---|
| 6. NCLEX/Pearson Vue mails authorization to test to candidate | Within 5-7 days after eligible or 1-3 days if you give e-mail address |
|---|---|

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|--|-----------------------|
| 7. Candidate calls test center for appointment | After ATT is received |
|--|-----------------------|

- | | |
|-------------------------|----------------|
| 8. Candidate takes exam | Within 90 days |
|-------------------------|----------------|

- | | |
|--|--|
| 9. Candidate will receive test results <u>by mail</u> | 7-10 days <u>after</u> taking NCLEX |
|--|--|

For “quick results” on NCLEX, call 1-900-776-2539. (Wait 48 hours after taking your test.) Call must be placed from a land line – A cell phone will not connect.	Please do not call Arizona State Board of Nursing to inquire unless it has been 21 days. Test results will not be given by the Board over the phone
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|---|---|
| 10. Board-approved candidate receives license by mail from ARIZONA STATE BOARD OF NURSING and may start working as a nurse. | Approximately 7-10 days, if all requirements are met. |
|---|---|

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			



Janice K. Brewer
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

4747 North 7th Street, Suite 200
Phoenix, AZ 85014-3655
Phone (602) 771-7800 Fax (602) 771-7888
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

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



**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

Last Name		
Former Last Name(s)		

2. SOCIAL SECURITY NUMBER

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BIRTH DATE (month/day/year)

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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

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City State Zip Code

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4. MAILING ADDRESS (If different than Home Address)

Street Address Line 1

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Street Address Line 2

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City State Zip Code

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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.

RNXC



15. 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 17. If you are not a citizen or national of the United States, complete question 16.

16. 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 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

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



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.**

REQUEST FOR TEMPORARY LICENSE

ARIZONA STATE BOARD OF NURSING
4747 N 7TH 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><u>ENDORSEMENT APPLICANTS \$50 fee</u></p> <ul style="list-style-type: none"> Have submitted an application, fingerprint card, and fees for licensure Do not have "yes" answers to questions on the last page of the application Have included a copy of a current license in good standing in another state Passed NCLEX or SBTPE No disciplinary action in another jurisdiction. 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 Official documents from agency to AZBN Graduates of foreign nursing program: <ul style="list-style-type: none"> * CGFNS/IERF/ERES/JS&A ID# * Validation of English language requirement met. Educated in the Armed Forces – transcripts required Excelsior Graduates – transcripts required 	<p><u>ADVANCED PRACTICE APPLICANTS \$35 fee</u></p> <ol style="list-style-type: none"> 1. Endorsement 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. 2. New graduate AP 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"> 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. <p>ADVANCED PRACTICE NEW GRADUATE APPLICANTS ONLY: 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><u>EXAMINATION APPLICANTS \$50 fee</u></p> <ul style="list-style-type: none"> Have submitted an application, fingerprint card, and fees for licensure Do not have "yes" answers to questions on the last page of the application Have passed NCLEX Have negative fingerprint results from AZ Department of Public Safety 	<p><u>Additional Fee Info</u></p> <ul style="list-style-type: none"> Fees are not refundable. A \$50.00 fee will be charged for checks returned because of insufficient funds. All personal checks must be pre-printed with your name and address; starter checks will not be accepted. Out of country personal checks are not considered US Dollars and <u>will not be accepted</u>.

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

**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)