



COMPLETE ONLY IF SUBMITTING APPLICATION MORE THAN 30 DAYS AFTER RENEWAL DUE

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 Home Page: http://www.azbn.gov

LATE/INVALID LICENSE QUESTIONNAIRE

RN/LPN License # Social Security # Telephone:

Name: (Last) (First) (Middle)

Former Name(s): Current Address:

Please note: If your job description requires you to be licensed or if you present yourself to the public as an RN/LPN in any way (i.e. signed your name with RN/LPN after your name, put your name with RN/LPN on a business card), you are working/presenting yourself as an RN/LPN, even if your job does not include any direct "hands-on care".

Did you work as an RN/LPN on your Arizona license more than 30 days after your renewal due date (for example if your license was due for renewal on 4/1/XX did you work anytime after 5/1/XX)?

NO YES

Did you work as an RN/LPN on your Arizona license more than 60 days after your renewal due date (for example if your license was due for renewal on 4/1/XX did you work anytime after 6/1/XX)?

NO YES

Did you work as an RN/LPN on your Arizona license more than 90 days after your renewal due date (for example if your license was due for renewal on 4/1/XX did you work anytime after 7/1/XX)?

NO YES

A \$50 late fee is required to be paid for each 'yes' box marked above.

Did you work as an RN/LPN on your Arizona license more than 120 days after your license was due for renewal (for example if your license was due for renewal 4/1/XX did you work after 8/1/XX)?

NO YES

If yes, disregard any fees from the section above and submit a late fee in the amount of \$200.

If YES to any options above, where did you work while your license was due for renewal or lapsed/expired or inactive?

Employer: Employer Phone #:

Address:

Direct Supervisor's Name: Phone:

Direct Supervisor's /Title:

I certify that the above entries made by me are true, complete and correct to the best of my knowledge and belief.

SIGNATURE

DATE