

**ARIZONA STATE BOARD OF NURSING
CERTIFIED NURSING ASSISTANT
EXAM / ENDORSEMENT APPLICATION INSTRUCTIONS
REQUIREMENTS FOR CERTIFICATION IN ARIZONA**

BY EXAM

- Complete an application for Certified Nursing Assistant by Exam/Endorsement – Mail to **Arizona State Board of Nursing** (see pages 12-16)
- Complete an application for Certified Nursing Assistant Examination – Mail application and fee to **D&S Diversified Technology Testing Company**. (see pages 9-10)
- Pass the written and manual tests
- Complete a fingerprint card (A fingerprint card will be sent to you when we get your application.)
- Pay exam fees (optional) (see page 2)
- Fingerprint results – If the results of your fingerprint check show a positive criminal history, an investigation will be started and certification will not be given to you until the investigation is done. This may take 4 to 6 months.
- Within 2 years after you complete your nursing assistant training program provide:
 - a. A copy of the “certificate of completion” of a nursing assistant program that Arizona State Board of Nursing has approved (or letter from the program)

OR
 - b. Proof of completing a 120 hour nursing assistant program approved by another state / territory

OR
 - c. Proof of completing a 75 hour nursing assistant program approved by another state / territory

AND

Proof of working as a nursing assistant for an additional 45 hours

OR
 - d. Proof of graduation from an approved RN or LPN program or holds a valid RN/LPN license or meets educational requirements for RN/LPN licensure in Arizona

NOTE: Applicants who have not taken the CNA exam within 2 years of their training and can show proof that they worked as a nursing assistant for 160 hours every 2 years, since they completed a state approved nursing assistant program, may take the CNA test. Example: An applicant took their initial training in 2003 and never took the exam, needs to show they worked 160 hours between 2003 and 2005, and 160 hours between 2005 and 2007. **This may be validated in a letter signed by the employer.**

BY ENDORSEMENT

(Transferring from another state)

- Complete an application for Certified Nursing Assistant by Exam/Endorsement – Mail to **Arizona State Board of Nursing** (see pages 12-16)
- Proof of current certification in another state. **You must submit the form (see page 4) to your current state of certification.** (includes proof of passing tests) Some states charge a fee for proof of certification. Check with the state in which you are registered / certified to find out the fee you must pay **BEFORE** sending the proof of registration form. You **must** be active and in good standing to obtain endorsement in Arizona. (See page 5 for list of states). The state will return the proof of registration form directly to the Arizona Board.
- Complete a fingerprint card (A fingerprint card will be sent to you when we get your application.)
- Pay fees for endorsement certification (see page 2)
- Fingerprint results – If the results of your fingerprint check show a positive criminal history, an investigation will be started and certification will not be given until the investigation is done. This may take 4 to 6 months.
- Provides proof of completing one of the following:
 - a. Copy of the “certificate of completion” of a nursing assistant program approved by Arizona State Board of Nursing (or letter from the program)

OR
 - b. Proof of completing a 120 hour nursing assistant program approved by another state / territory

OR
 - c. Proof of completing a 75 hour nursing assistant program approved by another state / territory

AND

Proof of working as a nursing assistant for an additional 45 hours

OR
 - d. Proof of graduation from an approved RN or LPN program or holds a valid RN/LPN license or meets educational requirements for RN/LPN licensure in Arizona
- Is active on a nursing assistant register in another state **and** meets one of the following:
 - a. Is currently working in nursing doing nursing assistant activities even if the job description or title does not say certified nursing assistant

OR
 - b. Has worked as a nursing assistant for at least 160 hours within the past 2 years

OR
 - c. Has completed a nursing assistant training program and passed the required exam within the past 2 years

FEES

BY EXAM

- Optional fee of \$50 for wallet size, pink-colored paper certificate. If the \$50 is **not included** with your application, the Board will assume you **do not** want a document
- Do not send cash. You may send a money order or check. All personal checks **must** be pre-printed with your name and address and made payable to the Arizona State Board of Nursing. Purchase Orders from facilities are not accepted.
- All fees are non-refundable.
- A \$50 fee will be charged for checks returned because of insufficient funds.

BY ENDORSEMENT

- Fee is \$50

CITIZENSHIP/NATIONALITY/ALIEN STATUS DOCUMENTATION

Federal law, 8 U.S.C. § 1641, and a state law, A.R.S. § 1-501, require documentation of citizenship or nationality for certification. If the documentation does not demonstrate that the applicant is a United States citizen, national, or a person described in specific categories, the applicant will not be eligible for certification 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. (Page 6-8).

FINGERPRINTING

According to A.R.S. § 32-1606(B)(16), each applicant for initial licensure or certification is required to submit a full set of fingerprints. **A fingerprint card will be mailed to you after we receive your application. It is important for you to use that specific fingerprint card because we have Arizona State Board of Nursing information printed on the card.** It can take 3 to 4 weeks to receive fingerprint results from the FBI. You will not be certified until the FBI results are received.

FELONY CONVICTIONS

According to A.R.S. § 32-1646(B), an applicant for nursing assistant certification is not eligible for certification if the applicant has any felony convictions and has not received an absolute discharge from the sentences for all felony convictions. The absolute discharge from the sentence for all felony conviction(s) must be received 5 or more years before submitting this application. If you cannot prove that the absolute discharge date is 5 or more years, the Board will notify you that you do not meet the requirements for certification.

TIME FRAMES FOR CERTIFICATION

The Board is required to process applications for nursing assistant certification within certain time periods, A.R.S. § 41-1073. The following definitions are provided to assist you in understanding the time frames below:

- Administrative completeness time frame: The number of days from receipt of an application until the Board determines that the application is complete.
- Substantive review time frame: The number of days following the administrative completeness time frame during which the Board determines whether the applicant should be certified.
- Deficiency notice: Correspondence from the Board notifying the applicant that the application is incomplete and that information is missing.
Time to respond: **The table following specifies the number of days an applicant has to respond to a deficiency notice.**
- Comprehensive written request: A request by the Board to the applicant during the substantive review time frame for additional information or documentation.
Time to respond: **The table following specifies the number of days an applicant has to respond to a comprehensive written request.**
- Overall time period: The total number of days from the Board’s receipt of an application until the Board determines whether to grant certification. This time frame includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request.

CERTIFICATION TIME FRAMES TABLE

For Applicants without investigation and with investigation

Type of Certification (WITHOUT INVESTIGATION)	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
BY EXAMINATION	R4-19-806	150 days	30 days	270 days	120 days	150 days
Type of Certification (WITH INVESTIGATION)	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
BY EXAMINATION	R4-19-806	270 days	30 days	270 days	240 days	150 days
Type of Certification (WITHOUT INVESTIGATION)	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
BY ENDORSEMENT	R4-19-807	150 days	30 days	270 day	120 days	150 days
Type of Certification (WITH INVESTIGATION)	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
BY ENDORSEMENT	R4-19-807	270 days	30 days	270 days	240 days	150 days

For more information, regarding time frames for nursing assistant certification, consult A.A.C. RC-19-102. For assistance with the application process, contact **Helen Tay at (602) 771-7800**. If you fail to respond to a deficiency notice or comprehensive written request within the applicable time periods, your application will be withdrawn. If you are still interested in nursing assistant certification, you must submit a new application and applicable fees.

To obtain an application for
CNA Exam/Endorsement
go to our Website and download an application.
www.azbn.gov

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

PROOF OF NURSE AIDE REGISTRATION

Send this completed form to the STATE AGENCY where you are currently certified/registered.
(Addresses and phone numbers listed below)

PART I: To be completed by the nursing assistant. PRINT CLEARLY.

NAME: Last First Middle Maiden Name or Other Names Used

Address: Number & Street City State Zip

Social Security Number: Date of Birth (Area Code) Telephone No.

State Of Current Certification: Certification Number: Date of Issue:

NURSE AIDE TRAINING PROGRAM: Provide Name of School or Program, City & State Date Completed

PART II: To be completed by the STATE AGENCY where you are currently certified/registered. * If you are certified in California, Colorado, District of Columbia, Illinois, Michigan, Mississippi, Missouri, Nebraska, New York, Pennsylvania, North Carolina, South Carolina, Texas, and Wisconsin verifications, fill in Part I only and return this form with your application to Arizona State Board of Nursing.

1. This individual is listed on the Nurse Aide Register and has met all relevant federal requirements under OBRA '87 and '89:
- Yes Certification/Registration #: _____ Expires: _____
- No Date of Issue: _____

2. Method of Registration (*Check All That Apply*)
- Deemed to the Registry without competency evaluation
- Registered by Endorsement from the State of _____
- Completed a State-Approved, training program of _____ hours
- Passed a State-Administered competency evaluation
- Not Available

3. Is there documentation of substantiated abuse, neglect or misappropriation of resident property by this individual?
- Yes, please explain
- No

4. Is there documentation of a felony conviction in a court of law?
- Yes, please explain
- No
- Not Available

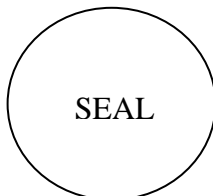
It is hereby certified that the above facts are stated from official records pertaining to this individual in the office of the undersigned.

_____ Date

_____ Nurse Aide Registry Representative Title

_____ Agency Telephone #

_____ City State Zip



ARIZONA STATE BOARD OF NURSING ♦ NURSING ASSISTANT REGISTRATION PROGRAM
4747 N. 7th ST., SUITE 200 ♦ PHOENIX, AZ ♦ 85014-3655 ♦ (602) 771-7800 ♦ FAX (602) 771-7888
Website: www.azbn.gov

CONTACT APPROPRIATE REGISTRY FOR CURRENT STATUS & FEES REQUIRED ON VERIFICATION

ALABAMA

AL Dept of Public Health
Div of Health Care Facilities
PO Box 303017
Montgomery, AL 36130-3017
334-206-5169

ALASKA

Dept of Commerce, Community, &
Econ Dev
Div of Corp, Bus, & Prof Licensing
550 W 7th Ave, #1500
Anchorage, AK 99501
907-269-8169

ARIZONA

AZ State Board of Nursing
4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3655
602-771-7800

ARKANSAS

Office of Long Term Care
501-682-1807
<http://www.arkansas.gov/dhs/sg/NH.html>

***CALIFORNIA**

Dept of Health Svcs
CNA/HHA/CHT Cert Unit
Lic & Cert Program
ATCS-MS 3301
PO Box 997416
1615 Capitol Ave
Sacramento, CA 95899-7416
916-327-2445

***COLORADO**

CO Board of Nursing
1560 Broadway, #1370
Denver, CO 80202
303-894-2430

CONNECTICUT

Prometric CT Nurse Aide Prog
Princeton Pike Corp Ctr
2000 Lenox Dr, 3rd Flr
Lawrenceville, NJ 08648
866-499-7485

DELAWARE

Div of Long Term Care Residents
Protection
3 Mill Rd, #308
Wilmington, DE 19806
302-577-6666

***DIST. OF COLUMBIA**

Pearson VUE
Corp Hdqtrs
5601 Green Valley Dr
Bloomington, MN 55437-1099
952-681-3000

FLORIDA

Dept of Health
MQA/CNA Program
4052 Bald Cypress Way
BIN#C-13
Tallahassee, FL 32399-3263
850-245-4125 X3784

***GEORGIA**

GA Hlth Partnership
NA Registry
1455 Lincoln Pkwy, #750
Atlanta, GA 30346-2200
678-527-3010

HAWAII

Prof & Voc Lic Branch
Dept of Commerce & Consumer
Affairs
PO Box 3469
Honolulu, HI 96801
808-734-2101 X122

IDAHO

ID Nurse Aide Prog
PO Box 83720
Boise, ID 83720-0036
800-748-2480

***ILLINOIS**

IL Dept of Public Health
Health Care Wkr Registry
525 W Jefferson St, 4th Flr
Springfield, IL 62761
217.785.5133

INDIANA

IN Dept of Hlth, Div of LTC
2 N Meridian St, Sec 4B
Indianapolis, IN 46204
317-233-7351

IOWA

Direct Care Wkr Registry
Div of Health Facilities
IA Dept of Insp & Appeals
Lucas State Office Bldg
Des Moines, IA 50319-0083
515-281-4077

KANSAS

KS Dept of Health & Environmt
Health Occup Credentialing
1000 SW Jackson, #200
Topeka, KS 66612-1365
785-296-6877

KENTUCKY

KY Board of Nursing
312 Whittington Pkwy, 300-A
Louisville, KY 40222
888-530-1919

LOUISIANA

LA State Bd of Exam for Nsg
Facility Admin, NFA
Nurse Aide Registry
5647 Superior Dr
Baton Rouge, LA 70816
225-295-8575

MAINE

ME Registry of CNAs
ME HHS
State House Station 11
41 Anthony Ave
Augusta, ME 04333
207-624-7300

MARYLAND

MD Board of Nursing
4140 Patterson Ave
Baltimore, MD 21215-2254
410.585.1918

MASSACHUSETTS

MA Nurse Aide Registry
MA Dept of Public Health
Div of Hlth Care Quality
99 Chauncy St, 2nd Fl
Boston, MA 02111
617-753-8143

***MICHIGAN**

MI Dept of Community Health
Bureau of Hlth Professions
PO Box 30670
Lansing, MI 48909
517-241-0554

MINNESOTA

Div of Compliance Monitoring
NA Registry
PO Box 64501
St. Paul, MN 55164-0501
651-215-8705

***MISSISSIPPI**

MS Dept of Health Bureau of
Health Facilities – Lic & Cert
143-B LeFleur's Sqr
PO Box 1700
Jackson, MS 39215-1700
614-364-1100

MISSOURI

MO Dept of Health & Senior Svcs,
Health Educ Unit
PO Box 570
3418 Knipp
Jefferson City, MO 65102
573-526-5686

MONTANA

MT Dept of Pub Hlth & Human
Svcs – Cert Bureau
2401 Colonial Dr, 2nd Fl
Helena, MT 59620-2953
406.444.4980

***NEBRASKA**

Dept of Health & Human Svcs
Div of Publ Health, Lic Unit
Off of Nsg & Nsg Support
PO Box 94986
Lincoln, NE 68509-4986
402-471-0537

NEVADA

Bureau of Lic & Cert
1550 E College Pkwy, Ste 158
Carson City, NV 89706
775-687-4475

NEW HAMPSHIRE

NH Board of Nursing
21 S Fruit St, Ste 16
Concord, NH 03301-2431
603-271-8282

NEW JERSEY

Div of Health Facilities Evaluation
& Licensing NJ Dept of Health &
Senior Svcs
PO Box 367
Trenton, NJ 08625-0367
609-633-9171

NEW MEXICO

DOH/DHI/Hlth Facility Lic & Cert
Bureau
2040 S Pacheco St
2nd Flr Rm 413
Santa Fe, NM 87505
505-476-9040

***NEW YORK**

Bureau of Prof Credentialing
NY State Dept of Health
161 Delaware Ave
Delmar, NY 12054-1393
518-408-1297

***NORTH CAROLINA**

Dept of Hlth & Human Svcs
Hlth Care Personnel Registry
Div of Facility Svcs
2709 Mail Service Ctr
Raleigh, NC 27699-2709
919-855-3969

NORTH DAKOTA

OBRA Mandated Registry
ND Dept of Health Facilities
600 E Blvd Ave, Dept 301
Bismarck, ND 58505-0200
701-328-2353

OHIO

Bureau of Info & Oper Support
OH Dept of Health
246 N High St
Columbus, OH 43215-2412
614-752-9500

OKLAHOMA

OK State Dept of Health
NA Registry
1000 NE 10th St, Rm 1111
OK City, OK 73117-1299
405-271-4085

OREGON

Cust Svc Ctr
OR State Board of Nursing
17938 SW Upper Boones Ferry Rd
Portland, OR 97224
971-673-0685

***PENNSYLVANIA**

PA Nurse Aide Registry
Pearson Vue
PO Box 13785
Philadelphia, PA 19101-3785
800-852-0518

RHODE ISLAND

RI Dept of Hlth, Hlth Profes
3 Capitol Hill, Rm 105
Providence, RI 02908-5097
401-222-5888

***SOUTH CAROLINA**

Pearson VUE
Corporate Hdqtrs
5601 Green Valley Dr
Bloomington, MN 55437-1099
952-681-3899

SOUTH DAKOTA

SD Board of Nursing
4305 S Louise, #201
Sioux Falls, SD 57106
605-362-2769

TENNESSEE

Div of Hlth Care Facilities
Dept of Health
227 French Landing, Ste 501
Heritage Pl, Metro Ctr
Nashville, TN 37243
615-532-7841

TEXAS

Dept of Aging & Disab Svcs
PO Box 149030, MC: E-414
Austin, TX 78714-9030
512-438-2050

UTAH

UT Hlth Tech Cert Center
550 East 300 South
Kaysville, UT 84037-2699
801-547-9947

VERMONT

VT State Board of Nursing
Nat'l Life Bldg, N Flr 2
Montpelier, VT 05620-3402
802-828-2819

VIRGIN ISLANDS

VI Board of Nurse Lic
PO Box 304247
Veterans Drive Station
St. Thomas, VI 00803
340-776-7131

VIRGINIA

VA Board of Nursing
NA Registry
9960 Mayland Dr, Ste 300
Charleston, WV 25301-1799
804-367-4569

WASHINGTON

OBRA NA Registry
PO Box 45600
Olympia, WA 98504
360-725-2597

WEST VIRGINIA

Off of Hlth Fac Lic & Cert
1 Davis Sqr, Ste 101
Charleston, WV 25301-1799
304-558-0050

***WISCONSIN**

WI NA Registry
PO Box 13785
Philadelphia, PA 19101-3785
877-329-8760

WYOMING

WY Board of Nursing
1810 Pioneer Ave
Cheyenne, WY 82002
307-777-7616

*These states do not fill out verification forms. If your verification is from one of the states with an *, please complete Part I only and return the verification form to ASBN along with your application.

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.

NOTE: SOCIAL SECURITY CARD AND DRIVERS LICENSE ARE NOT ACCEPTABLE DOCUMENTATION.

LIST A

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

a. Primary Evidence:

- (1) 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);
- (2) United States passport; current or expired;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) 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;
- (5) 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);
- (6) Form N-561, Certificate of Citizenship;
Form N-650AA, Certificate of Citizenship, acquired citizenship at birth;
Form N-650AB, Certificate of Citizenship, derived citizenship upon naturalization of parent(s).
- (7) 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);
- (8) 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);
- (9) 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
- (10) 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 Kickapoos living near the U.S./Mexican border).

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.

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

All nonimmigrants are not authorized employment.

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&S DIVERSIFIED TECHNOLOGIES

PO BOX #418, FINDLAY, OH 45839-0418
TOLL FREE 877-8512355 — FAX 419-422-8328 — www.hdmaster.com

ARIZONA CERTIFIED NURSING ASSISTANT (CNA) EXAMINATION APPLICATION (forms 1101 & 1402) INSTRUCTIONS: (Also see www.hdmaster.com)

1. **DO NOT** mail this D&S Diversified Technologies CNA Examination Application to the Arizona State Board of Nursing (AZBN)
2. **Complete** front and back sides of this CNA Examination Application.
3. **Send** this completed application **with payment** to D&S Diversified Technologies, P.O. Box 418 Findlay, OH 45839-0418
4. You **must include** proof of completion of an Arizona State Board of Nursing (AZBN) 120 hour approved NA training program **and** proof of employment as a NA **if** your NA training is more than 24 months old.

NOTE: Facilities MAKE ALL CHECKS PAYABLE TO D&S DIVERSIFIED TECHNOLOGIES.

*******Candidate Personal checks are NOT accepted*******

Before submitting this testing application, please check off the following: (Incomplete applications will be returned to applicant for completion).

- This application is filled out **completely** (front and back) and **signed** where required.
- Exam payment** is included with the testing application.
- I have attached proof of my NA training to this application and proof of employment as a NA if my training is older than 24 months.**
- I have also completed the Arizona State Board of Nursing Application and sent that application to the AZBN.**

Candidate Information: (form 1101) Print clearly (Use Ink) or Type (high volume users on-line registration is available at www.hdmaster.com)

Social Security No. _____ - _____ - _____ (Mandatory. Your SS number will only be shared with the Arizona State Board of Nursing)

Applicant's Name _____
Last First MI Maiden/Former Name

Mailing Address (Street) _____ Apartment# _____ or PO Box # _____

City _____ State _____ County _____ Zip _____

Home Telephone _____ Message/Work Phone _____

Birth Date (Month/Day/Year) _____ / _____ / _____ E-Mail Address: _____
(Mandatory) Providing your email address is your authorization for us to use it for confirmation and results letters

I have successfully completed an AZBN approved 120 hour Nursing Assistant Training Program within the past 24 months or I have completed an AZBN approved training program more than 2 years ago and I have attached proof of employment to show that I have performed nursing assistant duties during **every** 24 month period since completing the training program.

Program Code # _____ Program Name _____
(On Certificate)

City _____ Date Completed _____ Contact Person _____

If facility is paying for your test, this section must be completed by Nursing Supervisor.

Facility Name _____ Phone _____

Address _____ Contact Person _____

Signature of Nursing Supervisor _____ Date _____

The written test is also available in Spanish. If you desire your written test to be in Spanish place an X in this box.

The written test is also available orally. If you desire your written test to also include an audio reading place an X in this box.

*******Checking both boxes will mean you are requesting an oral written test in Spanish.*******

I hereby declare that the above supplied information is true, complete, and accurate to the best of my knowledge. I hereby authorize release of my test results to my training program. I will honor my test appointment and agree to forfeit all test fees as payment for services provided if I do not show up for my test appointment. I will be responsible for any cancellation or rescheduling fees incurred as described in the Arizona candidate handbook. I also authorize a fax fee of \$5.00 charged to my credit card if I faxed my application into D&S. I also understand that if this is my first time testing that I must take both the written and skill test. If this is a re-take test I must re-test on the portion that I failed. I understand that if I paid by credit card that my credit card will be billed for both the written and skill test **or** for the portion of the test that I failed plus the fax fee. **PLEASE CALL THE FINDLAY OFFICE IF YOU DO NOT RECEIVE AN EMAIL OR REGULAR MAIL RESPONSE WITHIN FIVE DAYS. *****NO PERSONAL CHECKS ACCEPTED.*******

Candidate Signature _____

Candidate MUST sign to verify acceptance (unsigned applications will be returned)

D&S DIVERSIFIED TECHNOLOGIES

PO BOX #418, FINDLAY, OH 45839-0418
TOLL FREE 877-851 2355 — FAX 419-422-8328 — www.hdmaster.com

TESTING OPTIONS: Only use Option 1 or Option 2, never both.

Testing Option 1: Regional Test Sites – Application must be received at least ten days before first requested test date.

1st Choice Test Date: (From published 1700 AZ Test Schedule) **2nd Choice Test Date:** (From published 1700 AZ Test Schedule)

4 Digit Test Site #	Test Site Name	4 Digit Test Site #	Test Site Name
Test Month	Test Date	Test Month	Test Date

Testing Option 2: In-Facility Test Sites

(A CNA instructor must complete this section. The training program must be an AZBN/D&SDT certified test site to use this option.)
(High volume users may use Internet electronic application submission. Call 877-851-2355 for WEBTEST© application options and training.)

Name of Site _____ 4 Digit Test Site # _____

Contact Person _____ Phone _____

Contact Person E-Mail _____

Name of Test Observer _____

Date of Testing _____ Start time for Testing: _____ AM flight start _____ PM flight start

Site Address _____ City _____ State _____ Zip Code _____

List up to twelve candidate(s) Social Security numbers for In-Facility Testing:

Exam Types and Fee Payment: (form 1402)***NO PERSONAL CHECKS ACCEPTED*******

# Requested	Tests / Service Requested	Self-Pay Candidates	Skilled Nursing Facility Rate Only	Totals
	Written test or written retake	\$20.00	\$11.06ea	
	Skill test or skill retake	\$65.00	\$35.95ea	
	Oral and Written test or retake CIRCLE -- ENGLISH OR SPANISH	\$30.00	\$16.59ea	
	Priority Fax Service	\$5.00	\$5.00ea	
	Overnight Shipping	\$19.50	\$19.50	
	Express Service Fee	\$15.00	\$15.00ea	
	No Show	No Refund	\$40.00	
	Reschedule	\$35.00	\$35.00	
	Cancellation	\$20.00	\$20.00	
			GRAND TOTAL:	\$

Check method of payment: Check (Facility Only) Cashier's Check Money Order Visa Master Card

Card #: _____ Expiration Date: _____ Authorized Signature _____

Print name as it appears on your credit card: _____

ADA ACCOMMODATION

I need special accommodation under the Americans with Disabilities Act. To qualify for special accommodations, you must provide written documentation of your disability along with your application. ADA form 1404 is available at www.hdmaster.com or call D&SDT 877-851-2355.

I also authorize a fax fee of \$5.00 charged to my credit card if I faxed my application into D&S. I also understand that if this is my first time testing that I must take both the written and skill test. If this is a re-take test I must re-test on the portion that I failed. I understand that if I paid by credit card that my credit card will be billed for both the written and skill test or for the portion of the test that I failed plus the fax fee. **PLEASE CALL THE FINDLAY OFFICE IF YOU DO NOT RECEIVE AN EMAIL OR REGULAR MAIL RESPONSE WITHIN FIVE DAYS. NO PERSONAL CHECKS ACCEPTED*******

Candidate Signature: _____ **(Unsigned applications will be returned)**



Save yourself time
& frustration...

CNA Examination & Endorsement Applicants

Check these areas before returning your application.

ALL BLANKS MUST BE COMPLETED, EXCEPT THOSE MARKED OPTIONAL

Read the instructions for details on these reminders.

Thank you!

EXAMINATION APPLICANTS

- Your application is in black ink
- \$50 **Optional Examination fee** (for wallet-size pink colored card, to show you are certified as a CNA.)
- You have enclosed a copy of a document as proof of citizenship/nationality/alien status.
- A fingerprint card will be mailed to you after we receive your application
- You answered ALL QUESTIONS
- You signed the application
- Copy of Certificate from CNA Program stating number of hours of CNA Course (if course was completed after 2/04/2000, requirement is 120 hours). If you had only 75 hours of training, a letter signed by your employer to validate you have worked 45 hours as a nursing assistant within the past 24 months.

ENDORSEMENT APPLICANTS

Endorsement is when a CNA from another state is requesting certification in Arizona.

- Your application is in black ink
- \$50 **Mandatory Endorsement fee** (wallet-size pink colored paper certificate is included in this fee)
- You have enclosed a copy of a document as proof of citizenship/nationality/alien status.
- A fingerprint card will be mailed to you after we receive your application
- You answered ALL QUESTIONS
- You signed the application
- Copy of Certificate from CNA Program stating number of hours of CNA Course (if course was completed after 2/04/2000, requirement is 120 hours). If you had only 75 hours of training, a letter signed by your employer must be sent to the Board to validate you have worked 45 hours as a nursing assistant within the past 24 months if your certificate is less than 2 years old. Otherwise you must have practiced 160 hours in the past 2 years.

ABBREVIATIONS OF STATES & TERRITORIES

AL ALABAMA	IL ILLINOIS	MT MONTANA	RI RHODE ISLAND
AK ALASKA	IN INDIANA	NE NEBRASKA	SC SOUTH CAROLINA
AS AMERICAN SAMOA	IA IOWA	NV NEVADA	SD SOUTH DAKOTA
AZ ARIZONA	KS KANSAS	NH NEWHAMPSHIRE	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 NORTH CAROLINA	VI VIRGIN ISLANDS
DC WASHINGTON DC	MA MASSACHUSETTS	ND NORTH 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 NORTH MARIANA IS.	PA PENNSYLVANIA	WY WYOMING
HI HAWAII	MS MISSISSIPPI	PR PUERTO RICO	
ID IDAHO			



6. HIGH SCHOOL ATTENDED

Select One: Did not attend High School Received High School Diploma Received GED

Name

[Grid for Name]

City

State

Zip Code

[Grid for City, State, Zip Code]

Date of Graduation (Month/Year)

[Grid for Date of Graduation]

Number of Years Attended

[Grid for Number of Years Attended]

7. NA TRAINING PROGRAM ATTENDED

Name

[Grid for Name]

City

State

Zip Code

[Grid for City, State, Zip Code]

Date Completed (Month/Year)

[Grid for Date Completed]

Provide a copy of the training program certificate showing completion of 120 hours or the total hours of clinical and classroom instruction, followed by a preceptorship program to total at least 120 hours.

8. COLLEGE OR UNIVERSITY FOR HIGHEST DEGREE HELD

Name

[Grid for Name]

City

State

Zip Code

[Grid for City, State, Zip Code]

Degree

[Grid for Degree]

9. CURRENT EMPLOYER

Have you performed NA duties within the past 2 years? No Yes

Title/Position

[Grid for Title/Position]

Employer's Name

[Grid for Employer's Name]

Street Address Line 1

[Grid for Street Address Line 1]

Street Address Line 2

[Grid for Street Address Line 2]

Work Phone

[Grid for Work Phone]

City

State

Zip Code

[Grid for City, State, Zip Code]

Employed from (month/year)

[Grid for Employed from]

Endorsement applicants only: If your current employment is less than 160 hours, list employers during the past 2 yrs on a separate sheet of paper showing you worked at least 160 hours.

10. CERTIFICATION IN OTHER STATES

Are you a certified or licensed CNA in any other state? No Yes

If yes, list the state(s) and certificate number(s) from any other state(s) where you are certified.

State

Certificate Number

[Grid for State and Certificate Number]

Status:

Active

Expired

State

Certificate Number

[Grid for State and Certificate Number]

Status:

Active

Expired





11. PREVIOUS 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 /

12. OPTIONAL INFORMATION

E-Mail Address

Marital Status: Never Married Married Separated Divorced Widowed

Ethnicity: African American Asian Caucasian Hispanic Indian Other

SECTION A. FOR EXAMINATION APPLICANTS ONLY

Have you ever taken the written or manual skills exam? No Yes If yes, list all dates, states, and results.

Date / State Result: Pass Fail

Date / State Result: Pass Fail

Do you want to purchase a wallet sized CNA certificate? No Yes

See the Instructions for certificate fee. If the fee is not included with your application the board will assume that you do not want a document. Certification can be verified on the internet at www.azbn.gov or by calling (602) 771-7800.

SECTION B. FOR ENDORSEMENT APPLICANTS ONLY (Transferring from another state)

Check the practice requirement that you meet for certification (one box must be checked).

I have performed nursing assistant activities for a minimum of 160 hours within the past 24 months. **OR**

I have completed a CNA training course in the past two years. **OR**

I have not performed nursing assistant activities for a minimum of 160 hours within the past 24 months.

Have you previously filed an application in Arizona? No Yes If yes, what year?

Did you apply for certification with a different last name? No Yes If yes, write the name you applied with:

First Name Middle Name

Last Name

13. 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 15. If you are not a citizen or national of the United States, complete question 14.

14. 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) _____ / _____ / _____



DISCIPLINARY QUESTIONS

15. 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.

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.

16. 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.

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 with your application.

CNED

Please staple all pages of the application together with documentation of citizenship or alien status and

mail to: ARIZONA STATE BOARD OF NURSING
4747 N 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3655

