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

AFFIDAVIT RE: SOCIAL SECURITY NUMBER

1. This form must be completed by professional nurse, practical nurse and certified nursing assistant applicants who state they do not have a social security number.

2. A.R.S. § 25-320(K) requires that:

   Each licensing board or agency that issues professional, recreational or occupational licenses or certificates shall record on the application the social security number of the applicant and shall enter this information in its data base in order to aid the department of economic security in locating parents or their assets or to enforce child support orders.

3. I certify that I do not have a social security number because

4. I understand that in the event I obtain a social security number, I have the obligation to provide the Board with a copy of my social security card within 10 days. My failure to do so may result in disciplinary action against my license/certificate.

5. I understand that I must provide the Board, in writing with the name and address of my initial Arizona nursing employer, within 10 days of commencing employment.

AFFIDAVIT

The undersigned being duly sworn declares that he/she has read and understands this affidavit; understands that failure to disclose the requested information or disclosure of false or 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.

_____
Type or Print Your Name

JURAT

State of_____)
) **SS**
County of _____)

_____
Signature

_____ personally appeared before me, and under oath, swears that the statements made
NAME
in this document and all attachments are true and correct this _____day of _____, 20_____

_____ _____
NOTARY PUBLIC MY COMMISSION EXPIRES