

**COMPLETE IF YOUR
CERTIFICATE HAS LAPSED
OR EXPIRED**



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>

LAPSED/EXPIRED CERTIFICATE QUESTIONNAIRE

CNA Certificate # _____

Name: _____
(Last) (First) (Middle)

Former Name(s): _____

Current Address: _____

Telephone: (____) _____ Social Security #: _____

Did you work as a CNA on your Arizona certificate while your Arizona certificate was lapsed/expired? (Examples: CNAs – If your certificate was due for renewal on 10/31/08, did you work after 10/31/08 on that certificate?)

If your job description requires you to be certified, if you signed your name with CNA after your name, or if you present yourself to the public as a CNA in any way at your place of employment, **you are working/presenting yourself as a CNA.**

- NO** Comments: _____
 YES If yes, where did you work while your license/certification was due for renewal or lapsed/expired or inactive?
(If you worked on a lapsed/expired certificate include \$10 late fee for each year you worked on an expired certificate)

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