



# Arizona State Board of Nursing

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For office use only

## Declaration of Primary State of Residence/Change of Address Form

### Declaration of primary state of residence:

Pursuant to the Nurse Practice Act (R4-19-311 Nurse Licensure Compact), a nurse applying for a license shall produce evidence of the nurse's primary state of residence. The primary state of residency is where you vote, pay taxes, hold a driver's license, etc. In order for Arizona to issue or reactivate your permanent license you cannot hold an active nursing license in another compact state. For more information on the nurse licensure compact, visit [www.ncsbn.org](http://www.ncsbn.org).

### Change of address:

Pursuant to the Nurse Practice Act (R4-19-308), a licensee or applicant must notify the Board of any change in address within 30 days. Failure to report a change in mailing address will result in a \$25 address change fee.

Complete this page, sign and date at the bottom, and return to Arizona State Board of Nursing to declare or change your primary state of residence and mailing address.

### Applicant Information:

Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

### Check one of the following:

- My primary state of residence is/will be Arizona. (If applicable, once you receive the Arizona license you must inactivate your other compact state license.)
- I do not declare Arizona as my primary state of residency. My permanent residence is a state not participating in the nurse licensure compact. My license will be valid in Arizona only.
- I am declaring another compact state as my primary state of residence. Please put my Arizona license on Inactive Status.

### Previous address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Current primary residence / home address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Mailing address: (if different than primary)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If you currently hold an Arizona license, has it been more than 30 days since your mailing address has changed?

- Yes  No

(If yes, include the \$25 address change fee.)

Would you like a duplicate license showing changes to address only?

- Yes  No

(If yes, include a \$25 duplicate license fee. If you have submitted an application and the application is pending your declaration of primary state of residence do not include the duplicate fee. Complete the Name Change/Duplicate License form if you have a name change and are requesting a duplicate showing both name and address changes.)

ALL PERSONAL CHECKS MUST BE PRE-PRINTED WITH YOUR NAME AND ADDRESS AND MADE PAYABLE TO THE ASBN

FEES ARE NOT  
REFUNDABLE

Signature \_\_\_\_\_

Date \_\_\_\_\_