



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

Janice K. Brewer
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

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LATE/INVALID LICENSE QUESTIONNAIRE

RN/LPN License # _____

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

Former Name(s): _____

Current Address: _____

Telephone: (____) _____ Social Security #: _____

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 after 5/1/XX)?

NO YES

Did you work as an RN/LPN on your Arizona license more than 90 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 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".

If YES, 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