

**COMPLETE IF YOU ARE
SUBMITTING APPLICATION
AFTER 8/1/XX**



Janice K. Brewer
Governor

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Executive Director

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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 AZ license between August 2nd and November 1st of the year your license expired?

NO YES

Did you work as an RN/LPN on your AZ license while your AZ license was lapsed/expired after November 1st of the year your license expired?

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