

# **CMA RENEWAL INSTRUCTIONS**

**RENEWAL SCHEDULE:** Certified Medication Assistants (CMAs) are required to renew nursing medication certification every 2 years by the last day of the birth month.

## **RENEWAL REQUIREMENTS:**

- Applicants must have worked, doing medication assistant duties, for a minimum of 160 hours within the past 2 years.
- Applicants must hold a current certified nursing assistant certificate.

**LATE CERTIFICATION:** If you are renewing after your certification has expired, a lapsed certificate questionnaire must be submitted with the renewal application. The Lapsed/Expired Certificate Questionnaire is included in this packet.

## **APPLICATION FEES:**

### **ALL FEES MUST BE IN US DOLLARS AND ARE NON REFUNDABLE**

- Renewal fee is \$65
- You may pay by credit/debit card (must complete attached two pages for credit card authorization) or money order or check. All personal checks must be pre-printed with your name and address and made payable to the Arizona State Board of Nursing.
- There is a \$50.00 fee for all checks returned for insufficient funds.
- **Late Fee:** If you have worked as a CMA on an expired certificate, a \$10.00 late fee per year you've worked will be charged. See the Lapsed/Expired Certificate Questionnaire (page 2). A late fee is not needed if you have not worked on an expired CMA certificate.
- **If your renewal is late**, all fees submitted will be applied to the late fee before they can be applied to the document fee.
- All mailing address changes are to be submitted to the Board within 30 days. If you are submitting an address change on the application and it has been more than 30 days since relocating there will be a \$25 address change fee.
- All renewals that are returned to the Board because of an incorrect address will be fined \$25.

## **COMPLETING THE APPLICATION:**

Paper applications are scanned. Please print legibly in ink, one character per box. All questions with an '\*' must be answered. Faxed applications are not acceptable. If your information does not fit in the space provided, please include an 8 ½ x 11 paper with the section # and information that needs to be updated.

**CITIZENSHIP/LAWFUL PRESENCE DOCUMENTATION REQUIRED:** Federal law 8 U.S.C. § 1641 and a state law A.R.S. § 1-501, placed into effect 1/1/2008, require documentation of citizenship/nationality/alien status for certification. If the documentation does not demonstrate that the applicant is a United States citizen, national, or has alien status, the applicant will not be eligible for certification in Arizona. All applicants must submit documentation regarding their citizenship/nationality/alien status once after that 1/1/2008 date unless submitting a document with an expiration date (excluding US passports). A list of acceptable documents can be found at [www.azbn.gov/application.aspx](http://www.azbn.gov/application.aspx) by clicking on 'Statement of Citizenship and Alien Status' under Other Form Downloads. A photocopy of the documentation you submit must be on 8 ½ x 11 paper.

**FELONY CONVICTIONS:** Pursuant to A.R.S. § 32-1646(B), the Board shall revoke a Nursing Assistant Certification if the applicant for recertification has one or more felony convictions that have not previously been disclosed to the Board and the applicant has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application for recertification. If you have been convicted of a felony since the date you were last recertified, your application will not be processed, and proceedings for revocation of your medical assistant certification shall be instituted by the Board.

**REPORTING OF CRIMINAL CHARGES:** Applicants for licensure/certification must notify the Board of criminal charges within 10 days of being charged. Further information is available at [www.azbn.gov/ReportingCriminalCharges.aspx](http://www.azbn.gov/ReportingCriminalCharges.aspx).

**NAME CHANGE:** If you are submitting a name change (Question 2) include a copy of an official document showing previous names (i.e. birth certificate, social security card, marriage license, diploma from high school) and a copy of an official document showing your new name (i.e. marriage license, divorce decree, driver's license, social security card).

**TIME FRAMES FOR LICENSURE:** The Board is required to process applications for licensure within certain time periods, per Rule R4-19-102. Visit [www.azbn.gov/NursePracticeAct.aspx](http://www.azbn.gov/NursePracticeAct.aspx) and click on Rules for more information.

**Please Note:** If your application is not complete, the Board will send you a deficiency notice identifying any elements of the application process which remain outstanding. For assistance with the application process for licensure, please contact Lisa Youtsey at (602)771-7800. If you fail to respond to a deficiency notice within the applicable time period, your application will be withdrawn. After withdrawal, if you are still interested in obtaining certification you would need to submit a new application and applicable fee.



**\* Is there a change of mailing address?**

Yes  No

If yes, address changes are required to be submitted to the Board within 30 days. If it has been more than 30 days since you relocated and you have not submitted a change of address to the Board, include a \$25 address change fee.

**\* 3. HOME ADDRESS**

\* Street Address Line 1

Street Address Line 2

\* City

\* State/Province

\* Zip Code

\* County (Example: Maricopa)

\* Country (Example: USA)

**4. MAILING ADDRESS** (If different than home address)

\* Street Address Line 1

Street Address Line 2

\* City

\* State/Province

\* Zip Code

\* County (Example: Maricopa)

\* Country (Example: USA)

**\* 5. CONTACT INFORMATION** (Either a home or cell phone number is required)

\* Home Phone Number

(    )    -

\* Cell Phone Number

(    )    -

E-Mail Address

Please print e-mail address clearly. E-mail address is used for notification of renewal dates and pertinent Board related information. E-mail address is not shared, sold, or otherwise disseminated by the Arizona State Board of Nursing. E-mail address should be kept up to date at [www.azbn.gov/myservices](http://www.azbn.gov/myservices).

**\* 6. OTHER STATES IN WHICH YOU ARE CURRENTLY CERTIFIED** (See last page for state abbreviations)

**\* 7. PRACTICE REQUIREMENTS**

Indicate the practice requirement met for certificate renewal. One option must be marked to be eligible for renewal. The practice requirement must have been met within the previous 24 months. The two years are calculated from the application received date (for example if the application is received on 3/31/2010, the two year time period begins 3/31/2008). If the practice requirement is not met, you are not eligible for renewal.

a) I have performed medication assistant activities for 160 hours or more within the last 24 months (you **MUST** document employment in question 8)

Yes                       No

**\* 8. MEDICATION ASSISTANT EMPLOYMENT** (Required if option "a" is checked in

List current or most recent employment as a medication assistant. If 160 hours or more were not practiced in the employment below, add a separate sheet of paper listing additional/previous medication assistant employment. All information in the fields below will be required for additional employment on the separate sheet.

\* Employer Name

\* Street Address Line 1

Street Address Line 2

\* City

\* State/Province  \* Zip Code

\* Start Date  /  /  End Date  /  /   
Leave Blank if Current

\* Title

\* Phone Number (  )  -

\* Supervisor's Name

\* Supervisor's Title

\* Supervisor's Phone Number (  )  -  \* Total Hours Worked   
at this Employer

\* Employment  Full Time     Part Time

**9. FIELD OF EMPLOYMENT**

Nursing Home                       Other

**\*10. CITIZENSHIP OR NATIONAL STATUS DECLARATION**

Are you a citizen of the United States?  No  Yes

If yes, submit with your application a legible xeroxed copy of your proof of citizenship document. Most often submitted is a photocopy of a birth certificate or US passport. Drivers licenses and social security cards are not accepted. To see a list of other accepted documents, visit [www.azbn.gov/applications.aspx](http://www.azbn.gov/applications.aspx) and click on 'Statement of Citizenship and Alien Status'.

If you have already submitted a proof of citizenship/nationality document after 1/1/08 you will not need to submit the document again.

Type of document you are submitting (i.e. passport, birth certificate) \_\_\_\_\_  Already Submitted

Expiration Date, if any (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you are a citizen or national of the United States, go directly to Question 12. If you are not a citizen or national of the United States, complete question 11.

**\*11. ALIEN STATUS DECLARATION**

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Submit a legible xeroxed copy of the front and back of a document from List B with your application. See List B on our website by visiting [www.azbn.gov/applications.aspx](http://www.azbn.gov/applications.aspx) and clicking on Statement of Citizenship and Alien Status.

**“Qualified Alien” Status**

- A. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- B. An alien who is granted asylum under Section 208 of the INA.
- C. A refugee admitted to the United States under Section 207 of the INA.
- D. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- E. An alien whose deportation is being withheld under section 243(h) of the INA.
- F. An alien granted conditional entry under Section 203(a) (7) of the INA as in effect prior to April 1, 1980.
- G. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- H. An alien who has, or whose child or child’s parent has, been declared a “battered alien” or an alien subjected to extreme cruelty in the United States.

**Nonimmigrant Status (8 U.S.C § 1621(a) (2))**

- I. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a) (15).

**Alien paroled into the United States for less than one year (8 U.S.C § 1621(a) (3))**

- J. An alien paroled into the United States for less than one year under Section 212(d) (5) of the INA.

**Other Person (8 U.S.C § 1621 (c) (2) (A) and (C))**

- K. A nonimmigrant whose visa for entry is related to employment in the United States
- L. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 49 U.S.C § 1901 et seq.];
- M. A foreign national not physically present in the United States.

**Otherwise Lawfully Present (A.R.S. § 1-501)**

- N. A person not described in categories A-M who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.**

To establish alien status, **submit with your application a legible xeroxed copy of one of the documents from List B.**

Type of document you are submitting \_\_\_\_\_

Expiration Date, if any (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**\*12. APPLICATION QUESTIONS (must complete and sign before submitting)**

- i. Have you, since your certificate was granted or since your last renewal, whichever is later:
- A. Been convicted, entered a plea of guilty, nolo contendere or no contest, been sentenced or served time in jail for any **felony or undesignated offense**?
  - B. Had prosecution deferred or probation deferred in any **felony or undesignated offense**?
  - C. Had a **felony or undesignated offense** pardoned, expunged, dismissed, deferred, reclassified or redesignated?
- No     Yes    If yes, provide:
- A detailed **written explanation** of the details of each arrest conviction and sentence.
  - Copy of the police report.
  - Copy of court documents for each arrest conviction indicating type of conviction, conviction date, and sentence.
  - Documentation showing absolute discharge, including the date of absolute discharge of the sentence for each **felony or undesignated offense** conviction.
- If yes, has this previously been reported to the Arizona Board of Nursing?     No     Yes
- ii. Since your last renewal, have you had any drug or alcohol related convictions?
- No     Yes    If yes, provide a detailed **written explanation** of the details of each arrest conviction and sentence. Return the written explanation and court documents for each conviction indicating type of conviction, conviction date, and sentence.
- If yes, has this previously been reported to the Arizona Board of Nursing?     No     Yes
- iii. Since your last renewal, has disciplinary action or revocation been taken or is there currently a complaint, investigation, or disciplinary action pending against your CMA certificate or, any other health care or non health care related license or certification, in any state or territory of the United States? (If your nursing license/CMA certificate is under investigation in Arizona only, do not mark yes.)
- No     Yes    If yes, include a detailed **written explanation** and a copy of the documentation regarding the current investigation or pending disciplinary action with your application.
- If yes, has this previously been reported to the Arizona Board of Nursing?     No     Yes

PLEASE BE ADVISED THAT FAILURE TO PROVIDE THE REQUESTED DOCUMENTS WILL DELAY THE PROCESSING OF YOUR APPLICATION

**\*VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION**

The undersigned declares under penalty of perjury under the laws of Arizona, that he/she:

- Is the person referred to in the foregoing application;
- That the statements are true in every respect to the best of his/her knowledge;
- That he/she has not suppressed any information that would affect this application;
- That he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing;
- That he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of 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.

Applicant's Signature

Date

**PLEASE NOTE:**

It may take up to 2 weeks to process your application. Do not send more than one application as it will not expedite your renewal. Your employer may not be able to verify your renewal if you do not submit the application 2-3 weeks before the expiration date. If this application is not postmarked by midnight of your expiration date and you have been working on your certificate you will be required to pay an extra fee for late renewal. If your application is not completely filled out or if the fee is incorrect, it will be returned to you and further delay the renewal process.

**Please staple all pages of the application together and mail to:** ARIZONA STATE BOARD OF NURSING  
4747 N. 7<sup>TH</sup> STREET, SUITE 200  
PHOENIX, AZ 85014-3655



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

**Doug Ducey**  
Governor

**Joey Ridenour**  
Executive Director

***Arizona State Board of Nursing***

4747 North 7<sup>th</sup> Street, Suite 200  
Phoenix AZ 85014-3655  
Phone (602) 771-7800 Fax (602) 771-7888  
E-Mail: arizona@azbn.gov  
Home Page: www.azbn.gov

**LAPSED/EXPIRED CERTIFICATE QUESTIONNAIRE**

Certificate # \_\_\_\_\_ Social Security # \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Former Name(s): \_\_\_\_\_ Current Address: \_\_\_\_\_  
\_\_\_\_\_

Did you work as a CMA on your Arizona certificate while your Arizona certificate was lapsed/expired? (Example: 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 CMA after your name, or if you present yourself to the public as a CMA in any way at your place of employment, **you are working/presenting yourself as a CMA.**

**NO** Comments: \_\_\_\_\_

**YES** If you have worked on a lapsed/expired certificate include a \$10 late fee for each year you worked on the expired certificate, not to exceed \$100.  
(For example, if your license expired 10/31/10 and you worked as a CMA any time after that date in 2010, include a \$10 late fee. An additional \$10 would be required if you worked as a CMA anytime in 2011, and an additional \$10 if you worked anytime in 2012, etc.)

If YES to any options above, where did you work while your certificate was lapsed/expired?

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

# CMA's SAVE YOURSELF TIME AND FRUSTRATION...

Check these areas **before** returning your application.

- All required sections marked with a '\*' are completed.
- Your application is in black ink.
- You entered name changes: Complete the second section on page 1 only if you changed your name
- \*\*If your name changed, please include a "copy" of an official document showing your **previous** name (i.e. birth certificate, social security card, diploma from school) and a "copy" of an official document showing your **new** name (i.e. marriage license, divorce decree, driver's license, social security card)\*\*
- Renewal fee is included – see instructions for fee amount.**
- You have enclosed Invalid/Late Certificate Questionnaire **ONLY** if submitting your renewal after your certificate expiration date.
- Late fee** is included if you have **WORKED** as a CMA on an expired certificate. (See instructions on lapsed/expired certificate questionnaire).
- Fee** for an address change that you have **not reported** within 30 days - \$25.
- You signed & enclosed a check pre-printed with your name & address or money order for the correct fees.
- You answered ALL QUESTIONS.
- You signed and dated the application.
- Application must be mailed (NO FAXES).

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## ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SO. CAROLINA
AS	AM. SAMOA	IA	IOWA	NV	NEVADA	SD	SO. DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEW HAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NO. CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NO. DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
GU	GUAM	MP	NO. MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
HI	HAWAII	MS	MISSISSIPPI	PR	PUERTO RICO		
ID	IDAHO						

**IF PAYING BY CREDIT/DEBIT CARD PLEASE COMPLETE THIS FORM AND ATTACH IT TO THE CREDIT/DEBIT CARD AUTHORIZATION FORM.**

**A ONE-TIME CHARGE OF \$3.00 FOR PROCESSING IS APPLIED TO ALL PAYMENT CARD TRANSACTIONS**

**CHECK THE FEES THAT YOU ARE PAYING FOR.**

**RN/LPN/SN APPLICATION FEES:**

<input type="checkbox"/>	RN/LPN EXAM FEE	\$ 300.00
<input type="checkbox"/>	RN/LPN RENEWAL FEE	\$ 160.00
<input type="checkbox"/>	RN/LPN ENDORSEMENT FEE	\$ 150.00
<input type="checkbox"/>	RN/LPN TEMPORARY LICENSE FEE (Reg or 48 Hr.)	\$ 50.00
<input type="checkbox"/>	SCHOOL NURSE	\$ 75.00
<input type="checkbox"/>	SCHOOL NURSE RENEWAL	\$ 25.00

<input type="checkbox"/>	FINGER PRINT FEE	\$ 50.00
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**ADVANCED PRACTICE APPLICATION FEES:**

<input type="checkbox"/>	NP/CNM/CNS APPLICATION FEE	\$ 150.00
<input type="checkbox"/>	NP/CNM PRESCRIBING & DISPENSING FEE	\$ 150.00
<input type="checkbox"/>	TEMPORARY NP/CNM/CNS FEE	\$ 35.00
<input type="checkbox"/>	CRNA CERTIFICATION FEE	\$ 150.00
<input type="checkbox"/>	CRNA TEMPORARY CERTIFICATION FEE (Reg or 48 Hr.)	\$ 35.00

**CNA APPLICATION FEES**

<input type="checkbox"/>	CNA EXAM CERTIFICATE FEE (OPTIONAL)	\$ 50.00
<input type="checkbox"/>	CNA RENEWAL CERTIFICATE FEE (OPTIONAL)	\$ 50.00
<input type="checkbox"/>	CNA ENDORSEMENT FEE	\$ 50.00

**OTHER FEES:**

<input type="checkbox"/>	DUPLICATE RN/LPN LICENSE FEE	\$ 25.00
<input type="checkbox"/>	DUPLICATE CNA CERTIFICATE FEE	\$ 25.00
<input type="checkbox"/>	ADDRESS CHANGE FEE	\$ 25.00

## CREDIT/DEBIT CARD AUTHORIZATION FORM

PLEASE RETURN COMPLETED FORM WITH YOUR APPLICATION

ONLY VISA OR MASTERCARD IS ACCEPTED

PLEASE CLEARLY PRINT ALL INFORMATION EXCEPT WHERE A SIGNATURE IS REQUIRED

NAME OF APPLICANT: \_\_\_\_\_

(REQUIRED)

### AUTHORIZATION INFORMATION:

TOTAL AUTHORIZED AMOUNT: \_\_\_\_\_ + \$3.00 = \_\_\_\_\_  
(TOTAL FROM PAYMENT CARD FEE SCHEDULE Plus \$3.00 PROCESSING FEE)

TYPE OF CARD:

VISA

MASTERCARD

CARD NUMBER: \_\_\_\_\_

(REQUIRED)

EXPIRATION DATE: \_\_\_\_\_

(REQUIRED)

CVN # \_\_\_\_\_

(REQUIRED)

### BILLING INFORMATION:

CARD HOLDER NAME: \_\_\_\_\_

(REQUIRED)

BILLING/MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

(REQUIRED)

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_

(REQUIRED)