



ARIZONA STATE BOARD OF NURSING
RN/LPN Volunteer Health Service Registration

FOR OFFICE USE ONLY

A * DESIGNATES A REQUIRED FIELD - PRINT CLEARLY IN ALL CAPITAL LETTERS

Applicant Requirements

1. Holds an active/unrestricted RN/LPN license in a state, territory or possession of the United States.
2. Has never had a license revoked or suspended.
3. Is not the subject of an unresolved complaint.

***1. DEMOGRAPHICS**

*Legal First Name

*Middle Name

*Legal Last Name

*SSN - - *Date of Birth / /

*Birth City

*Birth State/Province *Birth Country
 (Example: USA)

***2. PRIMARY STATE OF RESIDENCE (PSOR)** This declares that the state listed below is YOUR primary state of residence. It reflects where you vote, pay federal taxes or obtain a drivers license.

*Street Address Line 1

Street Address Line 2

*City

*State *Zip Code

*County (Example: Maricopa)

*Country (Example: USA)

3. *MAILING ADDRESS (if different than primary state of residence address)

*Street Address Line 1

Street Address Line 2

*City

*State/Province *Zip Code

*County (Example: Maricopa)

*Country (Example: USA)

OFFICE USE ONLY

NURSYS Results Voluntary Registration # _____

Neg Pos

Initials _____ Issue Date ____ / ____ / ____

***12. APPLICATION QUESTIONS**

a. Have you: **CHECK all below in (a) that apply.**

- 1. Ever been charged, convicted, entered a plea of guilty, nolo contendere or no contest, been sentenced or served time in jail for any **felony or undesignated offense**? **OR**
- 2. Ever had prosecution deferred or suspended, entered into a diversion program, or made any other agreement by which a **felony or undesignated offense** would be dismissed upon completion of certain terms? **OR**
- 3. Ever had a **felony or undesignated offense** pardoned, expunged, dismissed, deferred, reclassified or redesignated? **OR**
- 4. Had more than one **misdemeanor** charge or conviction?

If any checked above, provide ALL of the following for each **misdemeanor, felony or undesignated offense**:

- A detailed **written explanation** of the details of each arrest, charge, conviction and sentence
- A copy of the police report for each offense
- A copy of court documents indicating the charge, conviction, conviction date, and sentence
- Documentation showing absolute discharge, including the date of absolute discharge

b. Is there currently a complaint, investigation, or is disciplinary action pending against your nursing license, CNA certificate, or any other health care or non health care license or certification you hold in any other state or territory of the United States? (If your nursing license or CNA certificate has been or is under investigation by the AZ Board of Nursing only, do not mark yes.)

No Yes If yes, provide:

- A detailed **written explanation**
- A copy of the documentation regarding the current investigation or pending disciplinary action

c. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion, or a peer assistance program?

No Yes If yes, provide:

- A detailed **written explanation**
- A copy of documentation

d. Have you ever been terminated from an alternative to discipline, diversion, or peer assistance program due to unsuccessful completion?

No Yes If yes, provide:

- A detailed **written explanation** including the state, dates, and reasons for participation and termination
- A copy of any documentation

e. Have you ever had disciplinary action taken on a license/certificate, health care or non health care, in any state or territory?

No Yes If yes, provide:

- A detailed **written explanation**
- A copy of any documentation regarding the action

f. Have you ever inactivated or surrendered your license or certificate during a complaint processing investigation in any other state or territory?

No Yes If yes, provide:

- A detailed **written explanation**
- A copy of documentation

g. Within the last 5 years have you had any drug or alcohol related charges or convictions, or a substance abuse disorder?

No Yes If yes, provide:

- A detailed **written explanation**
- A copy of the police report for each offense
- A copy of court documents indicating the charge, conviction date and sentence
- A copy of any documentation regarding the substance abuse disorder

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;
- The statements are true in every respect to the best of his/her knowledge;
- He/She has not suppressed any information that would affect this application;
- 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;
- 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 registration;
- Failure to disclose the requested information or disclosure of false/misleading information may also result in criminal prosecution.

SIGNATURE - Required

Date

Return ALL pages of application & documentation of citizenship/lawful presence to:

Arizona State Board of Nursing
4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3655