



ARIZONA STATE BOARD OF NURSING
Application for Registration Access to the Arizona
Controlled Substances Prescription Monitoring
Program (CSPMP)

FOR OFFICE USE ONLY

PRINT CLEARLY USING CAPITAL LETTERS

License Type NP CNM

AP Certificate Number(s)

Expiration Date / /

*DEA Number

DEA Expiration Date / /

NPI Number

SECURITY QUESTIONS:

Mother's Maiden Name

Your Birth City:

1. DEMOGRAPHICS

Legal First Name

Middle Name

Legal Last Name

Last 4 Digits of SSN Date of Birth / /

2. PRACTICE ADDRESS

Street Address Line 1

Street Address Line 2

City

State Zip Code County

Work Phone - - Fax - -

3. MAILING ADDRESS Check here if Mailing Address is the same as PRACTICE ADDRESS

Street Address Line 1

Street Address Line 2

City

State Zip Code County

4. Practitioner's Work or Personal Email Address

***If a Practitioner has multiple DEA numbers, you MUST complete one form for each DEA number**

Submit Completed form(s) to: Arizona State Board of Nursing
4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3655