

ARIZONA STATE BOARD OF NURSING (AZBN) Initial Application Instructions for Nursing Assistant

For Licensed Nursing Assistant OR CNA Registry Status if the Nursing Assistant Exam was passed before July 1, 2016

I. GENERAL REQUIREMENTS

1. Choose the level of nursing assistant you wish to apply for. Please visit our website: <https://www.azbn.gov/licensure-certification/licensed-nursing-assistant> for information on our 2 levels of nursing assistant:
 - a. **Certified Nursing Assistant (CNA):** a person who passes an approved CNA course and the state manual skills/written exams and whose name is placed on the CNA registry. Any substantiated allegations of abuse, neglect, or misappropriation of property/theft will be reported to the Office of Inspector General (OIG) and will **be** listed on the registry.
 - b. **Licensed Nursing Assistant (LNA):** a person who meets CNA educational and exam requirements, and in addition, submits an application, fingerprints, and fees to the Board. The LNA is regulated by the Board which has broader jurisdiction for any act of unprofessional conduct.
2. Pass the nursing assistant written and manual skills tests. (This should be done before you send an application to AZBN)
3. Meet the educational requirements of the Board (below) ,
4. Possess documentation Of lawful presence in the United States.
5. Complete training and testing in the past 2 years (see Time Restrictions below).
6. Persons who are already on the CNA Registry in AZ do not need to re-submit proof of education or legal presence.

II. EDUCATIONAL REQUIREMENTS: One of the following is needed to be eligible to be certified or licensed in AZ.

1. A copy of the “certificate of completion” of a AZ approved nursing assistant program/or verification of completion of an AZ approved program by D and S Diversified Technologies **OR**
2. Proof of completing a 120 hour nursing assistant program approved by another state / territory **OR**
3. Proof of completing a 75 hour nursing assistant program approved by another state / territory **AND**
 - a. Proof of working as a nursing assistant for an additional 45 hours **OR**
4. Meets requirements for a Military request for waiver **or** Nursing Student request for waiver <https://www.azbn.gov/licensure-certification/applications-forms/> **OR**
5. Proof of graduation from an approved RN or LPN program **or** holds a valid RN/LPN license or meets educational requirements for RN/LPN licensure in Arizona.

III. TIME RESTRICTIONS

If you did not take the NA exam within 2 years of your training program and you must show proof that you worked as a nursing assistant for 8 hours for CNA or 160 hours for LNA within the past 2 years, since you completed your program. Example: An applicant took their initial training in 2012 and never took the exam, needs to show they worked the required hours between 2012 & 2014, and between 2014 & 2016. **This may be validated in a letter signed by the employer.** Applicants, who did not pass an examination within the time period specified (2 years) and did not practice the required number of hours, will need to repeat and complete a training program and re-take the exam.

IV. PROOF OF LEGAL PRESENCE

State laws prohibit issuing a license or placing a nursing assistant on the registry who is not lawfully present in the United States. Applicants who are not already on the AZ CNA registry must submit a copy of documentation of citizenship/nationality/alien status on an 8½ x 11 sheet of plain white paper with the application. For a list of acceptable documents go to www.azbn.gov/Citizenship

V. REQUIREMENTS FOR LNAs ONLY

- Complete a fingerprint card and submit with application.
- You may have your fingerprints rolled at a local, county, or state law enforcement agency i.e. or locate an agency online that offers this service in your area. It is essential that you have your fingerprints rolled or a Live Scan of your prints done. Submit **completed** fingerprint card with AZBN application as soon as possible. It takes 6-8 weeks to obtain results. Fingerprint Instruction Sheet is included with this packet.
- If the results of your fingerprint check show a positive criminal history, an investigation will be started and licensure will not be given to you until the investigation is done.

VI. **FEES**

- CNA - No required fees
- LNA - \$50.00 Application fee and \$50.00 Fingerprint processing fee

FORMS OF PAYMENTS

- Credit/Debit card (must complete authorization form)
- Money Order
- Check – All personal checks **must** be pre-printed with your name & address and made payable to the Arizona State Board of Nursing
- All fees are **non-refundable**. A \$50 fee will be charged for checks returned because of insufficient funds.

Please Note: If your application is not complete, the Board will send you a deficiency notice identifying the requirements that remain outstanding. If you fail to respond to a deficiency notice within the applicable time periods, your application will be withdrawn. If you are still interested in Arizona nursing assistant certification by examination, you must submit a new application with applicable fee. To check the status of your Conversion to LNA application go to <https://www.azbn.gov/services/license-verification>

FINAL CHECKLIST – The following have been completed and or submitted with application

- A copy of a document as proof of citizenship/nationality/alien status – must be clear and easy to read-if not already on CNA Registry in AZ
- A copy of certificate of completion from CNA program stating number of hours of CNA course – If not already on CNA Registry in AZ
- ALL QUESTIONS** are answered
- Application is signed
- Application is in black ink
- LNA Applicants:** A completed fingerprint card **and \$100 in fees**



ARIZONA STATE BOARD OF NURSING

Initial Application for Licensed Nursing Assistant OR CNA Registry Status if the Nursing Assistant Exam was passed

Before July 1, 2016

* PLEASE DO NOT SUBMIT APPLICATION UNTIL YOU HAVE PASSED YOUR WRITTEN AND SKILLS STATE NA EXAM

Select Category Type you are applying for: Licensed Nursing Assistant - \$50.00, Fingerprint Fee - \$50.00 (LNAs only), Certified Nursing Assistant - NO FEE

FOR OFFICE USE ONLY: FPC, EDU, TEST, PID, Citz, FPResults, POE, OTHER:, VERIFY, Yes

*1. DEMOGRAPHICS: NAME BELOW MUST MATCH YOUR NAME ON THE LAWFUL PRESENCE DOCUMENT YOU SUBMIT. Fields for First Name, Middle Name, Last Name, SSN, Date of Birth, Birth City, Birth State/Province, Birth Country, Gender, Marital Status, Ethnicity.

*2. CONTACT INFORMATION (Either a home or cell phone number is required). Fields for Home Phone Number, Cell Phone Number, E-Mail Address. Includes a note about e-mail address usage.

***3. HOME ADDRESS** REQUIRED

*Street Address Line 1

Street Address Line 2

*City

*State/Province *Zip Code

*County (Example: Maricopa)

*Country (Example: USA)

4. MAILING ADDRESS

Street Address Line 1

Street Address Line 2

*City

*State/Province *Zip Code

*County (Example: Maricopa)

*Country (Example: USA)

***5. Are you or have you been a CNA or LNA in another state?** Yes No

If yes, list the state(s) and certificate number(s) from any other state(s) where you are certified.

State	Certificate Number	Status:	Active	Expired
<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>

***6. Did you receive a high school diploma/GED?** Yes No

CITIZENSHIP OR NATIONAL DECLARATION

Are you a citizen or national of the United States? No Yes

If yes, **submit with your application a legible xeroxed copy of one of the documents from List A.** See the instructions for List A. 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 _____

Expiration Date, if any (mm/dd/yyyy) _____ / _____ / _____

If you are a citizen or national of the United States, go directly to next page. If you are not a citizen or national of the United States, complete below.

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 the attached List B with your application.

“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.** See the instructions for List B.

Type of document you are submitting _____

Expiration Date, if any (mm/dd/yyyy) _____ / _____ / _____

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

i. Have you ever:

- 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**? OR
- B. 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
- C. Had a **felony or undesignated offense** pardoned, expunged, dismissed, deferred, reclassified or redesignated?

No Yes to A, B, or C. **Circle all letters above that apply.**

If yes, provide ALL of the following for each **felony or undesignated offense**:

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

ii. 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 related license or certification you hold in any other state or territory of the United States?

No Yes If yes, provide:

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

iii. Have you ever had disciplinary action or revocation taken on a license/certificate, health care or non health care related, in any state or territory of the United States (excluding action taken with the Arizona Board of Nursing)?

No Yes If yes, provide:

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

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 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.

*** REMEMBER TO ENCLOSE A COPY OF CITIZENSHIP/LAWFUL PRESENCE STATUS DOCUMENTATION ON 8 1/2 BY 11 PAPER WITH THE APPLICATION**

Please staple all pages of the application together with documentation of citizenship/lawful presence and mail to:
ARIZONA STATE BOARD OF NURSING
4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3655

Applicant's Signature

Date

PLEASE NOTE: It may take 1-2 months to process your application. You may check to see if your certification has been issued by visiting our website and using our online verification system to verify your certification. Our website is www.azbn.gov.

**ARIZONA STATE BOARD OF NURSING (AZBN)
INSTRUCTIONS FOR SUBMITTING A FINGERPRINT CARD**

I. GENERAL INFORMATION

You are required to complete and submit a fingerprint card. Submit a completed fingerprint card as soon as you submit your application. **NOTE:** If you have had previous fingerprinting done with another agency, you **must still** submit a new set of fingerprints to AZBN. **A copy of a clearance card issued by DPS is not a substitute for this requirement.** If you have submitted previous fingerprints to the AZBN within the past 2 years, you will not need to submit fingerprints again. Return the completed fingerprint card to the Board of nursing in a 9x12 envelope. **DO NOT FOLD THE CARD.**

II. WHERE DO I OBTAIN FINGERPRINTING SERVICES?

Call your local police department, sheriff's office or check for names of private agencies where you can obtain fingerprints. The agency will provide the fingerprint card. The agency you use must validate your identification with a driver's license or a State issued ID. Fingerprints done by an applicant on them self will be returned and will delay processing time.

III. HOW TO COMPLETE THE FINGERPRINT CARD

To facilitate prompt & accurate processing of the fingerprint card:

- type or print legibly, in **BLACK INK**, in blocks marked by a black X
- stay within the blocks – **DO NOT OVERLAP THE BLUE LINES**
- your name on the card must be identical to the name on your application
- no more than one correction paper tab per fingerprint block (where prints are rolled)
- no writing in the fingerprint block except "amp" (amputated) or "bnd" (finger bandaged)
- no staples anywhere on the card
- do not use "Best Prints Possible" stamp on the card

RESIDENCE	Enter your residence address, not your mailing address (unless they are the same).
ALIASES/AKA	Enter any aliases used, including maiden name .
PLACE OF BIRTH	Enter the two letter state abbreviation or spell out a foreign country.
SEX	F = Female M = Male
RACE	A = Asian/Pacific Islander I = American Indian/Alaskan Indian U = Unknown B = Black W = White or Hispanic
HEIGHT (HGT)	Express in feet and inches. Do not use fractions of an inch; round off to the nearest inch. EX: 5'9". DO NOT USE METRIC SYSTEM.
WEIGHT (WGT)	Express in pounds. Do not use fractions of a pound; round off to the nearest pound. EX: 139 lb. DO NOT USE METRIC SYSTEM
EYE COLOR	BLK = Black BRN = Brown GRN = Green MAR = Maroon PNK = Pink BLU = Blue GRY = Gray HZL = Hazel MUL = Multicolored XXX = Unknown
HAIR COLOR	BLK = Black BRN = Brown GRY = Gray SDY = Sandy BLU = Blue BLN = Blonde or "strawberry" WHI = White RED = Red or Auburn PNK = Pink PLE = Purple ONG = Orange XXX = Unknown or completely bald

IV. PROCESSING TIME

Processing of the card takes approximately 4-6 weeks. An **incomplete or folded** fingerprint card will be returned and will delay processing. Delays will also occur if the **information you printed overlaps the borders of the block** you wrote in. Delays may also occur if the fingerprint card is returned by DPS/FBI because the **fingerprints are not legible**. No permanent license/certificate will be issued until both state and federal criminal history clearance has been received.

V. FINGERPRINTING AUTHORITY

A.R.S. section § 32-1606, & A.R.S. § 32-1646 of the Nurse Practice Act authorizes the Board to deny licensure/certification based on felony conviction(s). Fingerprints are required in order for DPS/FBI to conduct background checks for criminal convictions.

O V E R

Applicant Record Notification

Notification

Your fingerprints will be used to check the criminal history records of the FBI.

If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before officials deny you the job, license, or other benefit based on information in the criminal history records.

Changes, Correction, or Updating

The procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulation (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at website at www.fbi.gov under Criminal History Summary Checks or by calling (304) 625-3878

Obtaining Copy

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Record Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website at (www.dps.gov).

NOTICE TO THOSE ROLLING THE FINGERPRINTS

WHY FINGERPRINTS ARE REJECTED

1. There is highlighter on the fingerprint image blocks. (The scanners cannot read the information.)
2. The fingerprint image bleeds onto the blue line or overlaps the borders of that block (scanners cannot pick up the entire image)
3. If there is more than one tab per fingerprint block. That means if the first print image on a finger was bad and you put a tab on the image and retake the image and it is a good image that is okay. **However**, if the second print is also bad you cannot use a second tab. A new card will have to be completed.
4. There is writing in the fingerprint blocks. **ONLY** exception: amputated (amp) or finger bandaged (bnd).
5. Staples are anywhere on the card
6. The fingerprint image is illegible
7. "Best Prints Possible" stamp is on the card
8. Prints are not straight up and down on the card
9. Cards have been folded or bent

ARIZONA STATE BOARD OF NURSING

4747 N. 7TH STREET, STE. 200
PHOENIX, ARIZONA 85014

**CREDIT/DEBIT CARD AUTHORIZATION FORM
for LICENSED NURSING ASSISTANTS
FOR INITIAL APPLICATION**

IF PAYING BY CREDIT/DEBIT CARD PLEASE SUBMIT THIS FORM WITH YOUR ENDORSEMENT APPLICATION
ONLY VISA OR MASTERCARD IS ACCEPTED
A \$3.00 PROCESSING FEE IS APPLIED TO ALL PAYMENT CARD TRANSACTIONS

INITIAL APPLICATION FEE - \$50.00

FINGERPRINT FEE - \$50.00

PLEASE CLEARLY PRINT ALL INFORMATION EXCEPT WHERE A SIGNATURE IS REQUIRED

NAME OF APPLICANT: _____

(REQUIRED)

AUTHORIZATION INFORMATION:

Total Authorized Amount:

_____ + \$3.00

(TOTAL APPLICATION FEES 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)

E-mail Address:

Signature of Cardholder:

(REQUIRED)