

ARIZONA STATE BOARD OF NURSING (AZBN)
ENDORSEMENT APPLICATION INSTRUCTIONS
For NURSING ASSISTANT AND LICENSED NURSING ASSISTANT
(Transferring from another state)

REQUIREMENTS

- **If you are unsure which level of nursing assistant you wish to apply for, please go to <https://www.azbn.gov/licensure-certification/licensed-nursing-assistant> for information related to CNA and LNA**
- Submit the **Proof of Nurse Aide Registration** form in the application to your current state of certification including documentation/proof of passing test. Some states charge a fee for completion of this form. Check with the state in which you are registered/certified to find out the fee you must pay **BEFORE** sending the proof of registration form to your current state of certification. You must be active and in good standing to obtain endorsement in Arizona. The state will return the proof of registration form directly to the Arizona Board of Nursing.
- Provides proof of completing one of the following:
 - a. Copy of the “certificate of completion” of a nursing assistant program approved by Arizona State Board of Nursing (or letter from the program) **OR**
 - b. Proof of completing a 120 hour nursing assistant program approved by another state / territory **OR**
 - c. Proof of completing a 75 hour nursing assistant program approved by another state / territory **AND** Proof of working as a nursing assistant for an additional 45 hours **OR**
 - d. 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
- Must be active on a nursing assistant register in another state **AND** meet one of the following:
 - a. Is currently working in nursing doing nursing assistant activities even if the job description or title does not say certified nursing assistant **OR**
 - b. Has worked as a nursing assistant for at least 8 hours **OR** has worked as a LNA for 160 hours within the past 2 years **OR**
 - c. Has completed a nursing assistant training program and passed the required exam within the past 2 years

LNAs ONLY

- Complete a fingerprint card and submit with application.
- 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.

FEES

- CNA – \$50.00
- LNA – \$50.00 Application fee and \$50.00 Fingerprint processing fee

FORMS OF PAYMENT

- Credit/debit card – must complete authorization form
- Money order
- Check. All personal checks **must** be pre-printed with your name and 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.

CITIZENSHIP/NATIONALITY/ALIEN STATUS DOCUMENTATION

- Applicants must submit a copy of documentation regarding citizenship/nationality/alien status. A copy of the document must be submitted on an 8½ x 11 sheet of plain white paper and submitted with the application For a list of acceptable documents go to www.azbn.gov/Citizenship.

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. 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 licensure you would need to submit a new application and applicable fee. To check on the status of your Endorsement application go to <https://www.azbn.gov/services/license-verification>

FINAL CHECKLIST

- Sent the “Proof of Nurse Aide Registration” form to your current State of certification
- Enclosed a copy of a document as proof of citizenship/nationality/alien status
- Enclosed a copy of certificate from CNA program stating number of hours of CNA course
- Answered ALL QUESTIONS
- Signed the application
- LNA Applicants:** A completed fingerprint card **and \$100 in fees**
- Application is in black ink Payment is enclosed



ARIZONA STATE BOARD OF NURSING
Endorsement Application for Nursing
Assistant (NA) or Licensed Nursing
Assistant (LNA)

Select Category Type you are applying for

Nursing Assistant \$50.00

Licensed Nursing Assistant \$50.00

Fingerprint Fee (LNAs-Include fee) \$50.00

For Office Use Only

<input type="checkbox"/> FPC	<input type="checkbox"/> FP Results
<input type="checkbox"/> EDU	<input type="checkbox"/> POE
<input type="checkbox"/> TEST	<input type="checkbox"/> OTHER
<input type="checkbox"/> VER	<input type="checkbox"/> CITZ
<input type="checkbox"/> PID	<input type="checkbox"/> YES

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

***1. DEMOGRAPHICS** **NAME BELOW MUST MATCH YOUR NAME ON THE LAWFUL PRESENCE DOCUMENT YOU SUBMIT**

*Applicant's Legal First Name

 *Middle Name

*Applicant's Legal Last Name

 *Former Last Names

 *SSN - - *Date of Birth / /

 *Birth City

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

<p>Gender</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>	<p>Marital Status</p> <p><input type="checkbox"/> Never Married <input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Separated</p>	<p>Ethnicity</p> <p><input type="checkbox"/> Black - Not of Hispanic Origin <input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> White - Not of Hispanic Origin <input type="checkbox"/> Multi Racial</p> <p><input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other</p> <p><input type="checkbox"/> American Indian/Alaskan</p>
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***2. 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 Board of Nursing. E-mail address should be kept up to date at www.azbn.gov/myservices.

***8. NURSING ASSISTANT TRAINING PROGRAM ATTENDED**

Program must submit documentation to the Board to verify completion

*Program Code

*Name

*Address

*City

*State/Province

*Zip Code

*Date of Graduation
(Month / Year)

Provide a copy of the training program certificate showing completion of a total of 120 hours of clinical and classroom instruction.

***9. CURRENT EMPLOYMENT / MOST RECENT EMPLOYMENT**

*Employer Name

*Street Address Line 1

*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

*Employment

 Full Time Part Time

If your current employment is less than 160 hours, list employers during the past 2 yrs on a separate sheet of paper showing you worked at least 160 hours

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) _____ / _____ / _____

10. 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**?

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 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 including the date of absolute discharge.

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.

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;
- 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

Applicant's Signature

Date

PLEASE NOTE: It may take 1-2 months to process your application. If your application is not completely filled out if the fee is incorrect, it will be returned to you and further delay the process. 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.

PROOF OF NURSE AIDE REGISTRATION

Send this completed form to the STATE AGENCY where you are currently certified/registered.
(Addresses and phone numbers listed next page)

PART I: To be completed by the nursing assistant. PRINT CLEARLY.

NAME: Last First Middle Maiden Name or Other Names Used

Address: Number & Street City State Zip

Social Security Number: Date of Birth (Area Code) Telephone No.

State Of Current Certification: Certification Number: Date of Issue:

NURSE AIDE TRAINING PROGRAM: Provide Name of School or Program, City & State Date Completed

PART II: To be completed by the STATE AGENCY where you are currently certified/registered. * If you are certified in Alabama, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Michigan, Mississippi, Missouri, Nebraska, New Mexico, New York, Ohio, Pennsylvania, North Carolina, Texas, and Wisconsin verifications, fill in Part I only and return this form with your application to Arizona State Board of Nursing.

- 1. This individual is listed on the Nurse Aide Register and has met all relevant federal requirements under OBRA '87 and '89:
 Yes Certification/Registration #: _____ Expires: _____
 No Date of Issue: _____

- 2. Method of Registration (Check All That Apply)
 Deemed to the Registry without competency evaluation
 Registered by Endorsement from the State of _____
 Completed a State-Approved, training program of _____ hours
 Passed a State-Administered competency evaluation
 Not Available

- 3. Is there documentation of substantiated abuse, neglect or misappropriation of resident property by this individual?
 Yes, please explain
 No

- 4. Is there documentation of a felony conviction in a court of law?
 Yes, please explain
 No
 Not Available

It is hereby certified that the above facts are stated from official records pertaining to this individual in the office of the undersigned.

Date

Nurse Aide Registry Representative Title



Agency Telephone #

City State Zip

CONTACT APPROPRIATE REGISTRY FOR CURRENT STATUS & FEES REQUIRED ON VERIFICATION

ALABAMA

AL CNA Registry, AL Dept of Public Health
Div of Health Care Facilities
PO Box 303017
Montgomery, AL 36130-3017
334-206-5169

ALASKA

NA Registry
Dept of Commerce, Community, & Econ Development
Div of Corp, Bus, & Prof Licensing
550 W 7th Ave, #1500
Anchorage, AK 99501
907-269-8169

ARIZONA

AZ State Board of Nursing
4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3655
602-771-7800

ARKANSAS

Office of Long Term Care
501-682-1807
www.arkansas.gov/dhs/sgNH.html

*CALIFORNIA

Dept of Health Svcs
CNA/HHA/CHT Cert Unit
Lic & Cert Program
ATCS-MS 3301
PO Box 997416
1615 Capitol Ave
Sacramento, CA 95899-7416
916-327-2445

*COLORADO

CO Board of Nursing
1560 Broadway, #1370
Denver, CO 80202
303-894-2430

CONNECTICUT

Prometric CT Nurse Aide Prog
E-mail: ctcna@prometric.com
866-499-7485

DELAWARE

Div of Long Term Care Residents Protection
3 Mill Rd, #308
Wilmington, DE 19806
302-577-6666

*DIST. OF COLUMBIA

Pearson VUE
888.274.6060
BON
202.724.8846

FLORIDA

Dept of Health
CNA Registry
4052 Bald Cypress Way
BIN#C-13
Tallahassee, FL 32399-3263
850-245-4125 X3784

GEORGIA

GA Medical Care Foundation
GA Nurse Aide Registry
PO Box 105753
Atlanta, GA 30348
www.mmis.georgia.gov

HAWAII

Prof & Voc Lic Branch
Dept of Commerce & Consumer Affairs
PO Box 3469
Honolulu, HI 96801
808-734-2101 X122

IDAHO

ID Nurse Aide Prog
PO Box 83720
Boise, ID 83720-0036
800-748-2480

*ILLINOIS

IL Dept of Public Health
Health Care Wkr Registry
525 W Jefferson St, 4th Flr
Springfield, IL 62761
217.785.5133

INDIANA

IN Dept of Hlth, Div of LTC
2 N Meridian St, Sec 4B
Indianapolis, IN 46204
317-233-7351

IOWA

Direct Care Wkr Registry
Div of Health Facilities
IA Dept of Insp & Appeals
Lucas State Office Bldg
Des Moines, IA 50319-0083
515-281-4077

KANSAS

KS Dept of Health & Environmt
Health Occup Credentialing
1000 SW Jackson, #200
Topeka, KS 66612-1365
785-296-6877

KENTUCKY

KY Board of Nursing
312 Whittington Pkwy, 300-A
Louisville, KY 40222
888-530-1919

LOUISIANA

LA State Bd of Exam for Nsg
Facility Admin, NFA
Nurse Aide Registry
5647 Superior Dr
Baton Rouge, LA 70816
225-295-8575

MAINE

ME Registry of CNAs
ME HHS
State House Station 11
41 Anthony Ave
Augusta, ME 04333
207-624-7300

MARYLAND

MD Board of Nursing
4140 Patterson Ave
Baltimore, MD 21215-2254
410.585.1918

MASSACHUSETTS

MA Nurse Aide Registry
MA Dept of Public Health
Div of Hlth Care Quality
99 Chauncy St, 2nd Fl
Boston, MA 02111
617-753-8143

*MICHIGAN

MI Dept of Community Health
Bureau of Hlth Professions
PO Box 30670
Lansing, MI 48909
517-241-0554

MINNESOTA

Div of Compliance Monitoring
NA Registry
PO Box 64501
St. Paul, MN 55164-0501
651-215-8705

*MISSISSIPPI

MS Dept of Health Bureau of Health Facilities – Lic & Cert
143-B LeFleur's Sqr
PO Box 1700
Jackson, MS 39215-1700
614-364-1100

MISSOURI

MO Dept of Health & Senior Svcs,
Health Educ Unit
PO Box 570
3418 Knipp
Jefferson City, MO 65102
573-526-5686

MONTANA

MT Dept of Pub Hlth & Human Svcs – Cert Bureau
2401 Colonial Dr, 2nd Fl
Helena, MT 59620-2953
406.444.4980

*NEBRASKA

Dept of Health & Human Svcs
Div of Publ Health, Lic Unit
Off of Nsg & Nsg Support
PO Box 94986
Lincoln, NE 68509-4986
402-471-0537

NEVADA

Bureau of Lic & Cert
1550 E College Pkwy, Ste 158
Carson City, NV 89706
775-687-4475

NEW HAMPSHIRE

NH Board of Nursing
21 S Fruit St, Ste 16
Concord, NH 03301-2431
603-271-8282

NEW JERSEY

Div of Health Facilities Evaluation & Licensing NJ Dept of Health & Senior Svcs
PO Box 367
Trenton, NJ 08625-0367
609-633-9171

NEW MEXICO

DOH/DHI/Hlth Facility Lic & Cert Bureau
2040 S Pacheco St
2nd Flr Rm 413
Santa Fe, NM 87505
505-476-9040

*NEW YORK

Bureau of Prof Credentialing
NY State Dept of Health
875 Central Ave
Albany, NY 12206
518-408-1297

*NORTH CAROLINA

Dept of Hlth & Human Svcs
Hlth Care Personnel Registry
Div of Facility Svcs
2709 Mail Service Ctr
Raleigh, NC 27699-2709
919-855-3969

NORTH DAKOTA

OBRA Mandated Registry
ND Dept of Health Facilities
600 E Blvd Ave, Dept 301
Bismarck, ND 58505-0200
701-328-2353

OHIO

Bureau of Info & Oper Support
OH Dept of Health
246 N High St
Columbus, OH 43215-2412
614-752-9500

OKLAHOMA

OK State Dept of Health
NA Registry
1000 NE 10th St, Rm 1111
OK City, OK 73117-1299
405-271-4085

OREGON

Cust Svc Ctr
OR State Board of Nursing
17938 SW Upper Boones Ferry Rd
Portland, OR 97224
971-673-0685

*PENNSYLVANIA

PA Nurse Aide Registry
Pearson Vue
PO Box 13785
Philadelphia, PA 19101-3785
800-852-0518

RHODE ISLAND

RI Dept of Hlth, Hlth Profes
3 Capitol Hill, Rm 105
Providence, RI 02908-5097
401-222-5888

*SOUTH CAROLINA

Pearson VUE
Corporate Hdqtrs
5601 Green Valley Dr
Bloomington, MN 55437-1099
952-681-3899

SOUTH DAKOTA

SD Board of Nursing
4305 S Louise, #201
Sioux Falls, SD 57106
605-362-2769

TENNESSEE

Div of Hlth Care Facilities
Dept of Health
227 French Landing, Ste 501
Heritage Pl, Metro Ctr
Nashville, TN 37243
615-532-7841

TEXAS

Dept of Aging & Disab Svcs
PO Box 149030, MC: E-414
Austin, TX 78714-9030
512-438-2050

UTAH

UT Hlth Tech Cert Center
550 East 300 South
Kaysville, UT 84037-2699
801-547-9947

VERMONT

VT State Board of Nursing
Nat'l Life Bldg, N Flr 2
Montpelier, VT 05620-3402
802-828-2819

VIRGIN ISLANDS

VI Board of Nurse Lic
PO Box 304247
Veterans Drive Station
St. Thomas, VI 00803
340-776-7131

VIRGINIA

VA Board of Nursing
NA Registry
9960 Mayland Dr, Ste 300
Richmond, VA 23233
804-367-4569

WASHINGTON

OBRA NA Registry
PO Box 45600
Olympia, WA 98504
360-725-2597

WEST VIRGINIA

Off of Hlth Fac Lic & Cert
1 Davis Sqr, Ste 101
Charleston, WV 25301-1799
304-558-0050

*WISCONSIN

WI NA Registry
PO Box 13785
Philadelphia, PA 19101-3785
877-329-8760

WYOMING

WY Board of Nursing
1810 Pioneer Ave
Cheyenne, WY 82002
307-777-7616

***These states do not fill out verification forms. If your verification is from one of the states with an *, please complete Part I only and return the verification form to AZBN along with your application.**

**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 and CERTIFIED NURSING ASSISTANTS
FOR ENDORSEMENT 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

LNA or CNA ENDOSEMENT APPLICATION FEE \$50.00
LNA 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: _____ CVN # _____
(REQUIRED) (REQUIRED)

BILLING INFORMATION:

Card Holder Name: _____
(REQUIRED)

Billing/Mailing Address: _____

Phone Number: _____
(REQUIRED)

E-mail Address: _____

Signature of Cardholder: _____
(REQUIRED)