

**AZ STATE BOARD OF NURSING (AZBN)
RN/LPN ENDORSEMENT INSTRUCTIONS
(Applying for licensure when previously licensed in another state)**

IMPORTANT

- Nurses previously licensed in AZ must reapply by renewal, not by endorsement.
- **ARIZONA IS A COMPACT STATE.** If your Primary State of Residency is in another Compact State do not apply for licensure in Arizona unless you are declaring Arizona as your Primary State of Residency. Primary State of Residency is defined as where you vote, pay taxes and hold a driver's license. For the list of compact states, visit www.ncsbn.org/nlc.htm.
- Nurses who are applying and will be declaring AZ as their Primary State of Residence and currently have an active license with multi-state privileges with another compact state may use their current compact license until AZ issues a new license. AZ will send you a memo to inactivate your current compact license after AZ issues you a license.

REQUIREMENTS

- **U.S. EDUCATED APPLICANTS:**
To be eligible for licensure you must:
 1. Have a passing score on the National Council Licensure Exam (NCLEX) or the State Board Test Pool Exam (SBTPE)
 2. Have previous or current license in another state or territory
 3. Have met one of the following practice requirements:
 - a. Practiced as a nurse for 960 hours or more in the past 5 years **or**
 - b. Graduated from a nursing program and obtained a degree within past 5 years **or**
 - c. Completed an Arizona Board approved refresher course in the past 5 years **or**
 - d. Obtained an advanced nursing degree in the past 5 years (i.e. LPN to RN, RN to BSN, masters, or doctorate).
 4. RN applicants hold a Diploma, Associate Degree or Baccalaureate Degree in Nursing from an approved program or
LPN applicants hold a Diploma or Certificate from an approved program. To view RN exceptions or LPN exceptions Visit www.azbn.gov/RNLPNExceptions.
 5. Have Board approval for applicants under investigation
- **APPLICANTS EDUCATED IN A FOREIGN COUNTRY, INCLUDING CANADA & PUERTO RICO:**
Visit www.azbn.gov/ForeignEducatedRequirements for application requirements.

ITEMS TO COMPLETE FOR LICENSURE

- SUBMIT A PAPER APPLICATION WITH FEES:**
 - Print a copy of the application from website www.azbn.gov/Applications.
 - Complete the application in black ink and sign.
 - Answer all required questions.
 - Applications must be mailed to AZBN (no faxes).
- VERIFICATION of your ORIGINAL STATE OF LICENSURE**
Go to nursys.com and submit a request for verification. Click on **NURSE LICENSE VERIFICATION FOR ENDORSEMENT** and **PAY** the requested fee (the free services do not meet this requirement).
EXCEPTION: Please note that If your original state of licensure was California, Kansas, Oklahoma, Alabama, Pennsylvania, Louisiana LPN board, or West Va. RN Board, you need to contact that state directly, pay the state the fee for verification, and request verification be sent directly to AZ. State Board of Nursing.
- CITIZENSHIP/LAWFUL PRESENCE DOCUMENTATION**
 - All 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.

☐ FINGERPRINTS

- You are required to submit a full set of fingerprints, for the purpose of obtaining State & Federal criminal record checks. You are only exempt from this requirement if you have submitted a fingerprint card to the AZBN within the previous two years.
- 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. Submit your fingerprint card with your application.
- It can take 6-8 weeks to receive fingerprint results from the FBI. Permanent licensure cannot be issued until these results are received.
- Fingerprint Clearance Cards are not acceptable.

ADDITIONAL INFORMATION

APPLICATION FEES & PAYMENT METHODS - Must Be In U.S. Dollars And Are Non-Refundable

- Application Fee: \$150.00 (Required)
- Fingerprint Fee: \$ 50.00 (Required)
- Temporary License Fee: \$ 50.00 (Optional)
- Credit/Debit Card – Complete and **include** authorization form & submit with the application.
- Personal Checks – Must be pre-printed with your name and address. Payable to Arizona State Board of Nursing.

OPTIONAL TEMPORARY LICENSE:

- Temporary license – For nurses meeting requirements
- 48 hour Temporary License – For emergency purposes only
- Temporary license for refresher course only
- For more information go to www.azbn.gov/RNLPNEndorsement.

FELONY CONVICTIONS:

The Board shall revoke a nursing license or multistate privileges or deny licensure if the applicant has one or more felony convictions that have not previously been disclosed to the Board and 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 further information go to www.azbn.gov/ReportingCriminalCharges

REPORTING OF CRIMINAL CHARGES:

Applicants for licensure/certification must notify the Board of criminal charges within 10 days of being charged. For further information go to www.azbn.gov/ReportingCriminalCharges

UNDESIGNATED OFFENSE

Further information can be found at www.azbn.gov/FelonyBarStatutes

TIME FRAMES FOR LICENSURE:

The Board is required to process applications for licensure within certain time periods, per NPA R4-19-102. Visit www.azbn.gov/NursePracticeAct for more information.

APPLICATION PROCESS STEPS:

For more information on the processing of your application go to www.azbn.gov/Documents/Applications/Application-Process.pdf

VERIFICATION OF THE STATUS OF YOUR APPLICATION

To check the status of your application go to www.azbn.gov and click on License Verification.

Please Note: It may take 1 – 2 months to process your application.

When you submit an application, 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 call (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 licensure you would need to submit a new application and applicable fee.

Arizona Revised Statute §41-1030, (B), prohibits agencies from basing licensing decisions in whole or in part on requirements or conditions that are not specifically authorized by statute, rule or state tribal gaming compact. For further information go to: <http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/41/01030.htm&Title=41&DocType=ARS>



6. TESTING INFORMATION

In what state or territory did you obtain your **original** license?

What was your original license number?

What was the date of your state exam? Month / Year

Did you test more than 1 time? No Yes If yes, how many times?

Which test did you take? SBTPE (This test was given before 7/1/82)

NCLEX (This test was given after 7/1/82)

Passing the SBTPE or NCLEX test is required for licensure in Arizona.

7. ARIZONA LICENSURE

Have you previously submitted a nursing application in Arizona? No Yes

If yes, did you receive a permanent Arizona license? No Yes If yes, when Month / Year

8. NURSING PROGRAM ATTENDED

Name

City State Zip Code

Degree Licensed Practical Nurse RN Diploma RN Associates Degree BSN RN Masters

Date of Graduation (month/year) / Program Code

9. COLLEGE OR UNIVERSITY FOR HIGHEST DEGREE HELD (If different than Nursing Program)

Name

City State Zip Code

Degree: Licensed Practical Nurse RN Diploma RN Associates Degree BSN Bachelors Non-Nursing Masters-Nursing Masters Non-Nursing Doctorate Certification *CRNA

Date of Graduation (month/year) / *To work as a CRNA in Arizona you must complete a CRNA application

10. Certification: If applicable list any current national certification in nursing that you hold (does not include CPR)

Name of certification body Line 1

Line 2

Specialty/Category

Date of certification (month/year) / Expiration Date (month/year) /

11. EMPLOYMENT STATUS Employed Not Employed

Employed in Nursing Employment in a field other than Nursing PRN/Pool/Registry Traveler
 Full Time Full Time Yes Yes
 Part Time Part Time No No

Average number of hours worked per week as a nurse?





12. LICENSE INFORMATION List the state/territory/country, license number, and current status of all nursing licenses.

State	License Number	Active	Inactive	Expired
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State	License Number	Active	Inactive	Expired
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State	License Number	Active	Inactive	Expired
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State	License Number	Active	Inactive	Expired
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are licensed in more than 4 states, please list the information on a separate sheet of paper

13. CURRENT EMPLOYMENT OR PRACTICE SETTING

Title/Position

Employer's Name

Street Address Line 1

Street Address Line 2

Work Phone
() -

City

State

Zip Code

Employed from (month/year) /

14. Check the practice requirement that you meet for licensure (one option must be marked to be eligible for licensure)

- I have practiced as a nurse for 960 hrs or more in the past 5 years **OR**
- I have completed an Arizona Board approved refresher course within the past 5 years **OR** graduated from a nursing program within 5 years **OR**
- I have obtained an advanced nursing degree (RN to BSN, Masters, or Doctorate) or advanced practice certificate in the past 5 years

15. If your current employment or practice setting is less than 960hrs in the past 5 yrs, list previous employment

Title/Position

Employer's Name

Street Address Line 1

Street Address Line 2

Work Phone
() -

City

State

Zip Code

Employed from (month/year) / To /

16. OPTIONAL INFORMATION

E-Mail Address

- Marital Status: Never Married Married Separated Divorced Widowed
- Ethnicity: African American Hispanic Caucasian Asian Other



17. 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.

Name of document you are submitting _____

If you are a citizen or national of the United States, go directly to Question 19. If you are not a citizen or national of the United States, complete question 18.

18. 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.

Name of document you are submitting _____

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



APPLICATION QUESTIONS

19. Are you currently under investigation or is a disciplinary action pending against your nursing license, CNA certificate or any other license or certification you hold in any state or territory of the United States?
 No Yes If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.
20. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program?
 No Yes
21. Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion?
 No Yes If yes, provide a **written explanation** including the state, dates, and reasons for participation and termination.
- Before answering the next question read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated or that your civil rights have been restored, does not mean that you answer this question "no"; you would have to answer "yes" and give details on each conviction.**
22. Have you ever been convicted, entered a plea of guilty, nolo contendere or no contest, or have you ever been sentenced, served time in jail or prison, or had prosecution deferred or sentence deferred or probation deferred in any felony or undesignated offense?
 No Yes If yes, provide a written explanation of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction, indicating type of conviction, conviction date and sentence including the date of absolute discharge of the sentence for each felony conviction with your application.

FINAL NOTE: If you answer ed "yes" to this question, your application will not be processed until you provide proof that it has been more than 5 years since the date of absolute discharge for each felony conviction or provide proof that the conviction was designated a misdemeanor.

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

VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION

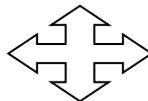
The undersigned declares under penalty of perjury under the laws of Arizona, that he/she:

- 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

*** FOR A TEMPORARY LICENSE: TAPE A COPY OF A CURRENT LICENSE HERE AND COMPLETE THE "REQUEST FOR TEMPORARY LICENSE" FORM**



NO STAPLES PLEASE
SCOTCH TAPE ALL SIDES

REMEMBER TO ENCLOSE A COPY OF DOCUMENTATION OF CITIZENSHIP/NATIONALITY/ALIEN STATUS.

PLEASE STAPLE ALL PAGES OF THE APPLICATION TOGETHER AND MAIL TO:

ARIZONA STATE BOARD OF NURSING
4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3655
(602) 771-7800
Our Website: www.azbn.gov

RLED



ARIZONA STATE BOARD OF NURSING

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

**CREDIT/DEBIT CARD AUTHORIZATION FORM
FOR RN/LPN 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

ENDORSEMENT APPLICATION FEE- \$150.00 (PAYMENT REQUIRED TO PROCESS APPLICATION)
FINGERPRINT FEE- \$50.00 (PAYMENT REQUIRED TO PROCESS APPLICATION)

TEMPORARY LICENSE FEE- \$50.00
(IF REQUESTING A TEMP LICENSE, PAY THE FEE WITH THE APPLICATION FEE AND FINGERPRINT FEE)

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)

EMAIL ADDRESS: _____

SIGNATURE OF CARDHOLDER: _____
(REQUIRED)