

**ARIZONA STATE BOARD OF NURSING**  
**CERTIFIED NURSING ASSISTANT ENDORSEMENT**  
(Transferring from another state)  
**APPLICATION INSTRUCTIONS**

- Complete an application for Certified Nursing Assistant by Endorsement – Mail to Arizona State Board of Nursing
- Submit the proof of nurse aide registration form (enclosed) 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.
- Complete a fingerprint card (a fingerprint card will be mailed to you after we receive your application if you have not included with your application).
- Pay fees for endorsement certification
- Fingerprint results – If the results of your fingerprint check show a positive criminal history, an investigation may be started and you will not be certified until the investigation is done. This may take 4 to 6 months.
- 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
- Is active on a nursing assistant register in another state **AND** meets 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 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

**FEES**

- Application fee is \$50.
- You may pay by credit/debit card (must complete attached two pages for credit card authorization) or money order or 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**

- Federal law, 8 U.S.C. § 1641, and State law, A.R.S. § 1-501, require documentation of citizenship or nationality for certification. If the documentation does not demonstrate that the applicant is a United States citizen, national, or a person described in specific categories, the applicant will not be eligible for certification in Arizona. All applicants **must** submit documentation regarding their citizenship/nationality/alien status **with** their application. See attached list A & B for specific documentation required.

**FINGERPRINTING**

- According to A.R.S. § 32-1606(B) (16), each applicant for initial licensure or certification is required to submit a full set of fingerprints. A fingerprint card will be mailed to you after we receive your application. It is important for you to use the specific fingerprint card we send you because Arizona State Board of Nursing information is printed on the card. It can take 3 to 4 weeks to receive fingerprint results. You will not be certified until results are received. A copy of a fingerprint clearance card cannot be substituted for this requirement.

**FELONY CONVICTIONS**

- According to A.R.S. § 32-1606(B), an applicant for certified nursing assistant is not eligible for certification if the applicant has any felony convictions and has not received an absolute discharge from the sentences for all felony convictions. The absolute discharge from the sentence for all felony conviction(s) must be received 5 or more years before submitting this application. If you cannot prove that the absolute discharge date is 5 or more years, the Board will notify you that you do not meet the requirements for certification.

For more information, regarding time frames for nursing assistant certification, consult Nurse Practice Act R4-19-102. For assistance with the application process, contact **Helen Tay at (602) 771-7800**. If you fail to respond to a deficiency notice or comprehensive written request within the applicable time periods, your application will be withdrawn. If you are still interested in nursing assistant certification, you must submit a new application and applicable fees.

**To obtain an application for CNA Endorsement, go to our website and download an application [www.azbn.gov](http://www.azbn.gov)  
Arizona State Board of Nursing, 4747 N 7<sup>th</sup> St, Suite 200, Phoenix, AZ 85014-3655**

**YOUR FINAL CHECKLIST**

- You have sent the “Proof of Nurse Aide Registration” form to your **current** State of certification
- You have enclosed a copy of a document as proof of citizenship/nationality/alien status
- You have enclosed a copy of certificate from CNA program stating number of hours of CNA course
- You answered **ALL QUESTIONS**
- You signed the application
- Your application is in black ink

## ARIZONA STATEMENT OF CITIZENSHIP & ALIEN STATUS

All applicants must answer questions on the application regarding citizenship. A Xeroxed copy of a document that shows evidence of your citizenship or alien status MUST BE submitted with your application for licensure or renewal. See List A or List B.

### LIST A

**Evidence showing U.S. citizen or U.S. national status includes the following:**

**\*If any of the following documents do not contain a photograph of the individual, the individual shall also present a government issued document that contains a photograph of the individual.**

**a. Primary Evidence:**

- (1) An AZ driver's license issued after 1996 or an AZ non-operating identification license
- (2) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction); \*
- (3) A birth certificate or delayed birth certificate issued in any state, territory or possession of the U.S.; \*
- (4) A signed United States passport; current or expired;
- (5) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens); A U.S. certificate of birth abroad \*
- (6) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State; \*
- (7) Form N-550 or N-570, Certificate of Naturalization (issued by the Service through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has changed);
- (8) Form N-561, Certificate of Citizenship;
- (9) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (10) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (11) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have a FS-240, FS-545, or DS-1350); or \*
- (12) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoo living near the U.S./Mexican border).
- (13) A tribal certificate of Indian blood.\*
- (14) A tribal or bureau of Indian affairs affidavit of birth\*

**NOTE: SOCIAL SECURITY CARDS ARE NOT ACCEPTABLE DOCUMENTATION.**

**b. Secondary Evidence**

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status;

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parent(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917, American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Marian Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a state or jurisdiction approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands

(on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

**c. Collective Naturalization**

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

**Puerto Rico:**

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

**U.S. Virgin Islands:**

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

**Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):**

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

**d. Derivative Citizenship**

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make determination of derivative U.S. citizenship:

**Applicant born abroad to two U.S. citizen parents:** Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

**Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent:** Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

**Applicant born out of wedlock abroad to a U.S. citizen mother:** Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

**Applicant born in the Canal Zone or the Republic of Panama:**

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

**e. Adoption of Foreign-Born Child by U.S. Citizen**

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;

- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.
- f. **U.S. Citizenship By Marriage**  
 A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.  
 Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.
- g. **A U.S. certificate of birth abroad\***  
 h. **A foreign passport with a U.S. Visa\***  
 i. **An I-94 form with a photograph**  
 j. **A U.S. citizenship and immigration services employment authorization document or refugee travel document\***

## **LIST B**

### **Qualified Aliens, Nonimmigrant, and aliens paroled into U.S. for less than one year.**

a. **“Qualified Aliens”**

Evidence of “Qualified Alien” status includes the following:

***Alien Lawfully admitted for Permanent Residence***

- \*Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
- Unexpired Temporary I-551 stamp in foreign passport or on \*I Form I-94.

***Asylee***

- \*Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- \*Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (5)”;
- \*Form I-766 (Employment Authorization Document) annotated “A5”;
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

***Refugee***

- \*Form I-94 annotated with stamp showing admission under § 207 of the INA;
- \*Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- \*Form I-766 (Employment Authorization Document) annotated “A5”;

***Alien Paroled Into the U.S. for at Least One Year***

- \*Form I-94 with stamp showing admission for at least one year under section 212(d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.

***Alien Whose Deportation or Removal was withheld***

- \*Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (10)”;
- \*Form I-766 (Employment Authorization Document) annotated “A10”;
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

***Alien Granted Conditional Entry***

- \*Form I-94 with stamp showing admission under §203 (a) (7) of the INA;
- \*Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- \*Form I-766 (Employment Authorization Document) annotated “A3”.

***Cuban/Haitian Entrant***

- \*Form I-551 (Alien Registration Receipt Card, commonly known as a “green Card”) with the code CU6, CU7, or CH6.
- Unexpired temporary I-551 stamp in foreign passport or on \*Form I-94 with the Code CU6 or CU7; or
- \*Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212 (d) (5) of the INA.

***Alien who has been Declared a Battered Alien or Alien Subjected to Extreme Cruelty***

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. **Nonimmigrant**

Evidence of “Nonimmigrant” status includes the following:

- \*Form I-94 with stamp showing authorized admission as nonimmigrant

c. **Alien Paroled into U.S. for less than One year**

- \*Form I-94 with stamp showing admission for less than one year under section 212 (d) (5) of the INA

d. **A foreign passport with a U.S. visa**

e. **An I-94 form with a photograph.**

f. **A U.S. citizenship and immigration services employment authorization document or refugee travel document.**



# ARIZONA STATE BOARD OF NURSING

Application for Certified Nursing Assistant (CNA)  
Certification by Endorsement

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

### 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"/> P ID | <input type="checkbox"/> YES        |

### \*1. DEMOGRAPHICS

\*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)

#### Gender

- Female
- Male

#### Marital Status

- Never Married     Divorced
- Married             Widowed
- Separated

#### Ethnicity

- Black - Not of Hispanic Origin     Hispanic
- White - Not of Hispanic Origin     Multi Racial
- Asian/Pacific Islander             Other
- American Indian/Alaskan

### \*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](http://www.azbn.gov/myservices).





**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](http://www.azbn.gov).

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

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 Arkansas, California, Colorado, Connecticut, District of Columbia, Hawaii, Illinois, Michigan, Mississippi, Missouri, Nebraska, New Mexico, New York, Ohio, Pennsylvania, North Carolina, South 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

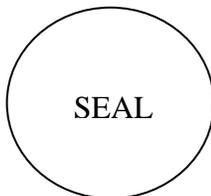
3. Is there documentation of substantiated abuse, neglect or misappropriation of resident property by this individual?
[ ] Yes, please explain
[ ] No

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

ARIZONA STATE BOARD OF NURSING ♦ NURSING ASSISTANT REGISTRATION PROGRAM
4747 N. 7th ST., SUITE 200 ♦ PHOENIX, AZ ♦ 85014-3655 ♦ (602) 771-7800 ♦ FAX (602) 771-7888
Website: www.azbn.gov

**CONTACT APPROPRIATE REGISTRY FOR CURRENT STATUS & FEES REQUIRED ON VERIFICATION**

**ALABAMA**

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

**ALASKA**

Dept of Commerce, Community, &  
Econ Dev  
Div of Corp, Bus, & Prof Licensing  
550 W 7<sup>th</sup> Ave, #1500  
Anchorage, AK 99501  
907-269-8169

**ARIZONA**

AZ State Board of Nursing  
4747 N. 7<sup>th</sup> 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](http://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  
Princeton Pike Corp Ctr  
2000 Lenox Dr, 3<sup>rd</sup> Flr  
Lawrenceville, NJ 08648  
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  
Corp Hdqtrs  
5601 Green Valley Dr  
Bloomington, MN 55437-1099  
952-681-3000

**FLORIDA**

Dept of Health  
MQA/CNA Program  
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](http://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, 4<sup>th</sup> 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, 2<sup>nd</sup> 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, 2<sup>nd</sup> 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  
2<sup>nd</sup> 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 10<sup>th</sup> 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 ASBN along with your application.

**IF PAYING BY CREDIT/DEBIT CARD PLEASE COMPLETE THIS FORM AND ATTACH IT TO THE CREDIT/DEBIT CARD AUTHORIZATION FORM.**

**A ONE-TIME CHARGE OF \$3.00 FOR PROCESSING IS APPLIED TO ALL PAYMENT CARD TRANSACTIONS**

**CHECK THE FEES THAT YOU ARE PAYING FOR.**

| <b>RN/LPN/SN APPLICATION FEES:</b>         |  |           |
|--|--|-----------|
| <input type="checkbox"/>                   | RN/LPN EXAM FEE                                  | \$ 300.00 |
| <input type="checkbox"/>                   | RN/LPN RENEWAL FEE                               | \$ 160.00 |
| <input type="checkbox"/>                   | RN/LPN ENDORSEMENT FEE                           | \$ 150.00 |
| <input type="checkbox"/>                   | RN/LPN TEMPORARY LICENSE FEE (Reg or 48 Hr.)     | \$ 50.00  |
| <input type="checkbox"/>                   | SCHOOL NURSE                                     | \$ 75.00  |
| <input type="checkbox"/>                   | SCHOOL NURSE RENEWAL                             | \$ 25.00  |
| <input type="checkbox"/>                   | FINGER PRINT FEE                                 | \$ 50.00  |
| <b>ADVANCED PRACTICE APPLICATION FEES:</b> |  |           |
| <input type="checkbox"/>                   | NP/CNM/CNS APPLICATION FEE                       | \$ 150.00 |
| <input type="checkbox"/>                   | NP/CNM PRESCRIBING & DISPENSING FEE              | \$ 150.00 |
| <input type="checkbox"/>                   | TEMPORARY NP/CNM/CNS FEE                         | \$ 35.00  |
| <input type="checkbox"/>                   | CRNA CERTIFICATION FEE                           | \$ 150.00 |
| <input type="checkbox"/>                   | CRNA TEMPORARY CERTIFICATION FEE (Reg or 48 Hr.) | \$ 35.00  |
| <b>CNA APPLICATION FEES</b>                |  |           |
| <input type="checkbox"/>                   | CNA EXAM CERTIFICATE FEE (OPTIONAL)              | \$ 50.00  |
| <input type="checkbox"/>                   | CNA RENEWAL CERTIFICATE FEE (OPTIONAL)           | \$ 50.00  |
| <input type="checkbox"/>                   | CNA ENDORSEMENT FEE                              | \$ 50.00  |
| <b>OTHER FEES:</b>                         |  |           |
| <input type="checkbox"/>                   | DUPLICATE RN/LPN LICENSE FEE                     | \$ 25.00  |
| <input type="checkbox"/>                   | DUPLICATE CNA CERTIFICATE FEE                    | \$ 25.00  |
| <input type="checkbox"/>                   | ADDRESS CHANGE FEE                               | \$ 25.00  |

## CREDIT/DEBIT CARD AUTHORIZATION FORM

PLEASE RETURN COMPLETED FORM WITH YOUR APPLICATION

ONLY VISA OR MASTERCARD IS ACCEPTED

PLEASE CLEARLY PRINT ALL INFORMATION EXCEPT WHERE A SIGNATURE IS REQUIRED

NAME OF APPLICANT: \_\_\_\_\_

(REQUIRED)

### AUTHORIZATION INFORMATION:

TOTAL AUTHORIZED AMOUNT: \_\_\_\_\_ + \$3.00 = \_\_\_\_\_  
(TOTAL FROM PAYMENT CARD FEE SCHEDULE 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)

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_

(REQUIRED)