

CNA RENEWAL INSTRUCTIONS

A CERTIFICATE CAN BE ISSUED FASTER IF YOU RENEW ONLINE

You are encouraged to complete the application online. Online renewal will provide you with an easy, efficient and safe way to renew your license 24 hours a day. Go to <https://myservices.azbn.gov>. A convenience fee of \$3.00 is charged for online renewal.

RENEWAL SCHEDULE: Certified Nursing Assistants (CNAs) are required to renew nursing assistant certification every 2 years by the last day of the CNA's birth month. It is the responsibility of the CNA to keep her/his addresses current with the Board.

RENEWAL REQUIREMENTS:

- Applicants must have worked, doing nursing assistant duties, for a minimum of 160 hours within the past 2 years.

LATE CERTIFICATION: Online Renewal is not available for expired certification. If you are renewing after your certification has expired, a lapsed certificate questionnaire must be submitted with the renewal application. The Lapsed/Expired Certificate Questionnaire is included in this packet. Fingerprinting is required only if your CNA certification has been expired for more than two years. Please call the board for a fingerprint card to be sent to you.

PAPER APPLICATION FEES:

ALL FEES MUST BE IN US DOLLARS AND ARE NON REFUNDABLE

- 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.
- There is a \$50.00 fee for all checks returned for insufficient funds.
- **Late Fee:** If you **have worked** as a CNA on an expired certificate, a \$10.00 late fee **per year** you've worked will be charged. See the Lapsed/Expired Certificate Questionnaire. A late fee is not needed if you have not worked on an expired CNA certificate.
- **If your renewal is late**, all fees submitted will be applied to the late fee before they can be applied to the document fee.
- **Document Fee:** The CNA document (a wallet size, pink colored paper certificate) is **OPTIONAL**. If you request an **optional** document, the fee is \$50. The document will **only** be issued when requested and when the fee is received. (See selection box on renewal form.) **IF FEE IS NOT INCLUDED, THE BOARD WILL ASSUME YOU DID NOT REQUEST A DOCUMENT.**
- All mailing address changes are to be submitted to the Board within 30 days. If you are submitting an address change on the application and it has been more than 30 days since relocating there will be a \$25 address change fee.
- All renewals that are returned to the Board because of an incorrect address will be fined \$25.

COMPLETING THE PAPER APPLICATION:

Paper applications are scanned. Please print legibly in ink, one character per box. All questions with an "*" must be answered. Faxed applications are not acceptable. If your information does not fit in the space provided, please include an 8 ½ x 11 paper with the section # and information that needs to be updated.

CITIZENSHIP/LAWFUL PRESENCE DOCUMENTATION REQUIRED:

Federal law 8 U.S.C. § 1641 and a state law A.R.S. § 1-501, placed into effect 1/1/2008, require documentation of citizenship/nationality/alien status for certification. If the documentation does not demonstrate that the applicant is a United States citizen, national, or has alien status, the applicant will not be eligible for certification in Arizona. All applicants must submit documentation regarding their citizenship/nationality/alien status once after that 1/1/2008 date unless submitting a document with an expiration date (excluding US passports). If documentation has not yet been submitted, see list A & B for specific documentation required. List A & B can be found at www.azbn.gov/citizenship by clicking on **Citizenship/Lawful Presence and Alien Status Declaration**. A photocopy of the documentation you submit must be on 8 ½ x 11 paper.

FELONY CONVICTIONS: Pursuant to A.R.S. § 32-1646(B), the Board shall revoke a Nursing Assistant Certification if the applicant for recertification has one or more felony convictions that have not previously been disclosed to the Board and the applicant 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 recertification. If you have been convicted of a felony since the date you were last recertified, your application will not be processed, and proceedings for revocation of your nursing assistant certification shall be instituted by the Board.

REPORTING OF CRIMINAL CHARGES: Applicants for licensure/certification must notify the Board of criminal charges within 10 days of being charged. Further information is available at www.azbn.gov/ReportingCriminalCharges.

NAME CHANGE: If you are submitting a name change (Question 2) include a copy of an official document showing previous names (i.e. birth certificate, social security card, marriage license, diploma from high school) and a copy of an official document showing your new name (i.e. marriage license, divorce decree, driver's license, social security card).

TIME FRAMES FOR LICENSURE: The Board is required to process applications for licensure within certain time periods, per Nurse Practice Act R4-19-102. Visit www.azbn.gov/NursePracticeAct and click on Rules for more information.

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. For assistance with the application process for licensure, please contact Gail Maloney at (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 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
Renewal Application for Certified Nursing Assistant

For Office Use Only

* DESIGNATES REQUIRED FIELDS - PRINT CLEARLY IN ALL CAPITAL LETTERS

FEES: Certificate Not Requested --- \$0.00
 Certificate Requested (optional) --- \$50.00
 Late Fee --- \$10.00 per year worked

* EXPIRATION DATE / /
 * CERTIFICATE NUMBER C N A
 * FEE PAID (if applicable) \$

*** 1. DEMOGRAPHICS**

* Applicant's Full First Name
 * Applicant's Middle Name
 * Applicant's Full Last Name
 * Former Last Name(s)
 * SSN - - * Date of Birth / /
 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. APPLICATION FOR NAME CHANGE

Do you have a new name? No Yes - Write in your new name (Documentation is required. See instructions.)

* First Name
 Middle Name
 * Last Name

* Is there a change of mailing address?

Yes No

If yes, address changes are required to be submitted to the Board within 30 days. If it has been more than 30 days since you relocated and you have not submitted a change of address to the Board, include a \$25 address change fee.

*** 3. HOME ADDRESS**

* Street Address Line 1

Street Address Line 2

* City

* State/Province

* Zip Code

* County (Example: Maricopa)

* Country (Example: USA)

4. MAILING ADDRESS (If different than home address)

* Street Address Line 1

Street Address Line 2

* City

* State/Province

* Zip Code

* County (Example: Maricopa)

* Country (Example: USA)

*** 5. 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 State Board of Nursing. E-mail address should be kept up to date at www.azbn.gov/myservices.

*** 6. OTHER STATES IN WHICH YOU ARE CURRENTLY CERTIFIED** (See last page for state abbreviations)

*** 7. PRACTICE REQUIREMENTS**

Indicate the practice requirement met for certificate renewal. One option must be marked to be eligible for renewal. The practice requirement must have been met within the previous 24 months. The two years are calculated from the application received date (for example if the application is received on 3/31/2010, the two year time period begins 3/31/2008). If the practice requirement is not met, you are not eligible for renewal.

a) I have performed nursing assistant activities for 160 hours or more within the last 24 months (you **MUST** document employment in question 8)

- Yes No

*** 8. NURSING ASSISTANT EMPLOYMENT** (Required if option "a" is checked in question 7)

List current or most recent employment as a nursing assistant. If 160 hours or more were not practiced in the employment below, add a separate sheet of paper listing additional/previous nursing assistant employment. All information in the fields below will be required for additional employment on the separate sheet. If you have worked for a private individual to meet the 160 hour requirement, include a letter from the physician or supervising nurse. Family care does not qualify to meet the practice requirement.

* Employer Name

* Street Address Line 1

Street Address Line 2

* 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 () - * Total Hours Worked
at this Employer

* Employment Full Time Part Time

9. FIELD OF EMPLOYMENT

- Nursing Home Office Hospital
 Hospice Home Health Other

***10. CITIZENSHIP OR NATIONAL STATUS DECLARATION**

Are you a citizen of the United States? No Yes

If yes, submit with your application a legible xeroxed copy of your proof of citizenship document. Most often submitted is a photocopy of a birth certificate or US passport. To see a list of other accepted documents, visit www.azbn.gov/applications.aspx and click on 'Statement of Citizenship and Alien Status'.

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 (i.e. passport, birth certificate) _____ Already Submitted

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

If you are a citizen or national of the United States, go directly to Question 12. If you are not a citizen or national of the United States, complete question 11.

***11. 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 List B with your application. See List B on our website by visiting www.azbn.gov/applications.aspx and clicking on Statement of Citizenship and Alien Status.

“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.**

Type of document you are submitting _____

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

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

- i. Have you, since your certificate was granted or since your last renewal, whichever is later:
- 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:
- A detailed **written explanation** of the details of each arrest conviction and sentence.
 - Copy of the police report.
 - Copy of court documents for each arrest conviction indicating type of conviction, conviction date, and sentence.
 - Documentation showing absolute discharge, including the date of absolute discharge of the sentence for each **felony or undesignated offense** conviction.
- If yes, has this previously been reported to the Arizona Board of Nursing? No Yes
- ii. Since your last renewal, have you had any drug or alcohol related convictions?
- No Yes If yes, provide a detailed **written explanation** of the details of each arrest conviction and sentence. Return the written explanation and court documents for each conviction indicating type of conviction, conviction date, and sentence.
- If yes, has this previously been reported to the Arizona Board of Nursing? No Yes
- iii. Since your last renewal, has disciplinary action or revocation been taken or is there currently a complaint, investigation, or disciplinary action pending against your CNA certificate or, any other health care or non health care related license or certification, in any state or territory of the United States? (If your nursing license/CNA certificate is under investigation in Arizona only, do not mark yes.)
- No Yes If yes, include a detailed **written explanation** and a copy of the documentation regarding the current investigation or pending disciplinary action with your application.
- If yes, has this previously been reported to the Arizona Board of Nursing? No Yes

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.

REMEMBER TO ENCLOSE A COPY OF CITIZENSHIP OR ALIEN STATUS DOCUMENTATION ON 8 ½ BY 11 PAPER WITH THE APPLICATION IF NOT PREVIOUSLY SUBMITTED.

Applicant's Signature

Date

PLEASE NOTE:

Online Renewal- If renewing online and proof of citizenship/lawful presence documentation has already been received and processed by the Board, your license will be immediately renewed and verifiable via the license verification on our website (www.azbn.gov) within minutes. You can renew online 24 hours a day, 7 days a week.

Paper Renewal- It may take up to 2 weeks to process your application. Do not send more than one application as it will not expedite your renewal. Your employer may not be able to verify your renewal if you do not submit the application 2-3 weeks before the expiration date. If this application is not postmarked by midnight of your expiration date and you have been working on your certificate you will be required to pay an extra fee for late renewal. If your application is not completely filled out or if the fee is incorrect, it will be returned to you and further delay the renewal process.

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



Doug Ducey
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

4747 North 7th Street, Suite 200
Phoenix AZ 85014-3655
Phone (602) 771-7800
E-Mail: arizona@azbn.gov
Home Page: www.azbn.gov

COMPLETE THIS PAGE IN ADDITION TO YOUR CNA RENEWAL APPLICATION IF YOUR CERTIFICATE HAS LAPSED OR EXPIRED

Certificate # _____ Social Security # _____ Telephone: _____

Name: _____
(Last) (First) (Middle)

Former Name(s): _____ Current Address: _____

Did you work as a CNA on your Arizona certificate while your Arizona certificate was lapsed/expired? (Example: If your certificate was due for renewal on 10/31/08, did you work after 10/31/08 on that certificate?)

If your job description requires you to be certified, if you signed your name with CNA after your name, or if you present yourself to the public as a CNA in any way at your place of employment, **you are working/presenting yourself as a CNA.**

NO Comments: _____

YES If you have worked on a lapsed/expired certificate include a \$10 late fee for each year you worked on the expired certificate, not to exceed \$100.
(For example, if your license expired 10/31/08 and you worked as a CNA any time after that date in 2008, include a \$10 late fee. An additional \$10 would be required if you worked as a CNA anytime in 2009, and an additional \$10 if you worked anytime in 2010, etc.)

If YES to any options above, where did you work while your certificate was lapsed/expired?

Employer: _____ Employer Phone #: _____

Address: _____

Direct Supervisor's Name: _____ Phone: _____

Direct Supervisor's /Title: _____

I certify that the above entries made by me are true, complete and correct to the best of my knowledge and belief.

SIGNATURE - **REQUIRED**

DATE

CNAs SAVE YOURSELF TIME AND FRUSTRATION...

Check these areas **before** returning your application.

- All required sections marked with a '*' are completed.
- Your application is in black ink.
- You have enclosed documentation for citizenship/nationality/alien status (if not already submitted after 1/1/2008).
- You entered **name changes**: Complete the second section on page 1 only if you changed your name
- **If your name changed, please include a "**copy**" of an official document showing your **previous** name (i.e. birth certificate, social security card, diploma from school) and a "**copy**" of an official document showing your **new** name (i.e. marriage license, divorce decree, driver's license, social security card)**
- \$50 Optional Certificate fee** (if you want the wallet-size pink colored paper certificate)
- You have enclosed Invalid/Late Certificate Questionnaire **ONLY** if submitting your renewal after your certificate expiration date.
- \$10 Late fee** per year, if you have **WORKED** as a CNA on an expired certificate.
- \$25 Fee** for an address change that you have **not reported** within 30 days.
- You signed & enclosed a check pre-printed with your name & address or money order for the correct fee.
- You answered ALL QUESTIONS.
- You signed and dated the application.
- Application must be mailed (NO FAXES).

ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SO. CAROLINA
AS	AM. SAMOA	IA	IOWA	NV	NEVADA	SD	SO. DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEW HAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NO. CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NO. DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
GU	GUAM	MP	NO. MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
HI	HAWAII	MS	MISSISSIPPI	PR	PUERTO RICO		
ID	IDAHO						

IN ADDITION TO YOUR CNA RENEWAL APPLICATION, PLEASE COMPLETE AND ATTACH THIS FORM IF YOU ARE A NURSING ASSISTANT WHOSE PRACTICE HOURS ARE WORKED IN A PRIVATE/HOME SETTING

TO: AZ STATE BOARD OF NURSING

_____ provided the following nursing assistant duties at my
Name of employed Caregiver

direction for _____ for a total of at least 160 hours for the past 2 years.

Please check duties provided:

- | | |
|--|---|
| <input type="checkbox"/> Vital Signs | <input type="checkbox"/> Transfers bed to wheelchair |
| <input type="checkbox"/> Ambulation | <input type="checkbox"/> Intake & Output |
| <input type="checkbox"/> Denture Care/oral care | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Range of motion | <input type="checkbox"/> Specimen Collection |
| <input type="checkbox"/> Feeding and hydration | <input type="checkbox"/> Observe & report pain |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Apply clean bandages |
| <input type="checkbox"/> Skin care | <input type="checkbox"/> Change soiled briefs |
| <input type="checkbox"/> Turning & repositioning in bed | <input type="checkbox"/> Hair care |
| <input type="checkbox"/> Nail Care | <input type="checkbox"/> Dressing the patient |
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Perineal care |
| <input type="checkbox"/> Maintaining a patient's environment | <input type="checkbox"/> Recognizing and reporting abnormal changes |

(Must perform at least 16 of the tasks listed)

Dates of care: from ____/____/____ to ____/____/____

Employer printed name

Signature of employer

Today's Date: ____/____/____

Phone: _____ Email: _____

Address: _____

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.

RN/LPN/SN APPLICATION FEES:		
<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
ADVANCED PRACTICE APPLICATION FEES:		
<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
CNA APPLICATION FEES		
<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
OTHER FEES:		
<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)