Arizona State Board of Nursing (AZBN)
Initial Application Instructions for
Nurse Practitioner/Nurse Midwife Certification; Prescribing and Dispensing Privileges;
Clinical Nurse Specialist (CNS)

IMPORTANT
If you are moving here from another state and do not hold a current RN license in Arizona or another compact state, you must complete the RN Endorsement application at the same time you apply for Nurse Practitioner/Certified Nurse Midwife; Prescribing and Dispensing Privileges; Clinical Nurse Specialist. For a list of compact states go to www.ncsbn.org/nlc.htm #1

REQUIREMENTS
Registered Nurses seeking certification as a (NP/CNM only) shall meet the following requirements:
1. Current Arizona RN license in good standing OR current RN license with multistate privileges in another compact state.
2. An official transcript directly from the institution attended that provides evidence of:
   a. A graduate degree with a major in nursing for RNP and CNS applicants
3. An official letter sent directly from the program to AZBN, stating the role and population focus of the program.
4. The educational program was:
   a. Part of a graduate degree/post-master’s program at an accredited institution; OR
   b. The program was approved or recognized in the U.S jurisdiction of program location for the purpose of granting APRN licensure or certification.
5. National Certification or recertification as an APRN in the role and population focus if certification was issued after 7-1-2004. Exception: a CNS granted a waiver of certification
6. Meets practice requirement by verifying they have:
   a. Completed an advanced practice nursing education program within the past five years; or
   b. Practiced for a minimum of 960 hours within the past five years where the nurse:
      • Worked for compensation or as a volunteer, as an APRN: OR
      • Held a position for compensation or as a volunteer that required, preferred or recommended in the job description, the level of advanced practice certification being sought or renewed.
7. If the applicant satisfies all other requirements, the Board shall continue to certify:
   a. An RNP without a graduate degree with a major in nursing if the applicants:
      • Meets all other requirements for certification; and
      • Ensures that the U.S jurisdiction of an applicant’s previous RNP licensure/certification submits evidence of certification or licensure in the NP role and population focus that either is current or was current at least six months before the application was received by the board, and was originally issued:
         i. Before 1-1-2001, if the RNP applicant lacks a graduate degree; or
         ii. Before 11-13-2005 if the RNP’s graduate degree is in a health-related area other than nursing.
   b. An RNP or CNS applicant without evidence of national certification who received initial APRN certification/licensure in another state before 7-1-2004 and provides evidence, directly from the jurisdiction, that the certification/licensure is current.
   c. A CNS applicant without evidence of completion of a CNS program who received initial certification of advanced practice licensure in this or another state before 11-13-2005 and provides evidence, directly from the jurisdiction, that the certificate/license is current.
   d. A CNS applicant who completed a women’s health clinical nurse specialist program that was part of a graduate degree in a nursing program without evidence of national certification upon submission of the following:
      • A description of the applicant’s scope of practice that is consistent with the Nurse Practice Act definition R4-19-514 at www.azbn.gov/NursePracticeAct. #2
      • One of the following:
         i. A letter from a faculty member who supervised the applicant during the graduate program attesting to the applicant’s competence to practice within the defined scope of practice; OR
         ii. A letter from a current supervisor verifying the applicant’s competence in the defined scope of practice; OR
         iii. A letter from a physician, RNP, or CNS who has worked with the applicant within the past 2 years attesting to the applicant’s competence in the defined scope of practice and
      • Verification that the applicant has practiced a minimum of 500 hours in the population focus within the past 2 years, which may include clinical practice time in a CNS program
ITEMS TO COMPLETE FOR CERTIFICATION

□ SUBMIT a paper application with fee:
  • Print a copy of the application from the website
  • Application must be mailed to AZBN (no faxes)

□ REQUEST Official School Transcripts – SENT BY THE PROGRAM DIRECTLY TO AZBN

□ REQUEST Official Letter - sent by the program to AZBN stating role and population focus – see sample letter at www.azbn.gov/AdvancedPractice. #3

□ REQUEST National Certification – Sent directly to AZBN from certifying agency (exceptions on page 1, #5 & #7b)

□ Citizenship/Nationality/Alien Status Documentation Required:
  All applicants must submit a copy of documentation regarding citizenship/nationality/alien status. A copy of the document must be submitted on an 8 1/2 x 11 sheet of plain white paper and submitted with the application. For a list of acceptable documents go to www.azbn.gov/Citizenship. #4

□ SUBMIT a Fingerprint Card:
  • You are required to submit a full set of fingerprints, for the purpose of obtaining State & Federal criminal record checks. You are exempt from this if you have submitted a fingerprint card to the AZBN within the previous two years.
  • A fingerprint card will be mailed to you within 30 days of AZBN receiving your application.
  • It can take a minimum of 4-6 weeks to receive fingerprint results. Permanent certification will not be granted until these results are received.
  • Fingerprint Clearance Cards are not acceptable.

ADDITIONAL INFORMATION

Fees and Payment Methods: MUST BE IN U.S DOLLARS AND ARE NON-REFUNDABLE
  • Application Fee: $150.00 (required)
  • Fingerprint Fee: $ 50.00 (required)
  • Temporary Certification Fee: $ 35.00 (optional)
  • Prescribing and Dispensing Fee: $150.00 (optional), for RNP’s only
  • Credit/Debit Card – Complete and include authorization form & submit with the application.
  • Personal Checks – Pre-printed with your name/address. Payable to AZBN.

Optional Temporary Certifications
  • Temporary certification – For APRNs meeting requirements
  • 48 hour temporary certificate – For emergency purpose only
  • Temporary certificates will be withdrawn for new grad applicants (NP, CNM who have taken and failed National Certification exam.

  For more information on Temporary Certificate go to www.azbn.gov/AdvancedPractice #5

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. If this law pertains to you, your application will be processed, and proceedings for revocation of your Arizona license or multistate privileges in Arizona or denial of your application shall be instituted by the Board. www.azbn.gov/ReportingCriminalCharges. #6

Reporting of Criminal Charges
Applicants for licensure/certification must notify the Board of criminal charges that may affect patient safety within 10 days of being charged. For further information go to www.azbn.gov/ReportingCriminalCharges. #7

Undesignated Offense
Further information can be found at www.azbn.gov/FelonyBarStatutes #8

Time Frames for Licensure
The Board is required to process applications for licensure within certain time periods, per Nurse Practice Act R4-19-102. For further information go to www.azbn.gov/NursePracticeAct. #9

Foreign Educated Applicants; Including Canada and Puerto Rico:
For foreign educated applicant requirements go to www.azbn.gov/ForeignEducatedRequirements. #10, 10a & 10b
Information of Prescribing and Dispensing
For information on Prescribing and Dispensing go to www.azbn.gov/AdvancedPractice. #11

Information on RNP Standards
For information on RNP Standards see Rule – R4-19-508 at www.azbn.gov/NursePracticeAct. #12

Information on CNS Standards
For information on CNS Standards see Rule – R4-19-514 at www.azbn.gov/NursePracticeAct. #13

Information on APRN Renewal, National Certification and Refresher Requirements
If you have not practiced for 960 hours in your role and population focus in the past 5 years or have not graduated from an Advanced Practice program within the past 5 years see Rule - R4-19-506, at www.azbn.gov/NursePracticeAct. #14

Application Process Steps
For steps to the application process go to www.azbn.gov/Documents/Application-Process.pdf #15

Verification of the Status of your Application
To check the status of you application go to www.azbn.gov and click on License Verification #16

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 contact AZBN 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 State Board of Nursing
4747 N 7th Street, Suite 200
Phoenix, AZ  85014-3655
Phone (602) 771-7800
APPLICATION FOR
NURSE PRACTITIONER/NURSE MIDWIFE/
PRESCRIBING & DISPENSING PRIVILEGES
CLINICAL NURSE SPECIALIST CERTIFICATION

CHECK THE CERTIFICATION(S) YOU ARE APPLYING FOR:

- Nurse Practitioner
- Nurse Midwife
- P & D Authority for NP/CNM
- Clinical Nurse Specialist
- Temporary Certificate

NOTE: * Fingerprint requirement (see instructions)
     * Required fee (see instructions)

PLEASE PRINT INFORMATION WITH CAPITAL LETTERS

1. APPLICANT'S NAME
   First Name
   Middle Name
   Last Name
   Former Last Name(s)

2. SOCIAL SECURITY NUMBER
   BIRTH DATE (month/day/year)
   Gender
   Male       Female

3. HOME ADDRESS/PRIMARY STATE OF RESIDENCE
   (where you vote, pay federal taxes, obtain a drivers license)
   Street Address Line 1
   Street Address Line 2
   County of Residence
   City
   State
   Zip Code

4. MAILING ADDRESS
   (If different than Home Address)
   Street Address Line 1
   Street Address Line 2
   City
   State
   Zip Code

5. HOME PHONE
   CELL PHONE

OFFICE USE ONLY
NURSYS Results Certificate #
Neg  Pos P & D #
Initials Issue Date

NPCA
6. ARIZONA RN LICENSE NUMBER
RN

7. BASIC 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)

8. COLLEGE OR UNIVERSITY FOR HIGHEST DEGREE HELD

(If different than Basic 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
Date of Graduation (month/year)

9. NURSE PRACTITIONER/NURSE MIDWIFE/CNS PROGRAM ATTENDED

Name
City State Zip Code
Date of Graduation (month/year) Length of Program (months) Number of Months Attended
Degree Awarded
Experience: Worked as a NP CNS CNM Never worked as a NP CNS CNM

***Remember, official transcript(s) of the course of study and a letter verifying completion from the educational institution(s) where you took your graduate degree, Advanced Nursing or NP or CNS program must be submitted to the ASBN. Request that the institution send these directly to the ASBN***

10. 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)

NPCB
11. If you are unemployed or 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 (month/year)

12. Have you taken and passed the National Certification Examination? Yes No

If yes, answer the following:

National Organization (that administered the exam)

Specialty Area

Certification Number

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

Request that your certifying agency send verification of current National Certification (with beginning & expiration date) directly to the AZ Board of Nursing.

NURSE PRACTITIONERS/NURSE MIDWIVES ONLY

Select the specialty area that you are applying for:

- Acute Care
- Adult
- Adult Psych/Mental Health
- Community Health
- Gerontological
- Family
- Family Psych/Mental Health
- Pediatric
- Neonatal
- Nurse Midwife
- Pediatric Critical Care
- Neonatal Critical Care
- Pediatric Critical Care
- Other
- Pediatric
- Neonatal Critical Care
- Woman’s Health Care

CLINICAL NURSE SPECIALISTS ONLY

Select the specialty area that you are applying for:

- Adult Critical Care
- Adult Psych/Mental Health
- Child/Adolescent Psych Mental Health
- Community Health
- Gerontological
- Home Health
- Med/Surg or Adult Health
- Neonatal Critical Care
- Pediatric
- Pediatric Critical Care
- Other

13. OPTIONAL INFORMATION

E-Mail Address

Marital Status

- Never Married
- Married
- Separated
- Divorced
- Widowed

Ethnicity

- African American
- Asian
- Caucasian
- Hispanic
- Indian
- Other
14. Check the practice hour requirement that you meet for certification. At least ONE option must be marked to be eligible for continued certification.

A. [ ] I have completed an advance practice nursing education program within the past 5 years.

B. [ ] I have practiced as an APRN in my category and specialty area of AZ Board certification for a minimum of 960 hours within the past 5 years.

C. [ ] I have current national certification in my category and specialty area of AZ Board certification:

   Date you received National Certification:
   
   Certification Board:
   
   Specialty area:
   
   Expiration Date:

NOTES:
1. If you marked this option, certification is contingent upon the Board receiving official verification of certification, including initial and expiration dates and category/specialty, which must be provided directly to the Board by the credentialing agency. Online verification directly from the agency is acceptable.
2. Exemptions from National Certifications: If you were issued your initial NP/CNM certification before 7/1/04 in AZ or another jurisdiction OR if your CNS certification was granted by waiver, (i.e. your initial CNS application was received between 11/05 and 11/06) AND you do not hold national certification, you must meet options A, B, or D.

D. [ ] Because I do not satisfy the practice requirements of option A, B, or C, I have met the applicable education and precepted practice hours specified in the Nurse Practice Act, R4-19-506 (C) (2),

   NOTE: If you mark this option, you must submit all evidence of completion of coursework and precepted clinical practice for review.

NPCD
15. What compact state are you currently licensed as an RN?

<table>
<thead>
<tr>
<th>Compact RN License Number</th>
<th>Expiration Date (Month/Year)</th>
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16. TESTING INFORMATION

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

What was your original license number?

What was the date of your state exam? / 

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)

17. 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 / 

18. EMPLOYMENT STATUS

Employed

Not Employed

Employed in Nursing

Employment in a field other than Nursing

PRN/Poole/Registry

Traveler

Full Time

Full Time

Yes

Yes

Part Time

Part Time

No

No

Average number of hours worked per week as a nurse/Advanced Practice? 

19. LICENSE INFORMATION

List the state/territory, license number, and current status of all RN licenses.

<table>
<thead>
<tr>
<th>State</th>
<th>License Number</th>
<th>Active</th>
<th>Inactive</th>
<th>Expired</th>
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If you are licensed in more than 4 states, please list the information on a separate sheet of paper

NPCE
Prescribing & Dispensing Privileges

20. PRESCRIBING AND DISPENSING - PHARMACOLOGY AND/OR CLINICAL MANAGEMENT OF DRUG THERAPY

NOTE: This is not a separate application. Do not remove this page. Only Nurse Practitioners/Certified Nurse Midwives who have been certified by the Arizona State Board of Nursing and hold an active RN license in Arizona or multi state privilege in a compact state and are certified by the Board of Nursing with in one of the specialty areas identified in R4-19-501 can be granted prescribing and dispensing authority. To review the rules relating to P&D, go to www.azbn.gov, click on resources, click on Nurse Practice Act, go to rules and review R4-19-511, R4-19-512, & R4-19-513.

List in chronological order the 45 contact hours of education you have obtained in pharmacology and/or the clinical management of drug therapy. All 45 hours shall be completed within the three year period immediately preceding the application. The required contact hours should be obtained from an accredited conference, classes, mediated or self-study.

If you have 3 semester hours of pharmacology within the three years prior to date of application, it completes the education requirement. This must be posted on official sealed transcripts sent directly to ASBN.

Supply a copy of the continuing education certificate received. If the certificate does not state that hours are for Pharmacology and/or the Clinical Management of Drug Therapy, you must attach a copy of the program. Use extra sheets if needed.

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
<th>Title of Continuing Education in Pharmacology or Clinical Management of Drug Therapy</th>
<th>Contact Hours</th>
<th>Awarded or Accredited By</th>
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Are you applying for a DEA (Drug Enforcement Agency) registration number to prescribe controlled substances?

☐ Yes  ☐ No

a. A DEA number cannot be obtained until you have received prescribing and/or dispensing privileges from the Board.

b. You must contact the Drug Enforcement Administration at www.dea.gov, to obtain an application form.

c. When the DEA number has been obtained you must notify the Board of your number by sending a copy of the Registration Number.
*21. CITIZENSHIP OR NATIONAL STATUS DECLARATION
SUBMIT WITH APPLICATION

Are you a citizen of the United States? □ Yes □ No
If no, go to question 22.

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. If you submit a copy of a birth certificate, please INCLUDE COPY of PHOTO I.D. Social security cards are not accepted. To see a list of other accepted documents, visit www.azbn.gov/Citizenship and click on Citizenship and or Lawful Presence Cover Sheet/Alien Status Declaration/Lists A & B. If you have already submitted a proof of citizenship/nationality document after 1/1/2008 you will not need to submit the document again.

Type of document you are submitting (i.e. passport, birth certificate) ____________________________________________________________
Expiration Date, if any (mm/dd/yyyy) ___ / ___ / ___

*22. 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/Citizenship and click on "Citizenship and or Lawful Presence Cover Sheet/Alien Status Declarations/Lists A & B.

"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 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) ___ / ___ / ___
APPLICATION QUESTIONS

23. Are you currently under investigation or is disciplinary action pending against your nursing license, advanced practice 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.

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.

24. Have you ever been convicted, entered a plea of guilty, nolo contendre 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.

   NOTE: If you answer “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.

25. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program?
   □ No  □ Yes  If yes, provide a written explanation including the state, dates, reasons for participation, and a copy of the participation agreement.

26. 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.

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.

Applicants Signature ________________________________ Date __________

*REMEMBER TO ENCLOSE A COPY OF CITIZENSHIP OR ALIEN STATUS DOCUMENTATION ON 8 ½ BY 11 PAPER WITH THE APPLICATION.

* TAPE OR ATTACH A COPY OF A CURRENT RN LICENSE HERE *

NO STAPLES PLEASE SCOTCH TAPE ALL SIDES

* TAPE OR ATTACH A COPY OF A CURRENT AP CERTIFICATE HERE *

NO STAPLES PLEASE SCOTCH TAPE ALL SIDES

Please staple all pages of the application together and return to:

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

ARIZONA STATE BOARD OF NURSING
4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3655

NOTE: The 48 hours option should be utilized only for emergency purpose. Application and all supporting documents MUST be hand carried to Board Office.

Any applicant who has a criminal history, a history of disciplinary action by a regulatory agency or a pending complaint, will be reviewed before a temporary AZ license is issued.

*An Original license/certification application must be submitted with a Request for Temporary License/Certificate or an application must already be on file.

Legal First Name

Legal Last Name

Street Address

City

State/Province

Zip Code

Date of Birth

Check all that apply

□ RN

□ LPN

□ Nurse Practitioner (NP)

□ Nurse Midwife (CNM)

□ Clinical Nurse Specialist (CNS)

□ Certified Registered Nurse Anesthetist (CRNA)

TEMPORARY Fee Information - This is an additional fee that is not included with the initial licensure/certification application

• $50.00 RN/LPN Endorsement - Temporary license
• $35.00 NP, CNM, CNS and CRNA - Temporary certificate
• A $50.00 fee will be charged for checks returned because of insufficient funds
• All personal checks must be pre-printed with your name and address; starter checks or out of country checks will not be accepted

ALL APPLICANTS must meet the following REQUIREMENTS to be eligible for a temporary license/certificate for the application type checked above.

• A fingerprint card has been submitted
• Fees have been paid for licensure/certification
• No "yes" answers to questions on the last page of the application
• Passed NCLEX or SBTPE
• No disciplinary action or investigation in another jurisdiction

ADDITIONAL SPECIFIC REQUIREMENTS FOR APPLICATION TYPES

RN/LPN Endorsement Applicants

• Must have practiced as a nurse for 960 hours or more or completed an Arizona Board approved refresher course or obtained an advanced nursing degree within the past 5 years
• Graduates of foreign nursing program must provide:
  * CGFNS/IERF/ERES/JS&A ID#
  * Validation of English language requirement met
• LPNs educated in the Army @ Fort Sam Houston - transcripts required
• Excelsior Graduates - transcripts required

Nurse Practitioner, Certified Nurse Midwife & Clinical Nurse Specialist

• Endorsement applicants who have met all of the requirements for AP certification (see instructions) and have been issued a temporary AZ RN license or hold a multi state Compact RN license.
• New graduate applicants, who have met all of the requirements for AP certification (see instructions) and are awaiting National certification, must request certifying agency to send verification that you applied for and are eligible to take or have taken an AP certifying exam in your category/specialty area of practice. Verification must be sent directly to AZBN from the certifying agency. Failed exam invalidates temporary certification.

Certified Registered Nurse Anesthetist

• Must be nationally certified & have met all the requirements for CRNA.
• Have been issued a temporary AZ license & are waiting for permanent AZ RN license.

SIGNATURE - REQUIRED

Date
CREDIT/DEBIT CARD AUTHORIZATION FORM
FOR NURSE PRACTITIONERS/ NURSE MIDWIFE/ CLINICAL NURSE
SPECIALIST/PRESCRIBING & DISPENSING PRIVILEGES/TEMPORARY CERTIFICATE
APPLICATIONS

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

CHOOSE APPROPRIATE APPLICATION FEE PAYMENT:

<table>
<thead>
<tr>
<th>Application Type</th>
<th>Fee</th>
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</thead>
<tbody>
<tr>
<td>NP/CNM</td>
<td>$150.00 (REQUIRED IN ORDER TO PROCESS NP/CNM APPLICATIONS)</td>
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<td>CNS</td>
<td>$150.00 (REQUIRED IN ORDER TO PROCESS CNS APPLICATIONS)</td>
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<td>P&amp;D</td>
<td>$150.00 (REQUIRED IN ORDER TO PROCESS P&amp;D APPLICATIONS)</td>
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<tr>
<td>TEMP CERTIFICATE</td>
<td>$35.00 (REQUIRED IN ORDER TO PROCESS TEMP CERT. APPLICATION)</td>
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FINGERPRINT FEE- $50.00
(FOR FINGERPRINT FEE: SEE APPLICATION INSTRUCTIONS TO DETERMINE IF PAYMENT IS NECESSARY)

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: ________________________________

<table>
<thead>
<tr>
<th>Card Type</th>
<th>VISA</th>
<th>MASTERCARD</th>
</tr>
</thead>
</table>

CARD NUMBER: __________________________________________ (REQUIRED)

EXPIRATION DATE: ____________ CVN # ____________

BILLING INFORMATION:

CARD HOLDER NAME: __________________________________________ (REQUIRED)

BILLING/MAILING ADDRESS:

PHONE NUMBER: __________________________________________ (REQUIRED)

EMAIL ADDRESS: __________________________________________

SIGNATURE OF CARDHOLDER: __________________________________________ (REQUIRED)