

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



ARIZONA STATE BOARD OF NURSING
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

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BIRTH DATE (month/day/year)

--	--	--	--	--

Gender

Male Female

BIRTH CITY

--

STATE

--

COUNTRY (ex. USA)

--

3. HOME ADDRESS/PRIMARY STATE OF RESIDENCE

(where you vote, pay federal taxes, obtain a drivers license)

Street Address Line 1

City State Zip Code

4. MAILING ADDRESS

(If different than Home Address)

Street Address Line 1

City State Zip Code

5. HOME PHONE

() -

CELL PHONE

() -

OFFICE USE ONLY

NURSYS Results Certificate # _____

Neg Pos P & D # _____

Initials _____ Issue Date ____ / ____ / ____ 4

NPCA

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 /

12. Have you taken and passed the National Certification Examination? No Yes If yes, answer the following:

National Organization (that administered the exam)

Specialty Area

Certification Number

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

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:

<input type="checkbox"/> Acute Care	<input type="checkbox"/> Adult	<input type="checkbox"/> Adult Psych/Mental Health
<input type="checkbox"/> Family	<input type="checkbox"/> Family Psych/Mental Health	<input type="checkbox"/> Gerontological
<input type="checkbox"/> Neonatal	<input type="checkbox"/> Nurse Midwife	<input type="checkbox"/> Pediatric
<input type="checkbox"/> Pediatric Acute Care	<input type="checkbox"/> Woman's Health Care	

CLINICAL NURSE SPECIALISTS ONLY Select the specialty area that you are applying for:

<input type="checkbox"/> Adult Critical Care	<input type="checkbox"/> Adult Psych/Mental Health	<input type="checkbox"/> Child/Adolescent Psych Mental Health
<input type="checkbox"/> Community Health	<input type="checkbox"/> Gerontological	<input type="checkbox"/> Home Health
<input type="checkbox"/> Med/Surg or Adult Health	<input type="checkbox"/> Neonatal Critical Care	<input type="checkbox"/> Pediatric
<input type="checkbox"/> Pediatric Critical Care	<input type="checkbox"/> Other _____	

13. OPTIONAL INFORMATION

E-Mail Address

Marital Status Never Married Married Separated Divorced Widowed

Ethnicity African American Asian Caucasian Hispanic Indian Other

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.**

Month <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	Year <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Title of Continuing Education in Pharmacology or Clinical Management of Drug Therapy <input style="width: 100%; height: 20px;" type="text"/>
Contact Hours <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Awarded or Accredited By <input style="width: 100%; height: 20px;" type="text"/>	

Month <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	Year <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Title of Continuing Education in Pharmacology or Clinical Management of Drug Therapy <input style="width: 100%; height: 20px;" type="text"/>
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Contact Hours <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Awarded or Accredited By <input style="width: 100%; height: 20px;" type="text"/>	

Month <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	Year <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Title of Continuing Education in Pharmacology or Clinical Management of Drug Therapy <input style="width: 100%; height: 20px;" type="text"/>
Contact Hours <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Awarded or Accredited By <input style="width: 100%; height: 20px;" type="text"/>	

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**.

NPCF

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 contendere or no contest, or have you ever been sentenced, served time in jail or prison, or had prosecution deferred or sentence deferred or probation deferred in any felony or undesignated offense?

No Yes

If yes, provide a written explanation of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction, indicating type of conviction, conviction date and sentence including the date of absolute discharge of the sentence for each felony conviction with your application.

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:

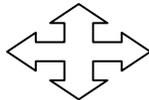
- Is the person referred to in the foregoing application;
- That the statements are true in every respect to the best of his/her knowledge;
- That he/she has not suppressed any information that would affect this application;
- That he/she will conform to ethical standards of conduct in the profession 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

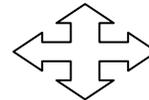
*REMEMBER TO ENCLOSE A COPY OF CITIZENSHIP OR ALIEN STATUS DOCUMENTATION ON 8 ½ BY 11 PAPER WITH THE APPLICATION.

*** 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

NPCG

ARIZONA STATE BOARD OF NURSING

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

**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:

<input type="checkbox"/>	NP/CNM-\$150.00	(REQUIRED IN ORDER TO PROCESS NP/CNM APPLICATIONS)
<input type="checkbox"/>	CNS-\$150.00	(REQUIRED IN ORDER TO PROCESS CNS APPLICATIONS)
<input type="checkbox"/>	P&D-\$150.00	(REQUIRED IN ORDER TO PROCESS P&D APPLICATIONS)
<input type="checkbox"/>	TEMP CERTIFICATE-\$35.00	(REQUIRED IN ORDER TO PROCESS TEMP CERT. APPLICATION)

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:

VISA

MASTERCARD

CARD NUMBER:

(REQUIRED)

EXPIRATION DATE:

CVN #

(REQUIRED)

(REQUIRED)

BILLING INFORMATION:

CARD HOLDER NAME:

(REQUIRED)

BILLING/MAILING ADDRESS:

PHONE NUMBER:

(REQUIRED)

EMAIL ADDRESS:

SIGNATURE OF CARDHOLDER:

(REQUIRED)