ARIZONA STATE BOARD OF NURSING
RETIRED NURSE APPLICATION

- There is no fee required for retired status.
- The retired status can be requested by any nurse in good standing who currently or has previously held an Arizona license, has no open complaint or investigation pending against them and is not subject to discipline.
- While retired the licensee cannot practice nursing, however a retired nurse may use the title Registered Nurse or Licensed Practical Nurse as long as they include the 'retired' designation: RN-retired or LPN-retired (pursuant to A.R.S. §32-1636(E) Use of titles or abbreviations).
- If a retired nurse desires to resume nursing practice, they must submit a renewal application.

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

1. * WRITE the Number of the License You Want To Retire

R N _____ **L P** _____

FOR OFFICE USE ONLY

***2. DEMOGRAPHICS**

*Legal First Name

*Middle Name

*Legal Last Name

*All Former Last Names

*SSN ___ - __ - ____ *Date of Birth __ / __ / ____

Phone Number ___ - ___ - ____

***3. MAILING ADDRESS**

*Street Address Line 1

Street Address Line 2

*City

*State/Province *Zip Code

*County (Ex: Maricopa)

Country (Ex: USA)

***4. CONTACT INFORMATION** (Either a home or cell phone number is required)

*Home Phone Number ___ - ___ - ____

*Cell Phone Number ___ - ___ - ____

I hereby certify that I am the person who is referred to in the forgoing application for retired nurse status in the state of Arizona; that the information herein is true and correct; that I understand I CANNOT PRACTICE NURSING maintaining retired status; and that I have read and understand this application.

SIGNATURE - **REQUIRED** **Date**

Mail Application to:
4747 North 7th Street, Suite 200
Phoenix, AZ 85004-3655

R E T R N L P A