



Janet Napolitano
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

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TO: All licensed/certified persons renewing late
FROM: Joey Ridenour, RN, MN, Executive Director
SUBJECT: **POSSIBILITY OF WORKING ON AN INVALID LICENSE/CERTIFICATE**

According to A.R.S. §32-1666 (A) (1): “It is unlawful for a person not licensed under this chapter or not holding temporary license to: Practice or offer to practice professional or practical nursing in this state”. According to A.R.S. §32-1649: “Only a person who is currently certified by the board to practice as a nursing assistant shall use the title “certified nursing assistant” and the abbreviation “CNA”.”

The attached questionnaire must be completed and returned two weeks from the date of receipt. If it is found that you inadvertently or otherwise worked on a lapsed license/certificate, the Board may order me to offer you a consent agreement for an administrative penalty in addition to the late renewal fee. The schedule of the penalty fee is below.

In filling out the questionnaire, you are asked whether or not you worked in a position requiring licensure/certification during the time of the licensure lapse. For nurses, this may include positions that do not include “hands-on” nursing, such as a management position, quality assurance, etc. If you have any doubt, please refer to your original job description to verify educational and licensure requirements.

In marking “NO”, please be aware that job descriptions and time card records may be subpoenaed.

If you have any further questions or concerns, please contact Vicky Driver, Administrative Assistant, at (602) 889-5162.

RN/LPN SCHEDULE

CNA SCHEDULE

MONTHS	AMT OF ADMINISTRATIVE PENALTY	REFERRAL OF EMPLOYER TO DHS	NO. OF MONTHS UNCERTIFIED	AMT OF ADMINISTRATIVE FINE	REFERRAL OF EMPLOYER TO DHS
1-2	100.00	NO	1-2	25.00	NO
3-4	100.00	YES	3-4	25.00	YES
5-8	200.00	YES	5-8	50.00	YES
9-12	300.00	YES	9-13	75.00	YES
13 OR MORE	500.00	YES			

**COMPLETE IF YOUR
LICENSE/CERTIFICATE HAS
EXPIRED OR IS INACTIVE**



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INVALID LICENSE/CERTIFICATE QUESTIONNAIRE

RN/LPN License # / CNA Certificate # _____

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

Former Name(s): _____

Current Address: _____

Telephone: (____) _____ Social Security #: _____

Did you work as a RN or LPN or CNA on your Arizona license/certificate while your Arizona license/certificate was lapsed/expired? (Examples: RN/LPNs - If your license was due for renewal on 6/30/07, did you work after 11/1/07 (actual date of expiration) on that license? CNAs – If your certificate was due for renewal on 3/31/07, did you work after 3/31/07 on that certificate?)

If your job description requires you to be licensed/certified, or if you present yourself to the public as a RN/LPN/CNA in any way at your place of employment, (i.e. signed your name with RN/LPN/CNA after your name, put your name with RN/LPN/CNA on a business card) **you are working/presenting yourself as a RN/LPN/CNA**, even if your job does not include any direct “hands-on care”.

NO Comments: _____

YES If yes, where did you work while your license/certification was due for renewal or lapsed/expired or inactive?

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

DATE