



ARIZONA STATE BOARD OF NURSING

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FOR OFFICE USE ONLY

**ALL FEES are NON REFUNDABLE.
Personal Checks must be pre-printed
with your name & address and payable to
AZBN**

Declaration of Primary State of Residence/Change of Address Form

Declaration of primary state of residence

Pursuant to the Nurse Practice Act (R4-19-311 Nurse Licensure Compact), a nurse applying for a license shall produce evidence of the nurse's primary state of residence. The primary state of residency is where you vote, pay taxes, hold a driver's license, etc. In order for Arizona to issue or reactivate your permanent license you cannot hold an active nursing license in another compact state. For more information on the nurse licensure compact visit www.ncsbn.org.

Change of Address

Pursuant to the Nurse Practice Act (R4-19-308) a licensee, certified nursing assistant or applicant must notify the Board of any change in address within 30 days. Failure to report a change in mailing address will result in a \$25 address change fee.

Applicant Information	<input type="checkbox"/> RN	<input type="checkbox"/> LPN	<input type="checkbox"/> CNA	<input type="checkbox"/> NP	<input type="checkbox"/> CNM	<input type="checkbox"/> CNS	<input type="checkbox"/> CRNA
	<input type="checkbox"/> Examination	<input type="checkbox"/> Endorsement	<input type="checkbox"/> Renewal				
First Name	[Grid]						
Last Name	[Grid]						
SSN	[Grid]	-	[Grid]	-	[Grid]	Date of Birth	[Grid] / [Grid] / [Grid]
Phone Number	[Grid]	-	[Grid]	-	[Grid]	Cell Phone Number	[Grid] - [Grid] - [Grid]
E-mail	[Grid]						

Check one of the following:

My primary state of residence is/will be Arizona. (If applicable, once you receive the Arizona license you must inactivate your other compact state license.)

I do not declare Arizona as my primary state of residency. My permanent residence is a state not participating in the nurse licensure compact. My license will be valid in Arizona only.

I am declaring another compact state as my primary state of residence. Place my arizona license on Inactive Status.

Previous Address

Street Address [Grid]

Street Address Line 2 [Grid]

City [Grid] State [Grid] Zip Code [Grid]

Current Primary Residence/Home Address

Street Address [Grid]

Street Address Line 2 [Grid]

City [Grid] State [Grid] Zip Code [Grid]

Mailing Address (if different than primary)

Street Address [Grid]

Street Address Line 2 [Grid]

City [Grid] State [Grid] Zip Code [Grid]

If you are an applicant or currently hold an Arizona license, has it been more than 30 days since your mailing address has change

Yes No *If yes, include the \$25 address change fee*

Would you like a duplicate license showing changes to address only? Yes No *If yes, include a \$25 fee. If you have submitted an application and the application is pending declaration of primary state of residence, do not include the duplicate fee.*

SIGNATURE - REQUIRED

Date