

**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

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.
 - 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 azbn.gov/AdvancedPractice.
- REQUEST National Certification** – Sent directly to AZBN from certifying agency (exceptions on page 1, #5 & #7b)
- PRESCRIBERS (NP & CNM only) – If you intend to apply for DEA #(s) --- submit a completed Controlled Substance Prescription Monitoring Program (CSPMP) form page 10**
- 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 azbn.gov/Citizenship.
- 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.
 - Call your local police department, sheriff's office or check for names of private agencies where you can obtain fingerprints. The agency will provide the fingerprint card. The agency you use must validate your identification with a driver's license or a State issued ID. Submit your fingerprint card with your application.
 - It can take a minimum of 6-8 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 azbn.gov/AdvancedPractice

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. azbn.gov/ReportingCriminalCharges.

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 azbn.gov/ReportingCriminalCharges.

Undesignated Offense

Further information can be found at azbn.gov/FelonyBarStatutes

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 azbn.gov/NursePracticeAct.

Foreign Educated Applicants; Including Canada and Puerto Rico requirements: go to azbn.gov/ForeignEducatedRequirements.

Information on Prescribing and Dispensing and Controlled Substance Prescription Monitoring Program (CSPMP)
go to azbn.gov/AdvancedPractice.

Information on RNP Standards see Rule – **R4-19-508** at azbn.gov/NursePracticeAct.

Information on CNS Standards see Rule –**R4-19-514** at azbn.gov/NursePracticeAct.

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 azbn.gov/NursePracticeAct.

Application Process Steps

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

Verification of the Status of your Application

To check the status of you application go to azbn.gov and click on License Verification

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 call (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 Revised Statute §41-1030, (B), prohibits agencies from basing licensing decisions in whole or in part on requirements or conditions that are not specifically authorized by statute, rule or state tribal gaming compact. For further information go to <http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/41/01030.htm&Title=41&DocType=ARS>

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:

- Prescribing & Dispensing Authority for NP/CNM
- Nurse Practitioner
- Nurse Midwife
- Clinical Nurse Specialist
- Temporary Certificate

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

PLEASE PRINT INFORMATION IN CAPITAL LETTERS

1. NAME BELOW MUST MATCH YOUR NAME ON THE LAWFUL PRESENCE DOCUMENT YOU SUBMIT

First Name Middle Name

Last Name

Former Last Name(s)

2. SOCIAL SECURITY NUMBER 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

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

NURSIS Results Certificate # _____

Neg Pos P & D # _____ 4 _____

Initials _____ Issue Date ____ / ____ / _____

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

Role
 NP CNM CNS CRNA

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 Primary
<input type="checkbox"/> Pediatric Acute Care	<input type="checkbox"/> Woman's Health Care	<input type="checkbox"/> Psych/Mental Health

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. E-Mail Address

Optional: Marital Status Never Married Married Separated Divorced Widowed

Ethnicity African American Asian Caucasian Hispanic Indian Other

21. CITIZENSHIP OR NATIONAL DECLARATION

Are you a citizen or national of the United States? No Yes

If yes, **submit with your application a legible xeroxed copy of one of the documents from List A**. See the instructions for List A.

Name of document you are submitting _____

Expiration Date, if any (mm/dd/yyyy) _____ / _____ / _____

If you are a citizen or national of the United States, go directly to Question 23. If you are not a citizen or national of the United States, complete question 22.

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 the attached List B with your application.

“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 8 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**. See the instructions for List B.

Name 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 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:

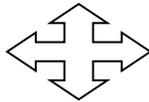
- Is the person referred to in the foregoing application;
- That the statements are true in every respect to the best of his/her knowledge;
- That he/she has not suppressed any information that would affect this application;
- That he/she will conform to ethical standards of conduct in the profession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

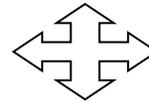
*REMEMBER TO ENCLOSE A COPY OF CITIZENSHIP OR ALIEN STATUS DOCUMENTATION ON 8 ½ BY 11 PAPER WITH THE APPLICATION.

* **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

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 [grid]
Legal Last Name [grid]
Street Address [grid]
City [grid]
State/Province [grid] Zip Code [grid] Date of Birth [grid] / [grid] / [grid]

Check all that apply [] RN [] LPN Endorsement [] 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

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)