

ARIZONA STATE BOARD OF NURSING (AZBN)

RN/LPN Exam Instructions

IMPORTANT

Arizona is a Compact State. You should **not** apply for licensure in AZ unless you are declaring AZ as your Primary State of Residency.

For the list of compact states go to www.ncsbn.org/nlc.htm.

REQUIREMENTS

- **U.S. EDUCATED APPLICANTS:**

1. RN applicants hold a Diploma, Associate Degree or Baccalaureate Degree in Nursing from an approved program. LPN applicants hold a Diploma or Certificate from an approved program. Visit www.azbn.gov/RNLPNExceptions to view RN or LPN exceptions.
2. Passing score on NCLEX exam.
3. Arizona Graduates – Certificate of Completion from an approved nursing program. Go to www.azbn.gov/RNLPNExam.
4. Graduates of out of state schools – Transcripts, including graduation dates and type of degree, sent by your school to AZBN.
5. Board approval for applicants who are under investigation.

- **FOREIGN EDUCATED APPLICANTS; Including Canada and Puerto Rico**

Visit www.azbn.gov/ForeignEducatedRequirements for application requirements

ITEMS TO COMPLETE FOR LICENSURE

- SUBMIT A PAPER APPLICATION WITH FEE
 - Print a copy of the application from the website
 - Complete the application in black ink and sign
 - Answer all required questions
 - Application must be mailed to AZBN (No Faxes)
- COMPLETE THE NCLEX REGISTRATION by going to www.pearsonvue.com/nclex OR by phone 866-496-2539
- Request a Certificate of Completion – sent by the program directly to AZBN (for AZ graduates only)
- Request Official Transcripts – Sent by the program directly to AZBN (for out of state graduates)
- 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 8½ x 11 sheet of plain white paper and submitted with the application. For a list of acceptable documents go to www.azbn.gov/Citizenship
- SUBMIT A FINGERPRINT CARD
 - You are required to submit a full set of fingerprints for the purpose of obtaining State and 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. You cannot receive permanent licensure until these results are received.
 - Fingerprint Clearance Cards are not acceptable

ADDITIONAL INFORMATION

FEES & PAYMENT METHODS: Must be in US Dollars and are **non-refundable**

- Application Fee: \$300.00
- Fingerprint Fee: \$ 50.00 (required, unless submitted within the previous 2 years)
- Credit/Debit Card – Complete and **include** authorization form & submit with the application.
- Personal Checks – Pre-printed with your name/address and make payable to AZBN

OPTIONAL TEMPORARY LICENSE

- It usually not necessary for an Exam applicant to request a temporary license. **Exception:** When fingerprints are rejected and you have already passed NCLEX or if it has been more than 2 years since you graduated and must take a refresher course. Contact Becky Melton at 602.771.7830 if you wish to request a temporary license for either exceptions.

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.

For more information go to www.azbn.gov/ReportingCriminalCharges

REPORTING OF CRIMINAL CHARGES

Applicants for licensure/certification must notify the Board of criminal charges within 10 days of being charged.

For further information go to www.azbn.gov/ReportingCriminalCharges

UNDESIGNATED OFFENSE

Further information can be found at www.azbn.gov/FelonyBarStatutes.

TIME FRAMES FOR LICENSURE

The Board is required to process applications for licensure within certain time periods, per **R4-19-102** in the Nurse Practice Act. For further information go to www.azbn.gov/NursePracticeAct

CANDIDATE PROCESSING STEPS AND CHECKLIST

For further information go to www.azbn.gov/RNLPNExam.

APPLICATION PROCESS STEPS

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

VERIFICATION OF THE STATUS OF YOUR APPLICATION

To check the status of your application go to www.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, 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>

6. NURSING PROGRAM ATTENDED

Name

City State Zip Code

Degree Licensed Practical Nurse RN Diploma RN Associates Degree BSN RN Masters

Date of Graduation (month/year) / Program Code

7. COLLEGE OR UNIVERSITY FOR HIGHEST DEGREE HELD (If different than Nursing Program)

Name

City State Zip Code

Degree Licensed Practical Nurse RN Diploma RN Associates Degree BSN Bachelors Non-Nursing
 Masters-Nursing Masters Non-Nursing Doctorate Certification

Date of Graduation (month/year) /

8. Certification in Nursing: If applicable list any current national certification that you hold (does not include CPR or CNA)

Name of certification body Line 1
Line 2

Specialty/Category

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

9. Have you previously filed a nursing application in AZ? No Yes

If yes, what was the date? Month Year
 /

10. Have you ever taken the State Board Test Pool Examination (STPBE) or National Council Licensure Examination (NCLEX) in any state or US Territory? No Yes

If yes, list ALL dates, state(s) or US Territories, results of exam(s) and license number(s). (If exam was taken more than one time, please list the information on a separate sheet of paper, with your name printed at the top.)

Month Year State Pass Fail License Number
 /

11. List any country other than the USA in which you have been or are currently licensed as a nurse

Name of Country

Date Licensed (month/year) / Current Status of License Active Inactive Expired

RNXB

12. CURRENT EMPLOYMENT OR PRACTICE SETTING IF EMPLOYED OR PRACTICING IN NURSING/HEALTHCARE

Title/Position

Employer's Name

Street Address Line 1

Street Address Line 2

Work Phone
 () -

City

State

Zip Code

Employed from (month/year) /

13. List any previous employer in Health Care if you have worked less than 960 hrs in the past 5 yrs with your current employer

Title/Position

Employer's Name

Street Address Line 1

Street Address Line 2

Work Phone
 () -

City

State

Zip Code

Employed From (month/year) / To /

14. OPTIONAL INFORMATION

E-Mail Address

- Marital Status: Never Married Married Separated Divorced Widowed
- Ethnicity: African American Hispanic Caucasian Asian Other

ARIZONA GRADUATES:

- The Certificate of Completion form must be given to the Director of the nursing program. The Director must complete, sign, and return the form **directly** to the Board.

OUT OF STATE GRADUATES:

- Official nursing school transcripts, which includes the graduation date and type of degree must be sent by the school directly to the Board. (Faxed copies of transcripts are not acceptable.)

FOREIGN EDUCATED NURSES:

- Read the instructions for requirements.

RNXC

15. 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 17. If you are not a citizen or national of the United States, complete question 16.

16. 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 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

- 17. Are you currently under investigation or is a disciplinary action pending against your nursing license, CNA 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.
 - 18. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program?
 No Yes
 - 19. 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.
- 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.**
- 20. 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.
- FINAL 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.

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.

Applicant's Signature

Date

REMEMBER TO ENCLOSE A COPY OF DOCUMENTATION OF CITIZENSHIP/NATIONALITY/ALIEN STATUS

PLEASE STAPLE ALL PAGES OF THE APPLICATION & CITIZENSHIP DOCUMENTATION TOGETHER AND

MAIL TO: **ARIZONA STATE BOARD OF NURSING**
 4747 N. 7TH STREET, SUITE 200
 PHOENIX, AZ 85014-3655
 (602) 771-7800 Fax (602) 771-7888
 Our Website: www.azbn.gov





Doug Ducey
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

4747 North 7th Street, Suite 200
Phoenix, AZ 85014-3655
Phone (602) 771-7800
E-Mail: arizona@azbn.gov
Website: www.azbn.gov

You will not be made eligible to take NCLEX until this form is completed and received by the Board directly from your school.

CERTIFICATE OF COMPLETION **FOR ARIZONA GRADUATES**

RN LPN

MSN BSN ADN Diploma

I certify that: _____
Name of Graduate

Social Security Number

has completed final requirements of the nursing program curriculum:

Name of Nursing Program / Site

Date of Program Completion (MM/DD/YY)

Date Degree Posted (for RN program only) (MM/DD/YY)

Dean/Director/Designee (Signature)

Printed Name

Date

Must be submitted via Citrix ShareFile
The approved secure document delivery
account of the AZ State Board of Nursing

ARIZONA STATE BOARD OF NURSING

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

**CREDIT/DEBIT CARD AUTHORIZATION FORM
FOR RN/LPN EXAM APPLICATION**

**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**

**EXAM APPLICATION FEE- \$300.00
FINGERPRINT FEE- \$50.00**

*(PAYMENT REQUIRED TO PROCESS APPLICATION)
(PAYMENT REQUIRED TO PROCESS APPLICATION)*

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:

(REQUIRED)

PHONE NUMBER:

(REQUIRED)

EMAIL ADDRESS:

SIGNATURE OF CARDHOLDER:

(REQUIRED)