

Arizona State Board of Nursing (AZBN)

School Nurse Initial & Renewal Certification Instructions

IMPORTANT

- School Nurse Certification is Valid in Arizona only.
- School Nurse Certification expires every 6 years.

REQUIREMENTS

- Current RN license in good standing or multistate privilege to practice as an RN in Arizona
- **Initial** certification requires:
 1. Three semester hours in school nurse practice course work;
 2. Three semester hours in physical assessment of the school-aged child course work unless the applicant provides evidence of current national certification from an organization that meets the requirements for a pediatric nurse practitioner, family nurse practitioner, or pediatric clinical nurse specialist; and
 3. Three semester hours in nursing care of the child with special needs

OR

 4. Current National Certification as a school nurse or school nurse practitioner by a nursing certification organization accredited by the National Commission for Certifying Agencies or the Accreditation Board for Specialty Nursing Certification.
- **Renewal** of school nurse certification requires:
 1. Current national certification as a school nurse or school nurse practitioner by a nursing certification organization accredited by the Accreditation Board for Specialty Nursing Certification or National Commission for Certifying Agencies

OR

 2. A Bachelor of Science Degree in Nursing, earned within the last 6 years;

OR

 3. Evidence of completion of 90 contact hours of continuing education related to school nursing practice completed within the last 6 years.

ITEMS TO COMPLETE FOR INITIAL SCHOOL NURSE CERTIFICATION

- SUBMIT A PAPER APPLICATION WITH FEES.
- TRANSCRIPTS OF COURSE WORK (SCHOOL NURSE PRACTICE, PHYSICAL ASSESSMENT, NURSING CARE OF CHILD WITH SPECIAL NEEDS) – Sent by your school directly to AZBN.

OR

- CURRENT NATIONAL CERTIFICATION – Sent directly from the certifying agency to AZBN

FEES & PAYMENT METHODS - Must be in U.S Dollars and are Non-Refundable

- Initial Application Fee: \$75.00
- Renewal Application Fee: \$25.00
- Credit/Debit Card – Complete and **include** authorization form & submit with the application.
- Personal Checks – Pre-printed with your name/address. Payable to AZBN.

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 not be processed, and proceedings for revocation of your Arizona license or multistate privileges in

REPORTING OF CRIMINAL CHARGE

Applicants for licensure/certification must notify the Board of criminal charges that may affect patient safety within 10 days of being charged. For more information go to www.azbn.gov/ReportingCriminalCharges. #2

UNDESIGNATED OFFENSE

Further information can be found at www.azbn.gov/FelonyBarStatutes. #3

TIME FRAMES FOR LICENSURE

The Board is required to process applications for licensure within certain time periods, per **Rule R4-19-102**. For more information go to www.azbn.gov/NursePracticeAct. #4

APPLICATION PROCESS STEPS

For steps to the application process go to www.azbn.gov/Documents/Applications/Application-Process.pdf #5

VERIFICATION OF THE STATUS OF YOUR APPLICATION

To check the status of your application go to www.azbn.gov and click on License Verification #6

Please Note:

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 certification you would need to submit a new application and applicable fees.

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

3. PRIMARY STATE OF RESIDENCE (PSOR) (This declares that the state listed below is the primary state of residence. The primary state of residence reflects where you vote, pay federal taxes or obtain a drivers license.)

Street Address Line 1

Street Address Line 2

City

State/Province *Zip Code

County (Example: Maricopa)

Country (Example: USA)

***4. MAILING ADDRESS** (If different than primary state of residence address)

*Street Address Line 1

Street Address Line 2

*City

*State/Province *Zip Code

*County (Example: Maricopa)

*Country (Example: USA)

5. ENTRY LEVEL NURSING PROGRAM ATTENDED

School Name

City

State/Province Zip Code

Country (Example: USA)

Graduation Month/Year /

Degree LPN RN Diploma RN Associates BSN RN Masters

***6. CERTIFICATION INFORMATION**

Have you taken and passed a national certification examination? No Yes **If yes, explain below**

Certification Number

Specialty/Category

Certification Body

Certification Date (Month/Year) / Expiration Date (Month/Year) /

***7. CURRENT NURSING OR HEALTH CARE EMPLOYMENT (if applicable)**

List current or most recent employment in nursing or health care.

*Employer Name

*Street Address Line 1

*Street Address Line 2

*City

*State/Province *Zip Code

*Start Date / / End Date / /
Leave Blank if Current

*Title

*Phone Number - - *Total Hours Worked at this Employer

PRN/Pool/Registry *Employment

Yes Full Time

No Part Time

8. PREVIOUS NURSING OR HEALTH CARE EMPLOYMENT (if current employment is less than 12 months)

*Employer Name

*Street Address Line 1

*Street Address Line 2

*City

*State/Province *Zip Code

*Start Date / / End Date / /
Leave Blank if Current

*Title

*Phone Number - - *Total Hours Worked at this Employer

PRN/Pool/Registry *Employment

Yes Full Time

No Part Time

***9. APPLICATION QUESTIONS (must complete and sign before submitting)**

- i. **SINCE YOUR LAST APPLICATION FOR LICENSURE** have you: **Circle all letters below that apply.**
- A. Ever been charged, convicted, entered a plea of guilty, nolo contendere or no contest, been sentenced or served time in jail for any **felony or undesignated offense**?
- B. Ever had prosecution deferred or suspended, entered into a diversion program, or made any other agreement by which a **felony or undesignated offense** would be dismissed upon completion of certain terms? **OR**
- C. Ever had a **felony or undesignated offense** pardoned, expunged, dismissed, deferred, reclassified or redesignated? **OR**
- D. Had more than one **misdemeanor** charge or conviction in the past four years?

- No Yes If yes, provide ALL of the following for each **misdemeanor, felony or undesignated offense**:
- A detailed **written explanation** of the details of each arrest, charge, conviction and sentence
 - A copy of the police report for each offense
 - A copy of court documents indicating the charge, conviction, conviction date, and sentence
 - Documentation showing absolute discharge, including the date of absolute discharge

ii. Is there currently a complaint, investigation, or is disciplinary action pending against your nursing license, CNA certificate, or any other health care or non health care license or certification you hold in any other state or territory of the United States? **(If your nursing license or CNA certificate has been or is under investigation by the AZ Board of Nursing only, do not mark yes.)**

- No Yes If yes, provide:
- A detailed **written explanation**
 - A copy of the documentation regarding the current investigation or pending disciplinary action

iii. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion, or a peer assistance program **in a state other than Arizona**?

- No Yes If yes, provide:
- A detailed **written explanation**
 - A copy of documentation

iv. Have you ever been terminated from an alternative to discipline, diversion, or peer assistance program due to unsuccessful completion?

- No Yes If yes, provide:
- A detailed written explanation including the state, dates, and reasons for participation and termination
 - A copy of any documentation

v. Since your last application has disciplinary action or revocation been taken on a license/certificate, health care or non health care, in any state or territory **other than Arizona**?

- No Yes If yes, provide:
- A detailed **written explanation**
 - A copy of any documentation regarding the action

vi. Have you ever inactivated or surrendered your license or certificate during a complaint processing investigation in any other state or territory **other than Arizona**?

- No Yes If yes, provide:
- A detailed **written explanation**
 - A copy of documentation

vii. **Since your last application for licensure** have you had any drug or alcohol related charges or convictions, or a substance abuse disorder?

- No Yes If yes, provide:
- A detailed **written explanation**
 - A copy of the police report for each offense
 - A copy of court documents indicating the charge, conviction date and sentence
 - A copy of any documentation regarding the substance abuse disorder

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;
- The statements are true in every respect to the best of his/her knowledge;
- He/She has not suppressed any information that would affect this application;
- 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;
- 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.

Please staple all pages of the application together with documentation of citizenship/lawful presence and mail to:

ARIZONA STATE BOARD OF NURSING
4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3655

Applicant's Signature

Date

S N A I R D

ARIZONA STATE BOARD OF NURSING

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

**CREDIT/DEBIT CARD AUTHORIZATION FORM
FOR SCHOOL NURSE INITIAL/RENEWAL APPLICATION**

IF PAYING BY CREDIT/DEBIT CARD PLEASE SUBMIT THIS FORM WITH YOUR SCHOOL NURSE APPLICATION
ONLY VISA OR MASTERCARD IS ACCEPTED
A \$3.00 PROCESSING FEE IS APPLIED TO ALL PAYMENT CARD TRANSACTIONS

PLEASE CHECK ONE:

SCHOOL NURSE INITIAL APPLICATION FEE- \$75.00
(PAYMENT REQUIRED TO PROCESS APPLICATION)

SCHOOL NURSE RENEWAL APPLICATION FEE- \$25.00
(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:

PHONE NUMBER:

(REQUIRED)

EMAIL ADDRESS:

SIGNATURE OF CARDHOLDER:

(REQUIRED)