

ARIZONA NURSE PORTAL

APPLYING FOR AN RN LICENSE

*BY EXAMINATION

Where do I apply?

<https://azbn.boardsofnursing.org/azbn>

Arizona Nurse Portal

Create a new account

Don't have an account?

Create an account to apply for a license or maintain your existing license.

[Create an Account](#)



Didn't receive the verification email after registering?

Note: Registration link in the verification email is only valid for 24 hours. If you have exceeded this time, please restart the registration process.

1. Check your Spam, Junk, Trash, Deleted Items, or Archive folder.
2. Resend the verification email.

[Resend Verification Email](#)

3. If you are still not getting the verification email read our more [Detailed FAQs](#) or [contact us](#).

Already have an account?

Authorized User Sign In

Email Address (required)

Password (required)

[Forgot your password?](#)

[Sign in using our secure server](#)

Get answers to your questions about the Arizona Nurse Portal

[\(602\) 771-7800](#)

Monday through Friday 8am to 5pm

Arizona Nurse Portal Terms & Conditions

TERMS AND CONDITIONS FOR USE OF THE ARIZONA NURSE PORTAL

Information provided by the Arizona Board of Nursing (hereinafter “Board”) is made available as a public service, without express or implied warranties of any kind and is subject to the following disclaimer:

The Board makes no claims, promises, or guarantees about the absolute accuracy, completeness, or adequacy of the contents of this nurse portal and expressly disclaims liability for errors and omissions in the contents of this nurse portal. The Board may make changes to information at any time to add, update, or correct the information. The Board attempts to maintain the highest accuracy of content on the nurse portal. Any errors or omissions should be reported for investigation.

The information contained on the Board’s nurse portal is presented in good faith and believed to be correct. Individuals accessing this portal will make their own determination of how suitable the information and data is for their usage. In no event will the Board be responsible for damages resulting from the use of or reliance upon this information.

Submission of an application to and licensure by this Board and any other use of this portal implies your consent related to the above-stated information.

We welcome comments on how to improve the site’s accessibility for users with disabilities. If you use assistive technology and the format of any material prevents your ability to access the information, please contact us for assistance. Please note the nature of your accessibility concern, the preferred format in which to receive the online material, the Web page address of the requested material, and the best way to contact you.

I Agree

Cancel

Do you have or have you ever held a license/certificate with the Arizona State Board of Nursing?

Yes No



Continue

Cancel

This includes CNA, LNA or CMA

Create your Arizona Nurse Portal account

Follow the steps below to create an account. You'll be able to use this portal, maintain your licenses, and get additional information. All fields are required unless specified.

Email address (required)

This address will receive notifications and is used for sign in.

Email address (confirm) (required)

Security check (required)

Security verification: please check the box below. You may be asked to complete a second verification step.

I'm not a robot


reCAPTCHA
[Privacy - Terms](#)

Already have an account?

Sign in to access your account.

Sign In

Get answers to your questions about the Arizona Nurse Portal

[📞 \(602\) 771-7800](#)

Monday through Friday 8am to 5pm

Continue



Cancel



Nurse Portal has sent a confirmation email message to ~~XXXXXXXXXXXXXXX~~

You must access the registration link within the next 24 hours to successfully complete your registration.

If you do not access the registration link within 24 hours, you will need to restart the [registration process](#).

[Return to home page](#)

1. Check your Spam, Junk, Trash, Deleted Items, or Archive folder.

We'll send the email from no-reply@azbn.boardsofnursing.org, so you can quickly search for it. If it isn't in your inbox, check your folders. If a spam filter or email rule moved the email, it might be in the Spam, Junk, Trash, Deleted Items, or Archive folder.

2. Make sure that you're getting email.

If you are not getting any email, you might need to contact your email service provider for help.

3. To resend a verification email

Click the resend button and we'll resend to the email address used when setting up the account.

[Resend Verification Email](#)



Subject Line

Comes From

Check your email

Please Register your Arizona Nurse Portal Account Inbox x

no-reply@azbn.boardsofnursing.org
to me

4:09 PM (1 minute ago) ☆ ↶ ⋮

****Please do not respond directly to this e-mail. The originating e-mail account is not monitored****

Your email address: ~~XXXXXXXXXXXXXXXXXXXX~~

This email address was used to start your registration of the Arizona State Board of Nursing Nurse Portal. Please use the link below to verify your email. You will not be enrolled in the Arizona State Board of Nursing Nurse Portal until your registration is complete.

<http://npuat.boardsofnursing.org/AZ2.6.7/Portal/CreateAccountForLicenseWithBoardEmailRequestStatus?token=be0786ad-fa2a-4137-88be-2e2043584355>

This link will remain active for 24 hours. After this time, you will need to re-start your registration.

YOU MUST CLICK ON THE LINK TO ACTIVATE YOUR ACCOUNT!!

If your browser does not open when you click the link, copy and paste the link into the address bar on your browser.

The Arizona Nurse Portal works best on a Windows desktop PC or laptop in Chrome or Internet Explorer 11+. Mobile devices are not supported.

If you have any questions, please contact us for assistance.

Best regards,

Arizona State Board of Nursing Nurse Portal Customer Service



Create your Arizona Nurse Portal account

Follow the steps below to create an account. You'll be able to use this portal, maintain your licenses, and get additional information. All fields are required unless specified.

First Name (required)

Middle Name

Last Name (required)

Date of Birth (required) 

Do you have US Social Security Number? Yes No

SSN (required) Show SSN

Confirm SSN

Password (required)

Confirm Password (required)

Cell phone number (optional)

Security check (required)

Security verification: please check the box below. You may be asked to complete a second verification step.

I'm not a robot  reCAPTCHA
[Privacy](#) - [Terms](#)

Already have an account?

Sign in to access your account.

[Sign In](#)

Get answers to your questions about the Arizona Nurse Portal

[\(602\) 771-7800](#)

Monday through Friday 8am to 5pm

[Create Account](#)

[Cancel](#)

Well done, [redacted] You have successfully registered your Nurse Portal account with the Arizona State Board of Nursing.



[redacted]@gmail.com

(623) [redacted]

[Manage Profile](#)

Your Licenses with Arizona



[Apply for License](#)

License Number	License Type	Compact Status	License Granted Date	License Expiration Date	License Status
----------------	--------------	----------------	----------------------	-------------------------	----------------

No Licenses Found

License data provided by the Arizona State Board of Nursing

Message Center

Inbox (0)

0 new

Your Credentials

Credential/Permit Number	Type	Granted Date	Expiration Date	Status
--------------------------	------	--------------	-----------------	--------

No credentials to list

Other Applications

[Apply](#)

Application	Status	Submission Date
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No Applications Found

Non Licensure related Applications Provided by the Board of Nursing



Learn more about available **NCLEX** resources.



Use **Nursys e-Notify** to receive on-going notifications about your license status.

For more information, please contact **Nursys e-Notify Support**.



Educational Programs

Get details about **State Educational Programs** to grow your career.



NCSBN Learning Extension

Expand your knowledge with online continuing education at **NCSBN Learning Extension**.



@gmail.com

(623) [REDACTED]

[Manage Profile](#)

Message Center

Inbox (0)

0 new



Learn more about available **NCLEX** resources.



Use **Nursys e-Notify** to receive notifications about your

For more information, see [Nursys e-Notify Support](#)

Licenses and Applications with Arizona

APRN-CNS (Certified Nurse Specialist) with AZ RN

Apply for advanced practice Certified Nurse Specialist (CNS) certification, where you hold or are applying for an Arizona RN license. Please choose your application carefully, as fees are non-refundable.

- [APRN-CNS](#)

APRN-CNS (Certified Nurse Specialist) with Out of State Compact RN

Apply for advanced practice Certified Nurse Specialist (CNS) certification, with an out of state compact RN license. Please choose your application carefully, as fees are non-refundable.

- [APRN-CNS](#)

APRN-CRNA (Certified Registered Nurse Anesthetist) with AZ RN

Apply for advanced practice Certified Registered Nurse Anesthetist (CRNA) certification, where you hold or are applying for an Arizona RN license. Please choose your application carefully, as fees are non-refundable.

- [APRN-CRNA](#)

APRN-CRNA (Certified Registered Nurse Anesthetist) with Out of State Compact RN

Apply for advanced practice Certified Registered Nurse Anesthetist (CRNA) certification, with an out of state compact RN license. Please choose your application carefully, as fees are non-refundable.

- [APRN-CRNA](#)

APRN-CNM (Certified Nurse Midwife) with AZ RN

Apply for an Arizona RN license. Please choose your application carefully, as fees are non-refundable.

SCROLL DOWN UNTIL YOU SEE THE LICENSE TYPE YOU ARE APPLYING FOR

LPN (Licensed Practical Nurse) by Exam

Apply for Licensed Practical Nurse (LPN) by examination, for initial applicants who have not held LPN licensure in any other state. Please choose your application carefully, as fees are non-refundable.

- LPN

LPN (Licensed Practical Nurse) by Exam with Foreign Education

Apply for Licensed Practice Nurse (LPN) by exam, for applicants who have not held LPN licensure in any other state and completed their nursing education in a foreign country. Please choose your application carefully, as fees are non-refundable.

- LPN

RN (Registered Nurse) by Exam with Foreign Education

Apply for Registered Nurse (RN) by exam, for initial applicants who have not held RN licensure in another state and completed their nursing education in a foreign country. Please choose your application carefully, as fees are non-refundable.

- RN

RN (Registered Nurse) by Endorsement

Apply for Registered Nurse (RN) by endorsement, for initial applicants who have held RN licensure in another state. Please choose your application carefully, as fees are non-refundable.

RN (Registered Nurse) by Endorsement with Foreign Education

Apply for Registered Nurse (RN) by endorsement, for initial applicants who have held RN licensure in another state and completed their nursing education in a foreign country. Please choose your application carefully, as fees are non-refundable.

- RN

RN (Registered Nurse) by Exam

Apply for Registered Nurse (RN) by examination, for initial applicants who have not held RN licensure in any other state. Please choose your application carefully, as fees are non-refundable.

- RN

 [Click Here](#)

eNLC Compact State

Arizona is an eNLC compact state. If an applicant's Primary State of Residence (PSOR) is in another compact state, an Arizona license cannot be issued unless Arizona is the PSOR or if the PSOR is in a non-compact state. An Arizona license cannot be issued if there is an active multistate license in a compact state. For a list of compact states, visit NCSBN's Enhanced Nurse Licensure Compact (eNLC) Implementation. [1](#)

RN/LPN Exam Licensure Requirements for Domestically (United States) Educated Applicants

1. Meet the educational requirements of the Arizona Board of Nursing (Board) by holding one of the following:
 - i. RN applicants hold a Diploma, Associate Degree, or Baccalaureate Degree in Nursing from an approved program.
 - ii. LPN applicants hold a Diploma or Certificate from an approved program.
 - iii. Qualify for RN/LPN Exceptions [2](#)
2. Provide proof of education by meeting and submitting one of the following criteria:
 - i. Arizona graduates – a Certificate of Completion submitted to the Board by the approved nursing program
 - ii. Out of state graduates – transcript(s) containing graduation date and type of degree sent to the Board by the school
3. Submit a RN/LPN exam application for licensure and fee(s) to the Board
4. Submit lawful presence or citizenship in the United States with a government issued photo identification
 - State laws prohibit issuing a license to those who are not lawfully present in the United States.
 - For a list of acceptable documents visit the Citizenship & Alien Status page. [4](#)
5. Submit a fingerprint card to the Board
 - The recommended fingerprint card is FD-258. A fingerprint clearance card cannot be accepted by the Board.
 - A full set of fingerprints are required for the purpose of obtaining State and Federal criminal record checks.
 - If an applicant's fingerprint card was submitted to the Board within the past 2 years then they are exempt from this requirement.
 - Fingerprints can be rolled or Live Scan onto a fingerprint card at a local, county, state law enforcement agency or locate an agency online that offers this service in a specific area.
 - It can take 4-6 weeks for the Board to receive fingerprint results.
 - Permanent licensure cannot be issued until results have been received.
6. Complete the NLCEX registration with Pearson Vue [3](#)
7. Obtain a passing score on the National Council Licensure Exam (NCLEX)

Fees

All fees must be in U.S. dollars and are non-refundable.

Application Fee: \$150.00

Writing for NLCEX: \$150.00

Fingerprint Card Processing Fee: \$50.00

Credit Card Convenience Fee: \$3.00

Application Processing Timeframe

Applications can take up to 30 days for initial review and processing. The Board will send a deficiency notice identifying requirements that remain outstanding. Failure to respond to a deficiency notice within the applicable time period will result in the application being withdrawn. If an applicant wishes to be certified or licensed by the Board once an application has been withdrawn, a new application with applicable fee(s) must be resubmitted.

Please read
all
instructions

View Instructions

License Application Type

General Information

Education History

NCLEX Information

Employment History

Eligibility Questions

License Application Type

Select License Type

License Application

This info will be pre filled based on the application type you selected under applications

License Type

RN

Application Type

RN (Registered Nurse) by Exam



Save and Continue

Save and Return to Home

Cancel

View Instructions

License Application Type

General Information

Education History

NCLEX Information

Employment History

Eligibility Questions

General Information

Demographic Information

Full Legal Name Required

Salutation

First Name (required)

Middle Name

Last Name (required)

Suffix

Request Name Change

Marital Status

Maiden Name

+ Other Names Used

Identifying information

What is your Gender? (required)



Please Select ▼

What is your Race? (Please select ALL that apply) (required)



- American Indian or Alaska Native
- Asian
- Black/African American
- Native Hawaiian or Other Pacific Islander
- White/Caucasian
- Other

Are you of Hispanic or Latino origin? (required)



Yes No

Please select ALL languages that you are proficient in, other than English

- 
- Afrikaans
 - Armenian
 - Croatian
 - German
 - Hebrew
 - Italian
 - Korean
 - Persian
 - Polish
 - Russian
 - Southeast Asian languages
(Vietnamese, Laotian, Cambodian, ...)
 - Ukrainian
 - Arabic
 - Chinese
(Mandarin, Cantonese, Taishanese, ...)
 - French
 - Greek
 - Hmong
 - Japanese
 - Native American
(Navajo, Yupik, Sioux, ...)
 - Philippine languages
(Tagalog, Cebuano, Ilocano, ...)
 - Portuguese
 - South Asian languages
(Hindi, Bengali, Urdu, ...)
 - Spanish
 - Thai

Place of Birth
Information

Country of Birth (required)

UNITED STATES ▼

Citizenship Status (required)

US Citizen/US National ▼

Please provide proof of US citizenship or lawful presence. If your US citizenship or lawful presence document does not have a photo ID, submit a government issued photo ID, such as; driver's license, signed passport, U.S. Visa, etc.

Supporting Documents: (required)

Upload

YOU MUST UPLOAD CITIZENSHIP DOCUMENTS
IN ORDER TO PROCEED

Make sure ALL uploads are LEGIBLE

Upload Supporting Documentation



File name

📎 smiling-missing-tooth.jpg

Virus scan complete

Document title

✕ Remove file

+ Add File

You are allowed to upload only .pdf, .png, .jpg, .jpeg files.

ONCE YOU UPLOAD THEN YOU CAN SAVE AND CONTINUE ON

Save

Close



Home state or "Primary State of Residence" means the state of a person's declared fixed permanent and principal home for legal purposes; domicile. The Primary State of Residence is where you vote, pay federal taxes, and/or obtain a driver's license.

Proof of primary state of residence may be requested by the Board. Sources of proof include, but are not limited to, voter registration, federal tax return, or driver's license.

- I am declaring Arizona as my Primary State of residence in compliance with the above Primary State of Residence Definition.



By declaring this option, I understand the following is applicable:

- An Arizona address must be provided on application in order to comply with this option.

- I am declaring a Non-Compact State as my primary state/territory of residency. My "primary state of residence" is a state not participating in the Nurse Licensure Compact. I am eligible for a single state Arizona License only (see the list of Non-Compact states). I declare that the **selection below** is my "primary state of residence" and that such constitutes my permanent and principal home for legal purposes (This option should also be used by individuals who reside in another country/territory/province).
- I am declaring another Compact State as my primary state of residence. My current permanent residence is not Arizona, however, because I am in the process of moving to Arizona, I want to start the process of applying for a multi-state license in Arizona. I declare that the **selection below** is my current primary state of residence.
- I am declaring another Compact State as my primary state of residence, where I am not eligible for a multistate license or have elected to keep my single state license status. I am requesting a single state license in Arizona
- I am declaring another Compact State as my primary state of residence. I am not eligible for a Multistate or single state license in Arizona. I need to contact the Board of Nursing in my declared compact home state to obtain a multistate license to practice in compact states or to validate the status of my multistate license.

Residential Address

Country (required)

UNITED STATES ▼

This is my mailing address

Street Line 1 (required)



Street Line 2

City (required)

State (required)

Zip Code (required)



**Primary Phone
Number (required)**

Type (required)

Phone Number (required)

Cell ▼

(623)

Previous

Save and Continue

Save and Return to Home

Cancel

View instructions

- License Application Type
- General Information
- Education History**
- NCLEX Information
- Employment History
- Eligibility Questions

IF there is a school from previous education listed you still need to add your new education EVEN IF its the SAME school

Education History

Nursing Education Remove

Country (required)

UNITED STATES

State (required)

ARIZONA - AZ

Program Type

RN

Does your selection match the program code the school provided you?

Program Name (required)

MARICOPANURSING GATEWAY CC - ADN - PHOENIX [US96404300]

Program Address 108 North 40th street
Phoenix AZ 85034

Education obtained

Education Status (required)

Expecting Graduation

Degree Obtained (required)

Associate Degree-Nursing

Attended From (required)

08/01/2017

Expected graduation date Format

MM/DD/YYYY MM/YYYY

Expected graduation date (required)

09

2019

Please review the dates provided. Expected graduation date must be greater than Attended from Date and current date

Do you need to add your education?

+Add

Education Basis for Licensure

Please select the educational basis you meet for RN licensure. **If your RN nursing program is not in this list, please return to Education and enter your RN education information.**

Please indicate your Education Basis for Licensure (required)

MARICOPANURSING GATEWAY CC - ADN - PHOENIX [US96404300]

Previous

Save and Continue

Save and Return to Home

Cancel

View Instructions

License Application Type



General Information



Education History



NCLEX Information



Employment History



Eligibility Questions



NCLEX Information

Have you ever taken the NCLEX®? (required)

Yes No

Testing Accommodation

Indicate if you require testing accommodations (required)

Yes No

**DOCUMENTATION IS
REQUIRED FOR ALL
ACCOMMODATIONS**

Previous

Save and Continue



Save and Return to Home

Cancel

View Instructions

- License Application Type ✓
- General Information ✓
- Education History ✓
- NCLEX Information ✓
- Employment History** ●
- Eligibility Questions ●

Employment History

Please list your current and former employer details below by selecting "+Add" link.

+ Add

<---EMPLOYMENT HISTORY NOT REQUIRED IF YOU GRADUATED FROM A NURSING PROGRAM WITHIN THE LAST 5 YEARS

Employment Status *(for statistical purposes only)*

Current Employment Status

What is your current Employment status? (Mark all that apply) (required)

- Actively employed in nursing or in a position that requires a nurse license full-time
- Actively employed in nursing or in a position that requires a nurse license part-time
- Actively employed in nursing or in a position that requires a nurse license on a per-diem basis
- Actively employed in a field other than nursing Full-time
- Actively employed in a field other than nursing Part-time
- Actively employed in a field other than nursing on a per-diem basis
- Working in nursing only as a Volunteer
- Unemployed, seeking work as a nurse
- Unemployed, not seeking work as a nurse
- Retired

Primary Position: The position at which you work the most hours during your regular work year.
Secondary Position: The position at which you work the second greatest number of hours during your regular work year.
Per Diem: An arrangement wherein a nurse is employed directly on an as needed basis and usually has no benefits.
Employed in Nursing: A nurse who receives compensation for work that requires licensure and/or educational preparation as a nurse.
Volunteer: A nursing position that is performed willingly and without pay.

View Instructions

License Application Type



General Information



Eligibility Questions

Eligibility Questions

BE HONEST!!! NO MATTER HOW SMALL THE ISSUE

1. Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province? (required)

Please Select

2. Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province? (required)

Please Select

3. Do you have any condition or impairment (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner? (required)

Please Select

4. Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs) (required)

Please Select

Note - This question applies to individuals enrolled in a program or a participant, *this does not apply to worksite monitors or support group leaders.*

5. Are you currently the target or subject of a grand jury or governmental agency investigation?
(required)

6. For any criminal offense not previously reported to the board, including those pending appeal, have you: (You may only exclude minor traffic violations, but must report all DUI charges/convictions) (required)

- been convicted of a misdemeanor?
- been convicted of a felony or undesignated offense?
- pled nolo contendere, no contest, or guilty?
- received deferred adjudication?
- been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
- been sentenced to serve jail or prison time? court-ordered confinement?
- been granted pre-trial diversion?
- been arrested or have any pending criminal charges?
- been cited or charged with any violation of the law?
- been subject of a court-martial, Article 15 violation, or received any form of military judgment/punishment?
- had a felony or undesignated offense pardoned, expunged, dismissed, deferred, reclassified, or redesignated?
- No, none of the above applies

**ALL CRIMINAL
OFFENSES MUST
BE REPORTED!**

7. Have you ever had any licensing or regulatory authority in any state, jurisdiction, country, or province revoked, inactivated, cancelled, accepted surrender of, suspended, placed on probation, refused to renew or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you held? (required)

8. Did you take and pass the RN NCLEX or SBTPE ? (required)

Previous

Save and Continue

Save and Return to Home

Cancel



Preview & Submit License Application

Preview

Instructions

eNLC Compact State

Arizona is an eNLC compact state. If an applicant's Primary State of Residence (PSOR) is in another compact state, an Arizona license cannot be issued unless Arizona is the PSOR or if the PSOR is in a non-compact state. An Arizona license cannot be issued if there is an active multistate license in a compact state. For a list of compact states, visit NCSBN's Enhanced Nurse Licensure Compact (eNLC) Implementation. [1](#)

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 - iii. Qualify for RN/LPN Exceptions [2](#)
2. Provide proof of education by meeting and submitting one of the following criteria:
 - i. Arizona graduates – a Certificate of Completion submitted to the Board by the approved nursing program
 - ii. Out of state graduates – transcript(s) containing graduation date and type of degree sent to the Board by the school
3. Submit a RN/LPN exam application for licensure and fee(s) to the Board
4. Submit lawful presence or citizenship in the United States with a government issued photo identification
 - State laws prohibit issuing a license to those who are not lawfully present in the United States.
 - For a list of acceptable documents visit the Citizenship & Alien Status page. [4](#)
5. Submit a fingerprint card to the Board
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 - A full set of fingerprints are required for the purpose of obtaining State and Federal criminal record checks.
If an applicant's fingerprint card was submitted to the Board within the past 2 years then they are exempt from this requirement.
 - Fingerprints can be rolled or Live Scan onto a fingerprint card at a local, county, state law enforcement agency or locate an agency online that offers this service in a specific area.
 - It can take 4-6 weeks for the Board to receive fingerprint results.
 - Permanent licensure cannot be issued until results have been received.

Reference

- 1 <https://www.ncsbn.org/nurse-licensure-compact.htm>
- 2 <https://www.azbn.gov/licensure-certification/application-instructions/rn-lpn-exceptions>
- 3 <https://portal.ncsbn.org/>
- 4 <https://www.azbn.gov/licensure-certification/citizenship-alien-status>
- 5 <http://www.azbn.gov/education/nursing-programs-lists/>
- 6 <https://www.azbn.gov/discipline-complaints/reporting-criminal-charges/>

License Application Type [Edit]

License Type:

RN

Application Type:

RN (Registered Nurse) by Exam

General Information [Edit]

Demographic Information

Salutation:

Full Legal Name Required:

Marital Status:

Maiden Name:

Identifying information

What is your Gender?:

What is your Race? (Please select ALL that apply):

Are you of Hispanic or Latino origin?

Please select ALL languages that you are proficient in, other than English:

Country of Birth:

UNITED STATES

Citizenship Status:

US Citizen/US National

REVIEW THIS SECTION CAREFULLY

YOUR INFO WILL APPEAR IN THESE BOXES

Contact Information

Residential Address

(Also Mailing Address)

Phoenix AZ 85001
UNITED STATES

Declaration of Primary State of Residence

Home state or "Primary State of Residence" means the state of a person's declared fixed permanent and principal home for legal purposes; domicile. The Primary State of Residence is where you vote, pay federal taxes, and/or obtain a driver's license.

Proof of primary state of residence may be requested by the Board. Sources of proof include, but are not limited to, voter registration, federal tax return, or driver's license.

I am declaring Arizona as my Primary State of residence in compliance with the above Primary State of Residence Definition.

Instructions:

By declaring this option, I understand the following is applicable:

- An Arizona address must be provided on application in order to

Phone Number(s)

Cell:

(623) (Primary Phone)

Education History [\[Edit \]](#)

Nursing Education

Program Name:

MARICOPANURSING GATEWAY CC - ADN

Program Address:

108 North 40th street Phoenix AZ 85034

Degree Obtained:

Associate Degree-Nursing

Education Status:

Expecting Graduation

Attended From:

08/01/2017

Expected graduation date:

09/2019

Please indicate your Education Basis for Licensure:

MARICOPANURSING GATEWAY CC - ADN - PHOENIX [US96404300]

**PLEASE
REVIEW ALL
OF THIS
INFORMATION**

7. Have you ever had any licensing or regulatory authority in any state, jurisdiction, country, or province revoked, inactivated, cancelled, accepted surrender of, suspended, placed on probation, refused to renew or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you held? (required)

8. Did you take and pass the RN NCLEX (XXXXXXXXXX) or SBTPE (XXXXXXXXXX)? (required)

Previous

Save and Continue

Save and Return to Home

Cancel

4 Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs)

Note - This question applies to individuals enrolled in a program or a participant, *this does not apply to worksite monitors or support group leaders.*

Response:

5 Are you currently the target or subject of a grand jury or governmental agency investigation?

Response:

6 For any criminal offense not previously reported to the board, including those pending appeal, have you:(You may only exclude minor traffic violations, but must report all DUI charges/convictions)

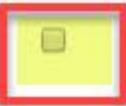
Response:

7 Have you ever had any licensing or regulatory authority in any state, jurisdiction, country, or province revoked, inactivated, cancelled, accepted surrender of, suspended, placed on probation, refused to renew or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you held?

Response:

8 Did you take and pass the RN NCLEX (after 07/01/1982) or SBTPE (before 07/01/1982)?

Response:

 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.

Application Fee

Application: Apply for Registered Nurse (RN) by examination, for initial applicants who have not held RN licensure in any other state. Please choose your application carefully, as fees are non-refundable.

Application Fee Amount:

RN Initial Application Fee	\$150.00
Convenience Fee	\$3.00
Fingerprinting	\$50.00
Writing the NCLEX First Time	\$150.00
Total:	\$353.00

[Make Payment](#)



[Save and Return to Home](#)

Payment Alert



You are leaving the Nurse Portal. **While on the payment site, DO NOT click the Back button, close or refresh the browser window.** Any such action could result in issues processing your license application.



Cancel - Do not leave this site

OK - Proceed to Payment Gateway



Payment Information

CHECKOUT - PAYMENT INFORMATION

*First Name

*Last Name

*Billing Address

*City

*State

*Zip

*Email

*Phone Number



*Credit Card Number

*Expiration Date

*CVV/CSV

**After you make your payment you
will see an option that says:**

Return to DASHBOARD

YOU MUST CLICK

Return to DASHBOARD

**TO COMPLETE THE
APPLICATION!!!!**

**Then check the application status
to confirm it says pending.**

**If you have any problems please
contact the AZBN**

602-771-7800