Katie Hobbs
Governor

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RN/AP/LPN INVESTIGATIVE QUESTIONNAIRE

TO BE COMPLETED BY BOARD STAFF
Nature of concern or complaint submitted against you:

(It is a violation of R4-19-403.25(a.) to fail to furnish in writing a full and complete explanation covering the matter reported pursuant to A.R.S. § 32-1664).

PLEASE COMPLETE AND RETURN THIS FORM BY:

I. RESPONDENT INFORMATION:

Name:

License No.:

Primary State of Residence (Where you vote, pay federal taxes, current driver's license)**:** ______________

Address: ____

____

____

Telephone Numbers:
Home: ____
Work: ____
E-Mail: ____
Cell Phone: ____

Have you ever been licensed in any other state?
☐ Yes ☐ No

If yes, list all states and current status of license:

____

Where did you receive your nursing education?

____

____

I. RESPONDENT INFORMATION: (continued)

1. Indicate all degrees you hold and list the year of graduation and year of initial licensure, if applicable.

Degree(s)	Year of Graduation	Year of Graduation Unknown	Year of Initial Licensure	Year of Initial Licensure Unknown
Practical/Vocational		☐		☐
Associate Degree - LPN		☐		☐
Associate Degree - RN		☐		☐
Diploma – RN		☐		☐
Baccalaureate, Nursing		☐		☐
Masters, Nursing		☐		☐
Doctorate, Nursing		☐		☐
Bachelors, non- Nursing		☐		☐
Advanced Degree, non-Nursing		☐		☐
Other nursing		☐		☐
Degree Held by Nurse (Unknown)		☐		☐

2. Current licensure/certificate status? *Check all that apply.*

☐ LPN/VN ☐ RN ☐ APRN ☐ Licensure status unknown

- ☐ Nurse Practitioner
- ☐ Clinical Nurse Specialist
- ☐ Nurse Anesthetist
- ☐ Nurse Midwife
- ☐ APRN Category unknown

3. Is English your primary language?

☐ Yes ☐ No

II. EMPLOYMENT INFORMATION

A. Current Employer(s):

1. Employer: ______________________________

Address: ______________________________

Job title: ______________________________

Supervisor: ______________________________

Date of Hire: ______________________________

Phone No.: ________________

2. Employer: ______________________________

Address: ______________________________

Job title: ______________________________

Supervisor: ______________________________

Date of Hire: ______________________________

Phone No.: ________________

II. EMPLOYMENT INFORMATION (continued)

B. Previous Employer(s):

List all previous employers (full-time, part-time and registry employers) for the past five years. If a traveling assignment, list both facility and agency. **DO NOT ATTACH RESUME**

1. Employer: ____________________

Address: ____________________

Job title: ____________________

Supervisor: ____________________

Phone No.: ____________________

Start Date: ____________________ End Date: ____________________

Were you terminated or did you resign in lieu of termination from previous employment? ☐ Yes ☐ No

If yes, please explain or note your reason for leaving: ____________________

____

2. Employer: ____________________

Address: ____________________

Job title: ____________________

Supervisor: ____________________

Phone No.: ____________________

Start Date: ____________________ End Date: ____________________

Were you terminated or did you resign in lieu of termination from previous employment? ☐ Yes ☐ No

If yes, please explain or note your reason for leaving: ____________________

____

3. Employer: ____________________

Address: ____________________

Job title: ____________________

Supervisor: ____________________

Phone No.: ____________________

Start Date: ____________________ End Date: ____________________

Were you terminated or did you resign in lieu of termination from previous employment? ☐ Yes ☐ No

If yes, please explain or note your reason for leaving: ____________________

____

Were you terminated or did you resign in lieu of termination from **any** previous employment? ☐ Yes ☐ No

If yes, please provide an explanation: ____________________

____

III. DESCRIPTION OF EVENT

Provide information regarding the incident leading to the complaint filed against your (license/certificate) at the Arizona State Board of Nursing, i.e., describe events and include any information that would be helpful for the Board in understanding the allegations.

(Attach additional sheets if needed).

IV. WITNESSES

List the witnesses you would like contacted regarding the incident(s). A witness is anyone who saw the alleged incident occur or otherwise had first-hand knowledge about the incident.

Name	Address	Phone No.	Work Relationship

V. ANALYSIS OF EVENT

Was a patient or patients involved in the reported event/events? ☐ Yes ☐ No

If the answer is **yes** please complete the remainder of this section to the best of your ability/knowledge. Even if more than one patient was involved please complete the remainder of this section for the patient that is the focus of the complaint.

If a patient or patients were not involved, please skip to section VI (page 14)

4. **Length of time you worked in the patient care location (unit/department/area) where the reported event occurred.** *Select* ***one*** *of the answers below.*

☐ Less than one month ☐ One - Two years ☐ More than five years
☐ One month - Eleven months ☐ Three - Five years ☐ Unknown

5. **What type of shift were working at the time of the reported event?**
Select ***one*** *of the answers below or add your own.*

☐ 8 hour ☐ On call
☐ 10 hour ☐ Unknown
☐ 12 hour ☐ Other please specify ________________________

6. **Were you working in a temporary capacity (e.g., traveler, float pool, float to another unit, covering a patient for another nurse)?**
☐ Yes ☐ No

7. **How many direct care patients were assigned to you at the time of the reported event?**
Number of patients ____ ☐ Unknown

8. **Do you have a history of discipline by current or previous employer(s) for practice issues?**
Select ***one*** *of the answers below.*
☐ Yes ☐ No ☐ Unknown

9. **Employment Outcome?** *Check all that apply and/or add your own variant.*

☐ Still employed by same Employer ☐ My Employer terminated/dismissed me
☐ I resigned as a result ☐ Unknown
☐ I resigned in lieu of termination ☐ Other - please specify ___________________________

____

10. **Do you have any previous discipline history by a board of nursing?** *Select* ***one*** *of the answers below.*

☐ Yes ☐ No ☐ Unknown

11. **Do you have any previous criminal convictions?** *Please pick one of the answers below.*
☐ Yes ☐ No ☐ Unknown

12. **Patient Age:**

☐ Under 1 year	☐ 26 - 35 years
☐ 1 - 3 years	☐ 36 - 49 years
☐ 4 - 6 years	☐ 50 - 64 years
☐ 7 - 11 years	☐ 65 and above
☐ 12 - 18 years	☐ Unknown
☐ 19 - 25 years	

13. **Patient gender** ☐ Male ☐ Female ☐ Unknown

14. **Indicate the patient's diagnosis.** *Check **no more than TWO diagnoses**, those that contributed to the reported situation.*

☐ BLOOD AND BLOOD-FORMING ORGANS DISEASE/DISORDER (e.g. Anemias; Sickle Cell; Thrombocytopenia; Lymphadenitis; etc.)

☐ CANCER (e.g. Leukemia; Lymphoma; Breast Cancer; Uterine Cancer; Melanoma; Carcinoma; Sarcoma; etc.)

☐ DIGESTIVE SYSTEM DISEASE/DISORDER (e.g. Pancreatitis; Liver Failure; Hepatitis; Appendicitis; C-difficile; Intestinal Obstruction; G I Hemorrhage; Diverticulitis; Crohn's Disease/Irritable Bowel Syndrome; Nausea/Vomiting; etc.)

☐ ENDOCRINE, METABOLIC, AND IMMUNE SYSTEMS DISEASE/DISORDER (e.g. Diabetes; HIV/AIDS; Fluid and Electrolyte Disorders; Thyroid Disorder; Addison's Disease; Cushing's Disease; Lupus; Cystic Fibrosis; etc.)

☐ GENITOURINARY SYSTEM DISEASE/DISORDER (e.g. Acute/Chronic Renal Failure; Kidney Stones; Enlarged Prostate; Urinary Tract Infection; Endometriosis; STDs; etc.)

☐ HEART & CIRCULATORY SYSTEM DISEASE/DISORDER (e.g. Coronary Artery Disease; Heart Attack; Congestive Heart Failure; Hypertension; Aneurysms; Cardiac Dysrhythmias; Syncope; Stroke (CVA); Transient Ischemic Attack; etc.)

☐ INJURY/TRAUMA (e.g. Accidents; Falls; Motor Vehicle Accidents; Rape; Assault; gunshot; Electrocution; Poisoning; etc.)

☐ MENTAL HEALTH CONDITIONS (e.g. Depression; Anxiety; Psychoses; Bi-Polar; Substance Use/Abuse/Dependency; Suicide/Attempt; Personality Disorder; Attention Deficit/Hyperactivity Disorder; Mental Retardation; etc.)

☐ MUSCULOSKELETAL SYSTEM DISEASE/DISORDER (e.g. Fractures; Arthritis; Back problems; Osteoporosis; etc.)

☐ NERVOUS SYSTEM OR SENSE ORGAN DISEASE AND DISORDER (e.g. Alzheimer's Disease and other Dementias; Parkinson's; Multiple Sclerosis; Seizures; Headache; Meningitis; Encephalitis; Glaucoma; etc.)

☐ PREGNANCY, CHILDBIRTH, and RELATED CONDITIONS/COMPLICATIONS (e.g. Normal/Abnormal Pregnancy and/or Delivery; Fetal Distress; etc.)

☐ RESPIRATORY SYSTEM DISEASE/DISORDER (e.g. Pneumonia; Chronic Obstructive Pulmonary Disease; Influenza; Upper/Lower Respiratory Infection; Asthma; Bronchitis; Pulmonary Embolism; Tuberculosis; etc.)

☐ SKIN DISEASE/DISORDER (e.g. Wounds; Burns; Cellulitis; Dermatitis; etc.)

☐ SYSTEMIC INFECTIONS/INFECTIOUS DISEASES (Bacterial, Viral, and Parasitic) (e.g. Septicemia; Lyme Disease; MRSA; VRE; E-coli; etc.)

☐ Unknown (If you select this option, do not select any other choices)

- ☐ Other – please specify ____________________

15. Indicate whether the patient exhibited any of the following at the time of the reported event. *Please check all that apply.*

- ☐ Agitation/Combativeness
- ☐ Altered level of consciousness
- ☐ Cognitive impairment
- ☐ Communication/Language difficulty
- ☐ Depression/Anxiety
- ☐ Inadequate coping /stress management
- ☐ Incontinence
- ☐ Insomnia
- ☐ Pain
- ☐ Sensory deficits (hearing, vision, touch)
- ☐ None of the above
- ☐ Unknown

16. Type of facility or environment *Please pick **one** of the answers below or add your own.*

- ☐ Ambulatory Care
- ☐ Assisted Living
- ☐ Behavioral Health
- ☐ Critical Access Hospital
- ☐ Home Care
- ☐ Hospital
- ☐ Long Term Care
- ☐ Office-based surgery
- ☐ Physician/Provider Office or Clinic
- ☐ Unknown
- ☐ Other – please specify ____________________

17. Patient Harm *Please pick **one** of the answers below.*

- ☐ No harm - An error occurred but with no harm to the patient
- ☐ Harm - An error occurred which caused a minor negative change in the patient's condition.
- ☐ Significant harm - Significant harm involves serious physical or psychological injury. Serious injury specifically includes loss of function or limb.
- ☐ Patient death - An error occurred that may have contributed to or resulted in patient death.

18. Communication Factors *Please check all that apply and/or add your own variant.*

- ☐ Communication systems equipment failure
- ☐ Interdepartmental communication breakdown/conflict
- ☐ Shift change (patient hand-offs)
- ☐ Patient transfer (hand-offs)
- ☐ No adequate channels for resolving disagreements
- ☐ Preprinted orders inappropriately used (other than medications)
- ☐ Medical record not accessible
- ☐ Patient name similar/same
- ☐ Patient identification failure
- ☐ Computer system failure
- ☐ Lack of or inadequate orientation / training
- ☐ Lack of ongoing education / training
- ☐ No communication factors involved
- ☐ Unknown
- ☐ Other – please specify ____________________

19. Leadership/Management Factors *Please check all that apply and/or add your own variant.*

- ☐ Poor supervision/support by others
- ☐ Unclear scope and limits of authority/responsibility
- ☐ Inadequate/outdated policies/procedures
- ☐ Assignment or placement of inexperienced personnel
- ☐ Nurse shortage, sustained, at institution level
- ☐ Inadequate patient classification (acuity) system to support appropriate staff assignments
- ☐ No leadership/management factors involved
- ☐ Unknown
- ☐ Other – please specify ____________________ ____________________

20. Backup and Support Factors *Check all that apply and/or add your own variant.*

- ☐ Ineffective system for provider coverage
- ☐ Lack of adequate provider response
- ☐ Lack of nursing expertise system for support
- ☐ Forced choice in critical circumstances
- ☐ Lack of adequate response by lab/x-ray/pharmacy or other department
- ☐ No backup and support factors involved
- ☐ Unknown
- ☐ Other – please specify ____________________

21. Environmental Factors *Check all that apply and/or add your own variant.*

- ☐ Poor lighting
- ☐ Increased noise level
- ☐ Frequent interruptions/distractions
- ☐ Lack of adequate supplies/equipment
- ☐ Equipment failure
- ☐ Physical hazards
- ☐ Multiple emergency situations
- ☐ Similar/misleading labels (other than medications)
- ☐ Code situation
- ☐ No environmental factors involved
- ☐ Unknown
- ☐ Other – please specify ____________________ ____________________

22. Other Health team members who contributed to the report event *Check all that apply and/or add your own variant.*

- ☐ Supervisory nurse/personnel
- ☐ Physician (may be attending, resident or other)
- ☐ Other prescribing provider
- ☐ Pharmacist
- ☐ Additional Staff nurse
- ☐ Floating/temporary staff
- ☐ Other Health professional (e.g., PT, OT, RR)
- ☐ Health profession student
- ☐ Medication assistant
- ☐ Other support staff
- ☐ Patient
- ☐ Patient's Family/friends
- ☐ Unlicensed Assistive Personnel (nurse aide, certified nursing assistant, CNA or other titles of non-nurses who assist in performing nursing tasks)
- ☐ No health team members contributed
- ☐ Unknown (*If you select this option, do not select any other choices.)*
- ☐ Other-please specify ____________________ ____________________

23. Did staffing issues contribute to the reported event? *Check all that apply*

- ☐ Lack of supervisory/management support
- ☐ Lack of experienced nurses
- ☐ Lack of nursing support staff
- ☐ Lack of clerical support
- ☐ Lack of other health care team support
- ☐ None (If you select this option, do not select any other choices)
- ☐ Unknown (If you select this option, do not select any other choices)
- ☐ Other – please specify ____________________

24. Health care team *Check all that apply*

- ☐ Intradepartmental conflict/non-supportive environment
- ☐ Breakdown of health care team communication
- ☐ Lack of multidisciplinary care planning
- ☐ Intimidating/threatening behavior
- ☐ Lack of patient involvement in plan of care
- ☐ Care impeded by policies or unwritten norms that restrict communication
- ☐ Majority of staff had not worked together previously
- ☐ Illegible handwriting
- ☐ Lack of patient education
- ☐ Lack of family/caregiver education
- ☐ None (*If you select this option, do not select any other choices*.)
- ☐ Unknown (*If you select this option, do not select any other choices.)*
- ☐ Other – please specify ______________________

____

25. Did the reported incident involve intentional misconduct or criminal behavior?
Check all that apply and/or add your own variant.

- ☐ No
- ☐ Yes: Changed or falsified charting
- ☐ Yes. Deliberately covering up error
- ☐ Yes: Theft (including drug diversion)
- ☐ Yes: Fraud (including misrepresentation)
- ☐ Yes: Patient abuse (verbal, physical, emotional or sexual)
- ☐ Yes: Criminal conviction
- ☐ Yes: Other - please specify _________________
- ☐ Unknown (if you select this option, do not select any Choices.)

26. Did the reported event involve a medication error? ☐ Yes ☐ No

27. The type of medication error identifies the form or mode of the error, or how the error was manifested. Select the type of medication error. *Check all that apply and /or add your own variant.*

- ☐ Abbreviations
- ☐ Drug prepared incorrectly
- ☐ Extra dose
- ☐ Mislabeling
- ☐ Omission
- ☐ Prescribing
- ☐ Unauthorized drug
- ☐ Wrong administration technique
- ☐ Wrong dosage
- ☐ Wrong drug
- ☐ Wrong patient
- ☐ Wrong route
- ☐ Wrong time
- ☐ Wrong reason
- ☐ Unknown
- ☐ Other – please specify ________________________

28. If the wrong drug was involved in the reported event, please list the name of the drug

Drug ordered____ ☐Unknown

Drug actually given____ ☐Unknown

29. Was a documentation error involved? ☐ Yes ☐ No

- ☐ Pre-charting / untimely charting
- ☐ Incomplete or lack of charting
- ☐ Charting incorrect information
- ☐ Charting on wrong patient record
- ☐ Other – please specify ______________________________

30. Did the documentation error lead to the reported event? ☐ Yes ☐ No

OPTIONAL QUESTIONS

1. **Were the patient's family and/or friends present at the time of the reported event?** *Select only* ***one***

   ☐ Yes ☐ No ☐ Unknown

2. **Type of Patient Event Related to Practice Breakdown** *Check all that apply and/or add your own variant.*

- ☐ Abuse
- ☐ Allergic/Anaphylaxis/Transfusion Reaction
- ☐ Equipment Failure
- ☐ Healthcare Associated Infection
- ☐ Homicide
- ☐ Medication error
- ☐ Patient Fell
- ☐ Suicide
- ☐ Treatment Error/ Omission
- ☐ Unknown
- ☐ Other-Please specify ______________________

____

3. **Type of community** *Select only* ***one***

- ☐ Rural (lowly populated, farm, ranch land communities 10,000 or less)
- ☐ Suburban (towns, communities of 10,000 to 50,000)
- ☐ Urban (any city over 50,000)
- ☐ Unknown

4. **Facility size** *Select only* ***one***

- ☐ 5 or fewer beds
- ☐ 6-24 beds
- ☐ 25-49 beds
- ☐ 50-99 beds
- ☐ 100-199 beds
- ☐ 200-299 beds
- ☐ 300-399 beds
- ☐ 400-499 beds
- ☐ 500 or more beds
- ☐ Not applicable
- ☐ Unknown

5. **Medical record system** *Select only* ***one***

- ☐ Electronic documentation
- ☐ Electronic medication administration system
- ☐ Electronic physician orders
- ☐ Paper documentation
- ☐ Combination paper/electronic record
- ☐ Unknown

6. **Did the nurse report completion of any continued competence activities or professional development activities in the last five years?** *Select only* ***one***

   ☐ Yes ☐ No ☐ Unknown

7. **Work start and end times (based on a 24 hour clock) when the reported event occurred**

Start time ___________ am/pm End time __________ am/pm

Time of incident ____________ am/pm ☐ Unknown

8. **Length of time the nurse had worked for the organization where the practice breakdown occurred**

Select only ***one***

- ☐ Less than one month
- ☐ One month - Eleven months
- ☐ One - Two years
- ☐ Three - Five years
- ☐ More than five years
- ☐ Unknown

9. Length of time the nurse had been in the specific nursing role at the time of the practice breakdown *Select **one** of the answers below.*

- ☐ Less than one month
- ☐ One month - Eleven months
- ☐ One - Two years
- ☐ Three - Five years
- ☐ More than five years
- ☐ Unknown

10. Days worked in a row at the time of the practice breakdown (include all positions/employment)
*Select **one** of the answers below.*

- ☐ First day back after time off
- ☐ Two - Three days
- ☐ Four - Five days
- ☐ Six or more days
- ☐ Unknown

11. Assignment of the nurse at time of the practice breakdown *Select **one** of the answers below.*

- ☐ Direct patient care
- ☐ Non-patient care
- ☐ Unknown

12. How many staff members was the nurse responsible for supervising at the time of the practice breakdown?

Number of Staff __________ ☐ Unknown

13 How many patients was the nurse responsible for overall (counting direct care patients and the patients of the staff the nurse was supervising at the time of the practice breakdown)?

Number of Patients _______ ☐ Unknown

14. Nurse's reported perception of factors that contributed to the practice breakdown.
Check all that apply and/or add your own variant.

- ☐ Nurse's language barriers
- ☐ Nurse's cognitive impairment
- ☐ Nurse's high work volume/stress
- ☐ Nurse's fatigue/lack of sleep
- ☐ Nurse's drug/alcohol impairment/substance abuse
- ☐ Nurse's functional ability deficit
- ☐ Nurse's inexperience (with clinical event, procedure, treatment or patient condition)
- ☐ No rest breaks/meal breaks
- ☐ Nurse's lack of orientation/training
- ☐ Nurse's overwhelming assignment(s)
- ☐ Nurse's lack of team support
- ☐ Nurse's mental health issues
- ☐ Nurse's conflict with team members
- ☐ Nurse's personal pain management
- ☐ Lack of adequate staff
- ☐ None (If you select this option, do not select any other choices)
- ☐ Unknown (If you select this option, do not select any other choices)
- ☐ Other - please specify ____

15. Supervisor or employer's perception of factors that contributed to the practice breakdown.
Check all that apply and/or add your own variant.

- ☐ Nurse's language barriers
- ☐ Nurse's cognitive impairment
- ☐ Nurse's high work volume/stress
- ☐ Nurse's fatigue/lack of sleep
- ☐ Nurse's drug / alcohol impairment/substance abuse
- ☐ Nurse's functional ability deficit
- ☐ Nurse's inexperience (with clinical event, procedure, treatment or patient condition)
- ☐ No rest breaks / meal breaks
- ☐ Nurse's lack of orientation/training
- ☐ Nurse's overwhelming assignment(s)
- ☐ Nurse's lack of team support
- ☐ Nurse's mental health issues
- ☐ Nurse's conflict with team members
- ☐ Nurse's personal pain management
- ☐ Lack of adequate staff
- ☐ None (If you select this option, do not select any other choices)
- ☐ Unknown (If you select this option, do not select any other choices)
- ☐ Other - please specify_________________

16. Terminated or resigned in lieu of termination from previous employment
Select one of the answers below.

☐ Yes ☐ No ☐ Unknown

17. Select which factors contributed to the medication error. *Check all that apply and/or add your own variant.*

- ☐ Blanket orders
- ☐ Brand/generic drugs look alike
- ☐ Brand names look alike
- ☐ Brand names sound alike
- ☐ Calculation error
- ☐ Communication
- ☐ Computer entry
- ☐ Computerized prescriber order entry
- ☐ Computer software
- ☐ Contra-indicated in disease
- ☐ Contra-indicated in pregnancy/breastfeeding
- ☐ Contra-indicated, drug/drug
- ☐ Contra-indicated, drug allergy
- ☐ Decimal point
- ☐ Dilutant wrong
- ☐ Dispensing device involved
- ☐ Documentation inaccurate/lacking
- ☐ Dosage form confusion
- ☐ Leading/Missing zero
- ☐ Measuring device inaccurate/inappropriate
- ☐ Medication available as floor stock
- ☐ Monitoring inadequate/inappropriate
- ☐ Non-formulary drug
- ☐ Non-metric units used
- ☐ Packaging/container design
- ☐ Patient identification failure
- ☐ Performance (human) deficit
- ☐ Performance deficit
- ☐ Prefix/Suffix misinterpreted
- ☐ Preprinted medication order form
- ☐ Procedure/Protocol not followed
- ☐ Pump: failure/malfunction
- ☐ Pump: improper use
- ☐ Reconciliation – Admission
- ☐ Reconciliation – Discharge
- ☐ Reconciliation material confusing/inaccurate

- ☐ Drug devices
- ☐ Drug distribution system
- ☐ Drug shortage
- ☐ Equipment design confusing/inadequate
- ☐ Equipment (not pumps) failure/malfunction
- ☐ Fax/Scanner involved
- ☐ Generic names look alike
- ☐ Generic names sound alike
- ☐ Handwriting illegible/unclear
- ☐ Incorrect medication activation
- ☐ Information management system
- ☐ Knowledge deficit
- ☐ Label - Manufacturer design
- ☐ Label - Your facility's design
- ☐ Repackaging by other facility
- ☐ Repackaging by your facility
- ☐ Similar packaging/labeling
- ☐ Similar products
- ☐ Storage proximity
- ☐ System safeguard(s) inadequate
- ☐ Trailing/terminal zero
- ☐ Transcription inaccurate/omitted
- ☐ Verbal order
- ☐ Workflow disruption
- ☐ Written order
- ☐ Unknown
- ☐ Other (Specify) ____________________________

____

VI. ARRESTS/CITATIONS/CHARGES

Have you ever been arrested, cited or charged? ☐ Yes ☐ No
If yes, please complete pages 15 and 16 of this questionnaire.

VII. Attach any other documentation related to the complaint you would like reviewed.

If no response is received, the Investigative Report will proceed and your case will be presented at a future Board of Nursing meeting for discussion and recommendations. Be advised that failing to cooperate with the Board by not furnishing in writing a full and complete explanation covering the matter reported pursuant to A.R.S. § 32-1664 is considered unprofessional conduct and is grounds for disciplinary action.

I verify that the above information provided by me is true, complete and correct to the best of my knowledge and belief.

__________________________________ ______________________________
Signature Date

Thank you for your assistance. Please return to:

Attention:
Arizona State Board of Nursing
1740 W. Adams Street, Suite 2000
Phoenix, Arizona 85007-2607

ARREST/CHARGE/CITATION QUESTIONNAIRE

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Instructions:

- A completed questionnaire MUST BE submitted for EACH arrest, charge, or citation you have ever received, regardless of age or outcome (excluding civil traffic. DUIs, Reckless Driving, or Hit and Run incidents are not considered civil traffic). This means incidents must be disclosed even if they were ultimately dismissed.
- Make as many copies of the questionnaire as you need in order to submit a separate questionnaire per incident.
- Please print neatly or type. Read each question carefully and answer every question. "See attached" is not an acceptable answer.
- **Complete and submit ALL pages of the questionnaire, sign and date the last page, and attach the required police and court records as well as your detailed written statement**. Processing of your case will be delayed and additional questionnaires will be sent if this required information is not submitted with each questionnaire and for every arrest, charge, or citation, regardless of age or outcome. Failure to provide the required documents may be considered failure to cooperate with the Board investigation and may constitute a violation of the Nurse Practice Act.

1. Demographic Information:

Full Name: ____
First Middle Last

All Other/Former Names Used or Aliases (maiden, prior married names): _______________________________

____

Social Security Number: __________________________ Date of Birth: ___________________________________

Address: ____
Street City State Zip

Home Phone Number: ___________________________ Cell/Mobile Number: ______________________________

2. Arrest/Charge/Citation Information:

Fill in the following information regarding the agency which arrested or cited you.

Name of law enforcement agency or sheriff office: ____

Address of agency: ____
Street City State Zip

Date arrested/charged/cited: _______________________

For what offense(s) were you arrested, charged or cited? ____

Was the arrest/charge/citation for: ☐ misdemeanor ☐ felony

☐ I have requested from this law enforcement agency and am submitting with this questionnaire, as applicable, ALL required police records listed below:

- Arrest/booking report, complaint, citation/ticket if applicable AND
- Officer narrative, arrest/incident department report. The narrative explains why the officer made contact with you and what occurred during that contact AND
- All supplements or additions to the report, including results of testing, additional information, etc.

☐ I am submitting with this questionnaire my detailed written (or typed) statement regarding the circumstances surrounding this arrest, charge or citation.

When submitting a written explanation, be sure to be as specific as possible and address the "who, what, when, where, why and how" of the circumstances regarding the incident. This is your opportunity to tell the Board what happened in your own words. Failure to provide a *detailed* statement regarding each incident is a violation of the Nurse Practice Act.

3. Court Information:

Fill in the following information regarding the court where your case was heard or where your charges were submitted, if applicable.

Name of Court: ____

Address of Court: ____
Street City State Zip

Of what offense(s) were you convicted?____

Date of conviction: ______________________

Was the conviction: ☐ misdemeanor ☐ felony ☐ undesignated

Did you plead: ☐ guilty ☐ nolo contendere ☐ no contest

What was the sentence? (Include all fines, courses, counseling or group sessions, restitution, probation/parole, community service, etc)

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If the conviction was for a felony or undesignated offense, what was the date of completion of all probation requirements, including payment of court fines and restitution (You must include proof of completion of probation/court requirements/payment in full)? _____________________

Has there been any change in the designation of your conviction since the original sentencing (Examples: reduced to a misdemeanor, set aside, dismissed, expunged, deferred)?

☐ No ☐ Yes

If yes, what was the change? ____

Are you currently on probation or parole? ☐ No ☐ Yes

If yes, when is your anticipated probation or parole end/discharge date? __________________________

Name of your probation/parole officer (PO): __________________________

Probation/parole officer phone number: __________________________

Were you ever found in violation of your probation or was a warrant ever issued? ☐ No ☐ Yes

If so, describe the circumstances of the violation: _____________________________________

____

Was your sentence modified as a result of your probation violation? ☐ No ☐ Yes

Explain: ____

☐ I have requested from this court and am submitting with this questionnaire, as applicable, ALL required court records listed below:

- Notice of charges, complaint, indictment. This will show the Board what you were originally charged with; AND
- Pre-sentence screening, report or referral, pre-sentence report AND
- Plea agreement/s if applicable AND
- Sentencing, probation order/judgment. This will show the requirements imposed by the court AND
- Dismissal, probation release, court discharge.

4. Document Requirements

Check off the boxes below to ensure you have provided all documentation required to be submitted with this questionnaire.

- ☐ A **Detailed Written (or Typed) Statement.**
- ☐ ALL **Police, Sheriff, or Law Enforcement Records**.
- ☐ ALL **Court Documents**.

4a) If no formal court charges resulted from the arrest or citation, you must still include the police report. However, in place of the court records listed above, please provide:

- Documentation or letter from the police department or court stating that no charges were filed or that prosecution was declined.

4b) If the arrest, citation or charge occurred several years ago and police or court records have been purged or are no longer available, a document on letterhead from the police department and court stating that the files on your case no longer exist, will be required and acceptable if it includes the following:

- Your name, date of birth, social security number (used by the agency to conduct the search).
- The type of charge (what the arrest was for) and the date and year the arrest transpired.
- Name/phone number of the police department or court contact person.

I verify that the above information provided by me and answered within this questionnaire is true, complete and correct, and I have disclosed each of my arrests, citations and charges, for felonies and misdemeanors, including incidents that did not ultimately result in convictions.

____ ________________________

Signature Date

Complaint or Self-Report Process

http://azbn.gov/faqs/discipline-complaints/submitting-a-complaint-faqs/

1. What happens with the complaint?

When a complaint or self-report is received by the Board, it is first reviewed to determine jurisdiction. If the Board has jurisdiction, an investigator and a case number are assigned. Notification letters are sent to the complainant and to the subject of the complaint and the investigative process begins. The subject of the complaint (“Respondent”) is made aware of the specific allegations and is required to respond in writing. The investigator collects objective information from a number of sources, interviews the complainant, witnesses, and Respondent. The information is compiled into an investigative report to present at a board meeting for the Boards’ review and decision. The board meeting is open to the public. The complainant and Respondent may choose to be present and make a statement to the Board but neither is required to do so. The board meeting is not a hearing but rather is forum for the Board to determine, based upon the investigative findings, if probable evidence exist that a license or certificate holder has violated the Nurse Practice Act.

2. Can the subject of the complaint (“Respondent”) obtain legal representation?

At any stage of the investigative process, the subject of the complaint (“Respondent”) may obtain independent legal representation.

3. How long does the investigative process take?

Several factors weigh into how long an investigation may take before the case is presented to the Board. The Board considers the severity of the risk to the public first and foremost and prioritizes accordingly. Some case are much more complex than others and take longer to process. If the allegation meets the criteria for case opening, both the complainant and Respondent receive notification that an investigation is in process and provided with contact information for the assigned investigator. We encourage you to stay in contact with the investigator throughout the process to facilitate the investigation.

4. Can the license/certificate holder or applicant work while they are under investigation?

The ability to work as a nurse, LNA or CNA is unrestricted during the investigation as long as the license or certificate remains active. However, applicants are not issued a license/certificate until the conclusion of the investigation and therefore cannot work until a license/certificate has been issued.

5. What can the subject of the complaint (“Respondent”) or people making the complaint (“Complainant”) do to assist in the investigative process?

If you are the subject of the complaint (“Respondent”): keep the board apprised of any changes in your address and phone number, and respond promptly to any requests for information or documents. You will be required to submit a written response to the complaint and will be requested to meet with the assigned investigator for an interview and to review information obtained during the course of the investigation. Your input and participation is important in understanding what occurred.

If you have filed a complaint ("Complainant"): submit all written documentation regarding your concerns, observations and impressions concerning the incident. Providing detailed information at the onset is important in assisting the Board to understand risk of harm and in facilitating the investigative process.

6. What happens when the case is presented to the Board?

The board meeting is an open public meeting where investigative reports related to complaints that have been received and investigated by staff are reviewed by the Board members to determine, based upon evidence in a case, whether there is probable evidence of a violation of the Nurse Practice Act. Board members will deliberate and make a motion, stating what action should occur.

7. Who can address the Board members?

If you have submitted a complaint ("Complainant") or you have had a complaint submitted against your application or your license/certificate ("Respondent"), you are welcome to attend the board meeting to hear the discussion and Board decision. The board meeting is not a hearing but you may choose to give a verbal presentation (up to 5 minutes), providing information you feel is pertinent for the Board to consider. You may also choose to just be available to respond to their questions, or you may be present and not speak at all. Information that is relevant to the complaint and investigation should have been provided to the assigned investigator in advance of the board meeting.

8. What are the possible Board members decisions or actions?

Board actions are categorized as: Dismissal, Non-disciplinary Action, Disciplinary Action, and Administrative Violations. Once the case has been reviewed by the Board and the Board votes for discipline, the licensee/certificate holder/applicant status is updated to reflect "complaint-outcome pending" or if final, the disciplinary action taken.

Dismissal	**Dismissal** – Evidence does not support there has been a violation of the Nurse Practice Act.
Non-Disciplinary	**Letter of Concern** – A letter from the Board expressing concern that a licensee, certificate holder or applicant may have been engage in questionable conduct that is considered low risk or harm to the public. A letter of concern issued by the Board is non-discipline and is not an appealable agency action
Disciplinary Actions	**Civil Penalty** – A monetary fine issued by the Board, not to exceed $1,000, given singly or in combination with any disciplinary action for a violation of the Nurse Practice Act. **Decree of Censure** – This is an official discipline by the Board that the individual's conduct violated the Nurse Practice Act but does not represent a continued risk to the patient/public. **Probation** – This action allows the nurse to continue working during the period of probation subject to compliance with the terms and conditions. During the period of probation the nurse must be supervised in their practice and complete certain requirements which are aimed at rehabilitation or educating and remediating the nurse in his/her area(s) of practice deficit. For example, a nurse with a substance abuse issue may be required to enter and complete treatment, attend AA/NA meetings, abstain from

	alcohol and other drug use along with other requirements. A nurse who lacks sufficient knowledge of medications or safe administration may be required to take a pharmacology course, etc. **Suspension** – A person who has been suspended may not practice during the period of suspension. A person who has been suspended has terms and conditions which must be fulfilled during the period of suspension and before being allowed to resume practice. Examples of terms and conditions may include completing a refresher course, psychological or substance abuse treatment in addition to other requirements. A licensee/certificate holder that has been suspended often has a period of probation or monitoring following successful completion of the terms of suspension. **Revocation –** This action prohibits the nurse/certificate holder from practicing for a minimum of five years, pursuant to A.A.C. R4-19-404. When a license/certificate has been revoked, the applicant for re-issuance must provide detailed information to the Board that the reason for revocation no longer exists and that the issuance of a license/certificate would no longer threaten the public health or safety. A.A.C. R4-19-404 or R4-19-815) The individual whose license/certificate has been revoked may not practice or otherwise indicate to the public that they hold a license/certificate. **Denial** – A person (applicant) who has been denied a license/certificate may not practice and is not eligible to reapply to the Board for a period of five years. **Voluntary Surrender** – A Consent Agreement has been signed in which an APRN, RN, LPN, LNA, CNA has voluntarily surrendered their license or certificate.
Administrative Violations	**Administrative Penalty** – A penalty/fine given to a licensee or certificate holder who has worked on an expired license/certificate, or failed to notify the Board of an address change within 30 days. It is not reportable to NCSBN or other national data centers.

9. When is the Board decision final?

For discipline to be final and in effect, a Respondent must either consent to the discipline as voted upon by the Board by signing a "Consent Agreement" or if not signed, the Respondent has had an opportunity for a hearing. Hearings are conducted at the Office of Administrative Hearings and the person conducting the Hearing is an Administrative Law Judge (ALJ).

Following the hearing and based upon the evidence presented, the ALJ submits recommended "Findings of Fact, Conclusions of Law and Order" to the Board. Transcripts of the hearing are reviewed by the Board members prior to voting on the appropriate disciplinary actions (if any) to be taken. The Board has final authority to determine discipline and can adopt, modify or reject the ALJ recommendation. If discipline is determined to be appropriate by the majority of the Board Members, a "Board Order" is issued. If the Respondent disagrees with the outcome, a request for rehearing must be filed within 30 days of the mailing of the Board's decision and Order, otherwise, the matter is final.