ARIZONA STATE BOARD OF NURSING
COMPLAINCE DEPARTMENT
ALTERNATIVE TO DISCIPLINE AND MONITORING
1740 WEST ADAMS STREET, SUITE 2000
PHOENIX, ARIZONA 85007-2607
EMAIL: ATD@AZBN.GOV OR
MONITORING@AZBN.GOV

NOTIFICATION OF CHANGE(S)

ATTENTION: COMPLIANCE DEPARTMENT

One of the terms of your Alternative to Discipline stipulated agreement and Board ordered Consent Agreement requires you to notify compliance staff of any changes in your address, telephone number and any changes in employment status within five (5) days of the change. Failure to provide these pertinent changes is considered non-compliance with your Stipulated Agreement and Consent Agreement.

Printed Name: _____ Date: _____

Signature: _____ License No. _____

CHANGE OF ADDRESS

New Address: _____
(Street)

_____ _____ _____
(City) (State) (Zip Code)

Phone Number: _____

CHANGE OF EMPLOYMENT/SUPERVISOR

Name of Employer: _____

Employer's Address: _____

Position/Title: _____ **Unit:** _____

Work Hours: _____ **Work Number:** _____

Name of Supervisor: _____ **Effective Date:** _____

Date of Supervisor's receipt of Agreement: _____

Date of Human Resources receipt of Agreement: _____ (if required)