

**ARIZONA STATE BOARD OF NURSING  
1740 WEST ADAMS STREET, SUITE 2000  
PHOENIX, ARIZONA 85007-2607  
TELEPHONE (602) 771-7860**

**QUARTERLY REPORTING DUE DATES FOR THE MONITORING DEPARTMENT**

EFFECTIVE DATE IN THE MONTH OF	FIRST QUARTERLY DUE DATE	ALL QUARTERLY DUE DATES
January	Feb 28	May 31, Aug 31, Nov 30, Feb 28
February	Mar 31	June 30, Sept 30, Dec 31, Mar 31
March	Apr 30	July 31, Oct 31, Jan 31, Apr 30
April	May 31	Aug 31, Nov 30, Feb 28, May 31
May	June 30	Sept 30, Dec 31, Mar 31, June 30
June	July 31	Oct 31, Jan 31, Apr 30, July 31
July	Aug 31	Nov 30, Feb 28, May 31, Aug 31
August	Sept 30	Dec 31, Mar 31, June 30, Sept 30
September	Oct 31	Jan 31, Apr 30, July 31, Oct 31
October	Nov 30	Feb 28, May 31, Aug 31, Nov 30
November	Dec 31	Mar 31, June 30, Sept 30, Dec 31
December	Jan 31	Apr 30, July 31, Oct 31, Jan 31

**NOTE:** The effective date of a consent agreement is the date that the Consent Agreement was accepted by the agency. If you did not sign a consent agreement and monitoring was ordered by the Board, the effective date is calculated by adding 35 days to the mailing date on the last page of your “Findings of Fact, Conclusions of Law and Order” document. **Please contact monitoring staff if you have questions about your effective date.** Please email any questions and all reports all reports to [monitoring@azbn.gov](mailto:monitoring@azbn.gov).

Your first quarterly reports are due at the end of the month following the effective date of your Consent Agreement/Board Order (the time period covered by the first report should be from the effective date to the first quarterly due date). Reports must be received no earlier than 7 calendar days before the due date and no later than 7 calendar days after the due date. Please make sure that the entire quarterly time period is covered by the report and that the report matches your reporting schedule. If a report is deficient it will not be accepted and a letter will be mailed to you which identifies the deficient item(s). Reports may be faxed, mailed, or e-mailed to the Arizona State Board of Nursing, attention: Monitoring Department.

My signature on this page indicates that I have been informed and understand when my reports are due.

Name: \_\_\_\_\_  
License/Certificate No.: \_\_\_\_\_ Date: \_\_\_\_\_