



**BOARD OF EXAMINERS OF NURSING CARE INSTITUTION ADMINISTRATORS AND
ASSISTED LIVING FACILITY MANAGERS**

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Governor

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Jack Confer
Executive Director

Request for Copy of Original Certificate or License

Name: _____ Certificate or License Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Reason for Request: _____

Attestation

I declare that the answers I have given are true and correct to the best of my knowledge. I also understand that my certificate or license is issued is for a single location.

Signature of Applicant: _____ Date: _____

R4-33-108. Display of License or Certificate

- A. An administrator shall display the administrator's original license and current renewal receipt in a conspicuous place in the nursing care institution at which the administrator is appointed.
- B. A manager shall display the manager's original certificate and current renewal receipt in a conspicuous place in the assisted care facility at which the manager is appointed.

Instructions:

1. The fee is \$75
2. *Under the authority provided at A.R.S. § 36-446.12(A), fees are non-refundable. If you have questions, contact the Board before submitting the form at 602-364-2374 or by email at information@aznciboard.us*