

Character Certification

Applicant: _____
Last Name First Name Middle

Certifier:

The above-named individual has applied for an Arizona Nursing Care Institution Administrator License or an Assisted Living Facility Manager Certificate. Use the "Recommendation" section below for comments pertinent, to the character and suitability of this applicant to practice in the profession. Please complete **ALL** areas below and return this certificate to:

Arizona State Board of Examiners of
Nursing Care Institution Administrators and Assisted Living Facility Managers
1740 W Adams, Suite 2490
Phoenix, AZ 85007

Are you related to the applicant? Yes _____ No _____
Are you the applicant's employer? Yes _____ No _____
Is the applicant your employer? Yes _____ No _____
Number of years acquainted with applicant? _____ Years

(If the answer is "Yes" to any of the above questions, or have known the applicant for less than 3 years you do not qualify as a certifier)

I certify that I am personally acquainted with the applicant named above and believe their moral character and suitability is appropriate to be an Arizona Nursing Institution Administrator or Assisted Living Facility Manager.

RECOMMENDATION: (please write why you recommend this person for this license)

Signature of Certifier

How acquainted

Printed Name of Certifier

Telephone number

Date Signed

Street address