



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

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Douglas A. Ducey
Governor

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Jack Confer
Executive Director

Request for Extension of Time to Complete Continuing Education Requirement

To be granted an extension **ALL** information must be filled in and **ALL** required documentation attached. Failure to do so will result in the request being denied. (R4-33-504)

License #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

1. Date requirements will be completed: _____ / _____ / _____
Month Day Year
(Cannot be later than October 31st)
2. Number of Board, NAB or ACHCA approved hours completed between July 1, 2020 and this request: _____
(Attach certificates of completion for all hours listed)
3. Number of hours needed to complete the renewal requirement: _____
(Attach proof of registration for the additional continuing education that is sufficient to fulfill the continuing education requirement before the end of the requested extension)

Once the renewal request is approved by the Board, and before your license expires you need to complete your renewal application and submit it through the portal at <https://elicense.az.gov>

I attest that the continuing education obtained under the extension will be reported only to fulfill the current renewal requirement and will not be reported on a subsequent renewal application.

Signature: _____ Date: _____