



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

Douglas A. Ducey
Governor

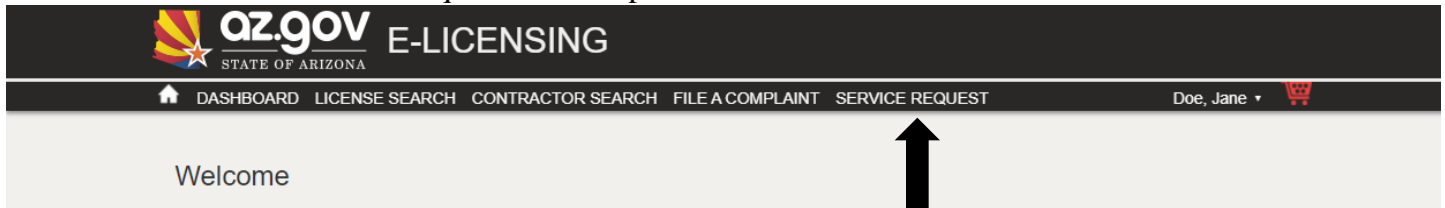
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www.aznciboard.us

Jack Confer
Executive Director

1. Fill out the attached form with your address change or notice of appointment
2. If you are doing an address change put your old address on the left side and your new address on the right side
3. If you are doing a notice of appointment put the old facility's information on the left side of the page and the new facility's information on the right side of the page
4. If this is your first appointment then only fill out the right side of the page under "New Facility Information"
5. If you are ending an appointment and not starting a new one only fill out the left side under "Old Facility Information"
6. Go to the elicensing portal and login
7. Select "Service Request" at the top of the



See steps 8, 9, 10, and 11 on the next page.

8. Select the NCIA Board
9. Select your license
10. Select Notice of Facility Appointment
11. Write a brief description
12. Click “Save and Upload Documents”
13. Select “Choose Files”

Service Request Detail Attachment Submit

Upload Attachments

Please upload an electronic copy of the supporting documents by clicking the 'Choose Files' button. The file size must be less than 5MB. It is also necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf).

If required, you may add multiple files by repeating the upload process. Add any additional documents by clicking the 'Choose Files' button.

Choose Files No file chosen

CANCEL Submit

14. Upload the filled-out notice of appointment form
15. Click submit



The Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers

Name: _____ Certification/License #: _____

Administrator/Manager Signature: _____ Date: _____

FACILITY INFORMATION (NOTICE OF APPOINTMENT)

Old Facility Information

Facility Name: _____

Start Date: _____ End Date: _____

Address: _____

Phone Number: _____

New Facility Information

Facility Name: _____

Start Date: _____ End Date: _____

Address: _____

Phone Number: _____

Current Mailing Address: _____



The Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers

Name: _____ Certification/License #: _____

Administrator/Manager Signature: _____

Date: _____

MAILING ADDRESS CHANGE

Old Address: _____

New Address: _____
