



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

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**Katie Hobbs**  
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.

License #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1. Date requirements will be completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Cannot be later than October 31<sup>st</sup>)
2. Number of Board, NAB or ACHCA approved hours completed between  
July 1, 2021 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: \_\_\_\_\_