

BOARD OF EXAMINERS OF NURSING CARE INSTITUTION ADMINISTRATORS AND ASSISTED LIVING FACILITY MANAGERS		
Katie Hobbs Governor	1740 W Adams Suit 2490 Phoenix, Arizona 85007 (602)364-2374 phone Email: <u>information@aznciaboard.us</u> Website: <u>www.nciaboard.az.gov</u>	Jack Confer Executive Director
Reques	t for Copy of Original Certificate or	License
Name:	Certificate or License Number:	
Mailing Address:	City:Sa	te:Zip:
Email Address:	Phone Number:	
Reason for Request:		
Attestation		
	given are true and correct to the best of my known between the set of my known between the set of t	nowledge. I also
Signature of Applicant:	Date:	
conspicuous place in the nursing B. A manager shall display the conspicuous place in the assisted	or Certificate y the administrator's original license and curre g care institution at which the administrator is manager's original certificate and current rene d care facility at which the manager is appoint	appointed. wal receipt in a
e i	at elicense.az.gov and complete a Service Rec ne comments, indicate you are needing a copy n into the Service Request.	

3. Pay the \$75 required fee. You will receive confirmation when your request is complete.

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@aznciaboard.us