



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

Katie Hobbs
Governor

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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 31st)
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 email your form to information@aznciboard.us

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: _____