



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

Katie Hobbs
Governor

1740 West Adams, Suite 2490 Phoenix, Arizona 85007
(602)364-2374 phone
site: www.aznciaboard.us

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. Attach this form with the CEU certificates you are submitting with your renewal.

License #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

1. Date requirements will be completed: ____ / ____ / ____ **Must be no later than 120 days from your license expiration**
2. Number of Board Approved, NAB or ACHCA approved hours completed between last renewal and this request, if any: _____
(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 or an explanation detailing the plan for registration)

Attach this form to your renewal submission. You will be notified by email if your request was approved or if any deficiencies need to be cured.

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: _____