

Duplicate Certificate Request



Welcome to Arizona Nursing Care Institution Administrators and Assisted Living Facility Managers

Apply for a Individual License

Please use this portal to submit an application and application's supporting documents to be licensed as Nursing Care Administrators / Nursing Care Administrators-Temporary/ Assistant Living Managers/ Training Program.

[Application Portal](#)

Are you a Licensee?

If you have been issued a license number please use the following portal.

[Licensee Portal](#)

Online Registry

Please use this portal [HERE](#) to search for a licensed practitioner, or verify a practitioner's license.

[Online Registry](#)

After logging in to your Licensee Portal, review the "Personal Information" section to make any necessary updates. If you make changes, hit "Save". Next, click on "Duplicate Certificate Request"



Home

Profile

Personal Information

Certificate & Wallet Card

License

Document Upload

License Renewal

Invoices & Receipts

Requests

Name Change Request

Document Request

Duplicate Certificate Request

Notice of Appointment

Status Change Request

Fingerprint Clearance Card Summary

Account Settings

Continuing Education Course Request

Personal Information

Note: All information with a red asterisk (*) is required.

Personal Information

Last Name *

First Name *

Legal Middle name

Birth date (MMDD/YYYY) *

Social Security Number *

Gender *

Nationality *

Residency Country *

Mailing Address

Street Address *

Street Address Line 2 (Apt. Suite, etc.)

Click "Start"



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Duplicate Certificate Request

Duplicate Certificate Request

Please use this Service Request for Submitting and Tracking Duplicate Certificate Requests

Profile	License	Request Date	Status
Donita McGlasson	Donita McGlasson - Certified Assisted Living Facility Manager	11/09/2023	Approved

[Start](#)

In "Details / Notes" write a note here. Use the drop-down to select your license number. Then hit "Save & Continue"

Duplicate Certificate Request

1 Duplicate Certificate Request Step 1 of 5

Note: All information with a red asterisk (*) is required.

Make sure you qualify for a duplicate certificate before you submit the form and \$75.00 fee. All fees are non-refundable. If you have questions contact our office prior to submitting the request.

Details / Notes *

Related License *

Forms / Documentation (if applicable)

[Save & Continue >](#)

Fill in the Facility and Owner information where your Original Certificate is at, then hit "Save & Continue"

Duplicate Certificate Request

2 Original Certificate Step 2 of 5

Note: All information with a red asterisk (*) is required.

Facility

Name *

DHS # *

Address line 1 *

City *

State *

Zip *

Start Date * MM/dd/yyyy

Owner

Name *

Save & Continue

Fill in the Facility and Owner information where your Duplicate Certificate will be, then hit "Save & Continue"

Duplicate Certificate Request

3 Duplicate Certificate Step 3 of 5

Note: All information with a red asterisk (*) is required.

Facility

Name *

DHS # *

Address line 1 *

City *

State *

Zip *

Start Date * MM/dd/yyyy

Miles between Facilities *

Is the distance between the facilities less than 25 miles apart? Yes No

Are you in compliance with the additional requirements of operating a second facility under RA-33-212? Yes No

Is either facility operating under a provisional license? Yes No

Save & Continue

Complete the Attestations, then hit "Save & Continue"

Duplicate Certificate Request

4 Attestations Step 4 of 5

Note: All information with a red asterisk (*) is required.

I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.*

< Previous Save & Continue >

Complete the Payment Information and then hit "Process Payment"

Duplicate Certificate Request

5 Payment Step 5 of 5

Fee Breakdown

Invoice Item	Amount
Duplicate License/Certificate Fee allotted to Board	\$67.50
Duplicate License/Certificate Fee allotted to General Fund	\$7.50
Convenience Fee	\$3.00
Total	\$78.00

Method of Payment

Please select method of payment. American Express and Discover credit cards are not accepted.

Method of Payment

Process Payment >

Fill in the required payment information, then hit "Continue"

PAYMENT INFORMATION

CHECKOUT - PAYMENT INFORMATION

NOTICE: Before submitting your payment information, please ensure that your address on file with your bank or credit card company is up to date with the address you are entering here. If your address does not match, your payment might be rejected.

* First Name	* Last Name	
* Billing Address	Billing Address 2	
* City	* State	* Zip
* Email	* Phone Number	
	<small>Include area code</small>	

Review the information on the screen, then hit "Authorize"

144	NCA00055	Convenience Fee	\$3.00	1	\$3.00
Total					\$78.00

Note :

I understand that the following amount will be billed to my credit card. My credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
BOARD OF EXAM NURSING CARE	\$78.00

The total amount to be billed to your credit card is **\$78.00**.

[Previous](#) [Authorize](#)

You will receive a message that your payment was successful. Hit "Continue" to go back to your portal

Receipt

Thank you for your payment. Your payment was successful.

Do not close this window. Click the "Continue" button to return to the Agency application.

YOUR PAYMENT IS COMPLETE

Payment is complete. Print this receipt for your records.
Your authorization number is **558770**.
Please reference this number in any correspondence regarding your transaction. [Get the Adobe Acrobat Reader](#)

[Download Receipt](#) [Continue](#)

BILLING INFORMATION