Start at the Licensee Portal: https://aznciab.portalus.thentiacloud.net/webs/portal/service/#/login

Use your email address on file with the Board. If you don't remember your password or this is your first time logging in, choose "Reset Password". You will receive a temp password from noreply@thentiacloud.com

aznciab.portalus.thentiacloud.net/webs/portal/service/#/login		
	Arizona Nursing Care Institution Administrators and Assisted Living Facility Managers	Licensee Portal mail@mail.com mail@mail.com Sign In Or Forgot your password? Reset Password

Once you are logged into the Portal, choose "License Renewal"

Arizona Nursing Care Institution Administrators and Assisted Living FacilityManagers						🕿 Messages NC	IA Test Account 🚿
Home	Home						
Personal Information							
Certificate & Wallet Card	Your Information						
License	Legal First Name	Legal Last Name			Legal Middle Name		
Document Upload	NCIA	Test Account					
License Renewal	Telephone	Email					
Invoices & Receipts	(602) 542-5959	donita.mcglasson@a	znclaboard.us				
Requests							
Name Change Request							
Document Request Duplicate Certificate Request	Licenses						
Notice of Appointment	License Type	License Number	License Status	License Effect	ctive Date	License Expiration Date	
Status Change Request	Certified Assisted Living Facility Manager	ALM-013252	Active	11/15/2024		02/20/2025	
Account Settings	These are all your licenses.						
Continuing Education Course Request							
	Outstanding Invoices						

You will then see the "Start Renewal" Option if you are within 90 days of your expiration date

his section is to complete a renewal application for an existing lice	ense. A "Start Renewal" button will appear next to your lic	ense record on this page	e once your license is available f	or renewal. Your progress is saved and you can ret
	nciaboard.us.			
our license information is listed below.				
	License Number	Status	Expiration Date	
License Type				
License Type	ALM-013252	Active	02/20/2025	Start Renewal
License Type	ALM-013252	Active	02/20/2025	Start Renewal

Step 1 of 8: Personal Information

Ensure all the information is correct – make any necessary changes All information with a red asterisk () is required. When complete, choose "Save and Continue"

Province/State -	
Postal/ZIP Code *	85007
Public Address	
Same as Mailing Address? *	Yes O No
Note: The Public Address will be disclosed on the web site. You must provide provided, this will be considered a Public Address and disclosed on the provided of the provided	de both Mailing Address and a Public Address. If only a mailing address is he Board's web site for license search purposes.
Contact Information	
Current Home Telephone Number *	(602) 542-5959
Current Business Telephone Number *	
Primary E-mail *	donita.mcglasson@aznciaboard.us
Military Status	
Are you or your spouse on active duty in the military? *	⊖ Yes
Are you a military veteran? *	○ Yes ● No
	Save & Continue >

Step 2 of 8: Status Change Request – choose whether you want to remain "Active" or if you want to be "Inactive". Note – if you choose Inactive, you will be subject to CEU requirements when requesting to go Active again. You can remain Active, even if you are not actively managing a facility at this time. When complete, choose "Save and Continue"

Lice	ense Renewal		
2	Status Change Request		Step 2 of 8
	FOR RENEWAL APPLICATIONS: Please confirm that the license below is the correct license to renew. If your Current Status is "Active" or "Probation/Restriction" you are we If your Current Status is "Inactive" you are welcome to select either "Inac If your Current Status is "Expired" as a result of renewing late you may se Please ensure you have reviewed the Board Rules before submitting your requ https://nciaboard.az.gov/about/board-directory-rules Administrators, please review: R4-33-207 Managers, please review: R4-33-406	lcome to select either "Active" to remain Active or "Inactive" to go Inactive. ctive" to remain Inactive or "Active" to go Active. select either "Inactive" to go Inactive or "Active" to go Active. sest:	
	Note: All information with a red asterisk (*) is required.		
	License Type *	Certified Assisted Living Facility Manager	
	Current Status *	Active	
	Requested Status *	Active	\checkmark
< Pro	evious		Save & Continue >

Step 3 of 8: Arizona Statement of Citizenship – complete all required fields and upload your "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status". When complete, choose "Save and Continue"

License Renewal						
3 Arizona Statement of Citizenship And Alien Status for State Pu	blic Benefits		Step 3 of 8			
Note: All information with a red asterisk (*) is required.						
Arizona Statement of Citizenship And Alien Status						
Professional License and Commercial License						
Arizona Board of Nursing Care Institution Administrators and Assisted Living Fac	ility Managers					
Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non- exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit. Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactory demonstrates the applicant's presence in the United States is authorized under federal law.						
Directions for Statement of US Citizenship:						
All applicants must complete Sections I, II, and IV. Applicants who are not U.S. of	tizens or nationals must complete Section III.					
 This page has to be completed and a copy of one or more document(s) from th renewal. If the document you submit does not contain a photograph, you must also prov 	• This page has to be completed and a copy of one or more document(s) from the "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" document linked HERE must be uploaded with your application for license or renewal. • If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph.					
You must upload supporting legal documents (i.e. marriage certificate) if the na	ne on your evidence is not the same as your current le	jal name.				
Citizenship or National Status Declaration						
Are you a citizen or national of the United States? *						
City of Birth *	test					
State of Birth *	Select		~			
Country/Territory of Birth *	United States of America		~			

Step 4 of 8: Continuing Education: Enter the number of hours you completed for Continuing Education and upload your certificates. When complete, choose "Save and Continue"

License Renewal		
4 Continuing Education Information		Step 4 of 8
Note: All information with a red asterisk (*) is required.		
Continuing Education Requirement		
Per ACC R4-33-501, a certified manager shall obtain 24 credit hours of Board credit hour of Board-approved continuing education for each month or part of	I-approved continuing education during each biennial period. During the biennial period in which a manager is initially certi a month remaining in the biennial period.	fied, the manager shall obtain one
Continuing Education Information		
Number of CE Hours Total: *		
Upload Supporting Documentation:	Choose Files	
	Note: Please provide all evidence of completion in one file	
< Previous		Save & Continue >

Step 6 of 8: Declarations: Answer the required questions. If a "Yes" answer is selected, you will be required to upload supporting documentation. When complete, choose "Save and Continue"

License Renewal		
6 Declarations		Step 6 of 8
Note: All information with a red asterisk (*) is required. 1. Have you in the last 24 months been convicted of or pled guilty or no contest to a criminal offense, other than a minor traffic violation, in any court? If yes, attach a copy of the original arrest record and the final court judgement. * 2. Have you in the last 24 months been denied a professional license or had a professional license revoked, suspended, placed no probation, limited, or restricted in any way by a state or federal regulatory authority? If yes, please provide the kind of license, license number, issuing authority, nature of the regulatory action, and date in the space below. *	○ Yes ○ No ○ Yes ○ No	
< Previous		Save & Continue >

Step 7 of 8: Attestation: Complete the attestation and sign. When complete, choose "Save and Continue"

License Renewal	
7 Attestation	Step 7 of 8
Note: All information with a red asterisk (*) is required.	
I affirm that I've completed the number of hours of continuing education required under Article 5, Section R4-33-501 *	
I affirm that I will comply with the disclosure requirements under Article 4, Section R4-33-408 *	
I affirm that the information provided in this application is true and complete *	
t	
Clear E-Signature	
< Previous	Save & Continue →

Step 8 of 8: Payment – follow all instructions to remit your payment.

Lice	ense Renewal			
8	Payment		Step 8 of 8	
	Fee Breakdown			
	Invoice Item		Amount	
	Manager Renewal to Active Fee allotted to General Fund			
	Manager Renewal to Active Fee allotted to Board			
	Convenience Fee		\$3.00	
	Total		\$186.00	
	Method of Payment Please select method of payment. American Express and Discover credit car	ds are not accepted.		
	Method of Payment	Credit Card	~	
	Process Payment >			

Once payment is accepted, you will receive a confirmation of "Submitted" and an email with your receipt. Your renewal will be sent to the Board for review. Please keep an eye on your email for your "Approval" or if there are additional items needed, a Deficiency Notice. You're your renewal is approved, you will NOT be sent a new certificate. You will download your wallet card from your portal, which will have your new expiration date.

License Renewal



noreply@thentiacloud.com

Thank you for completing your renewal. If you have questions about your renewal please contact us at information@aznciaboard.us.

For payments, please visit the Invoices & Receipts section on the menu.

AZNCIAB - Renewal - Submitted External Inbox ×

8 C

9:51AM (O minutes ago) 🛛 🛧 🕤 🚦



Wallet Card can be downloaded at no charge, anytime through your portal:



Arizona Nursing Care Institution Administrators and Assisted Living Facility Managers

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

License Renewal



Thank you for completing your renewal. If you have questions about your renewal please contact us at information@aznciaboard.us.

For payments, please visit the Invoices & Receipts section on the menu.