



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

Douglas A. Ducey
Governor

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Allen Imig
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. (R4-33-504)

License #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

1. Date requirements will be completed: _____ / _____ / _____
Month Day Year
(Cannot be later than October 31st)
2. Number of Board, NAB or ACHCA approved hours completed between July 1, 2018 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 submit it through the portal at <https://elicense.az.gov>

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: _____