Arizona State Board of Nursing Care Institution
Administrators and Assisted Living Facility Managers
1400 W. Washington Room B8
Phoenix, AZ 85007
Phone: 602-364-2273 Fax: 602-542-8316
Email: Information@azncia board.us Website: www.azncia board.us

Dear Assisted Living Facility Manager Applicant:

We want to assist you in this process and make your certification experience as simple as possible. Before you make application, make sure you meet the qualifications (see qualifications below) and if so, please read the instructions carefully to make sure you have included all the necessary documents and forms so your application can be processed promptly.

After we receive your application we have 30 days to review it and determine if it is complete, meaning the application is filled out completely and all of the required documentation was received. If the application is complete, we will notify you in writing and schedule you for the Arizona examination, and also put you on the next available agenda for Board approval, pending passing the exam.

If your application is incomplete, we will notify you in writing of the deficiency and you then have 90 days to satisfy the deficiency or your application will be withdrawn. You would then have to apply again as a new applicant.

From the date your application is complete, you will have 105 days to successfully pass the examination. If you do not pass the examination within that time period your application will be denied for failing to qualify under ARS 36-446.04(B)(3).

Once the Board has approved your application, passage of the examination is just one requirement for certification. Once you pass the exam, to complete the process you must then pay the certificate fee. The certificate fee is prorated based on the remaining months in the biennial renewal period. From the time you pass the test you have six (6) months to pay for your certificate. **Remember**, you are not a certified manager until you pay the certificate fee and a number is issued. Also, a valid fingerprint card must be maintained as long as you are certified as a manager.

Applications and required supporting documents submitted to the Board are the property of the Board of examiners and will not be returned to the applicant.

Requirements for Certification:

1. High school diploma or G.E.D.
2. 2080 hours of paid work experience in a health related field within the last 5 years
3. Within 1 year before applying, complete training courses (personal, supervisory, directed, and manager) approved by DHS and taught by an institution licensed by the Board of Private Post Secondary Education or exempt from licensure by that Board. (If licensed in Arizona as a MD, DO, RN, LPN or Nursing Care Institution Administrator, the training course is not required)
4. Pass the Board examination (75% or higher to pass)
5. Current CPR and Basic First Aid training.
6. Have a valid fingerprint clearance card.
7. Submit all applicable information required under R4-33-403

Requirements for Temporary Certification:

1. You must meet the requirements for permanent certification listed above
2. A manager position is available and the applicant will fill that position if a temporary license is approved.
3. You must not have failed the state examination before applying.
4. You must not have held a temporary certificate as an assisted living facility manager within the past three years.
5. Have a valid fingerprint clearance card.

If you receive a temporary certificate, and during the application process you fail the state examination, your temporary license will automatically be revoked and you shall discontinue as manager of the assisted living facility.

Applying for a temporary certificate is part of the permanent licensing process. Your application must be complete with all attachments prior to Board consideration for a temporary certificate. The temporary certificate is good for 150 days or until you become permanently certified, or revoked for failing the examination. The temporary certificate is not renewable.

Required Fees:

1.	Application Fee:	$150.00	(required with application)
2.	State Exam Fee:	$150.00	(required with application)
3.	Temporary Certificate Fee:	$100.00	(if applicable, required with application)
4.	Issuance of Certificate Fee:	$ Pro-rated base on the remaining months in the biennial period ($7.00 - $150.00)	

All fees are non-refundable and are payable by cashier's check or money order only. Please make one check covering the appropriate fees, payable to **"NCIA Board."** Personal or business checks will not be accepted.

Required Documents and Attachments (check list):

1. ☐ Application with all questions answered, signed and notarized

2. ☐ Provide verifiable documentation that you were paid for working at least 2080 hours in a health related field within the last 5 years. BOTH are required:
   a) Paid for, **and**
   b) Worked a minimum of 2080 hours in a health related field.

Employees: One of the following is required

1) Company paycheck stubs (which include hours, rate of pay, yearly totals)
2) W-2 **and** employer verification letter, on employer letterhead, which contains rate of pay, beginning and ending dates of employment, hours worked per week and your duties as an employee
3) W-2 **and** facility work schedules, which must contain facility name, dates and a key for abbreviations.

Facility Owners: All of the following is required

1) Facility license
2) Business documents showing ownership
3) Facility work schedules which must contain facility name, dates and a key for abbreviations.
4) Federal 1040 tax form including all tax schedules

3. ☐ Training course certificates (personal care; supervisory care; directed care and managers training)

4. ☐ Copy of current CPR card and basic First Aid training card

5. ☐ Two character certifications

6. ☐ Copy of applicant's high school diploma or G.E.D.

7. ☐ Passport type and size photograph

8. ☐ If you have a criminal history, police reports, court dispositions and personal written account will be required

9. ☐ Verification of licensure or certification from issuing agency from those listed in Section IV

10. ☐ Arizona Statement of Citizenship and Alien Status for State Public Benefits, and documentation from list A or B

11. ☐ Copy of the front and back of your valid fingerprint clearance card.

12. ☐ Application and exam fees ($300.00). If requesting a temporary include an additional ($100.00)

Exam Information:

The exam consists of 100 multiple choice questions. The passing score is 75% or higher. The exam questions are based on the NCIA Board's statutes and rules and also the Arizona Department of Health Services statutes and rules. These statutes and rules are available at our website at www.azncia board.us then click on Exam Schedule and then click on Manager Study Guide. Both DHS and our laws and rules can be printed from that site.

If you fail the examination you may retake the exam, as long it is within the substantive time frame of the application (105 days). There is a re-re-exam fee of $150.00.

If we can be of additional assistance, please contact us at (602) 364-2273.

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APPLICATION FOR AN ASSISTED LIVING FACILITY MANAGER CERTIFICATE

All applications must be accompanied with the appropriate fees in the form of a certified check or money order made payable to "NCIA Board".

Application fee:	**$150.00**
Exam fee:	**$150.00**
Total:	**$300.00**

If you are requesting a temporary certificate, you must also include an additional $100.00 fee. One check can be made for the total amount.

All fees are non-refundable.

Attach Photograph

Passport-size, color, full face photograph taken within the last 180 days and signed by the applicant on the back

Proof photos, negatives, Polaroid type photos and computer-generated photos are not acceptable.

I. PERSONAL INFORMATION (Type or Print)

1. Name: _____
   (Last) (First) (Middle)
   Other names used:_____
   (Maiden) (Also known as)

2. Home Address:
   _____
   (Number) (Street) (City) (State) (Zip Code)

3. Telephone Number: (H) _____ (W) _____ (Cell) _____

4. Social Security Number: _____ E-Mail: _____

5. Date of Birth: _____
   Month/Day/ Year

6. Place of Birth: _____, _____, _____
   City County/Province State and Country

7. US Citizen? _____Yes _____No (Attach required statement of citizenship and alien status)

8. Gender _____Male _____Female

9. Residential Addresses during the past five (5) years including apartment, suite or room numbers.

(a)_____From _____ To_____
(Number)(Street) (City, State, Zip)

(b)_____From _____ To_____
(Number)(Street) (City, State, Zip)

(c)_____From _____ To_____
(Number)(Street) (City, State, Zip)

(d)_____From _____ To_____
(Number)(Street) (City, State, Zip)

(e)_____From _____ To_____
(Number)(Street) (City, State, Zip)

II. EDUCATION INFORMATION:

List High School and all Colleges or University's attended

School Name, City, State Country	Dates of Attendance		Date of Graduation	Type of Degree/Certificate
	From Month/Year	To Month/Year		

III. PROFESSIONAL LICENSES OR CERTIFICATIONS:

List all licenses or certifications whether or not they are active

Type of License/Certification, State, Agency Name and Address	Issue Date	Expiration Date	Lic./Cert. Number

Are the above License(s) in good standing? Yes_____ No _____ If no, attach explanation.

Verifications of license or certification are required and will only be accepted when sent directly by the issuing agency.

IV. EMPLOYMENT RECORD:

List **ALL** employment for the last five (5) years in chronological order, beginning with your present position. Attach additional pages if necessary.

If your duties changed during the course of employment with one employer, indicate such changes clearly as separate employment periods.

You will need to provide documentation of 2080 hours of paid work experience in a health related field, within the last five years

1. Name of Business/Institution:		Job Title:
Address/Phone Number of Business/Institution:		Detailed Description of Duties Performed:
Name of Manager/Supervisor:		Dates of Employment: From:_____/____/____ To: _____/_____/_____
Number Hours worked per week:	Full or Part Time ____/ _____(check one)	Reason for employment termination/resignation?
2. Name of Business/Institution:		Job Title:
Address/Phone Number of Business/Institution:		Detailed Description of Duties Performed:
Name of Manager/Supervisor:		Dates of Employment: From:_____/____/____ To:_____/_____/_____
Number Hours worked per week:	Full or Part Time ____/ _____(check one)	Reason for employment termination/resignation?
3. Name of Business/Institution:		Job Title:
Address/Phone Number of Business/Institution:		Detailed Description of Duties Performed:
Name of Manager/Supervisor:		Dates of Employment: From:_____/____/____ To: _____/_____/_____
Number Hours worked per week:	Full or Part Time ____/ _____(check one)	Reason for employment termination/resignation?
4. Name of Business/Institution:		Job Title:
Address/Phone Number of Business/Institution:		Detailed Description of Duties Performed:
Name of Manager/Supervisor:		Dates of Employment: From:_____/____/____ To: _____/_____/_____
Hours worked per week:	Full or Part Time ____/ _____(check one)	Reason for employment termination/resignation?

ALL Questions MUST be answered:

1. Are you presently serving as an assisted living facility manager?	☐ Yes ☐ No
2. Have you ever been denied any professional license or certificate?	☐ Yes ☐ No
3. Have you ever voluntarily surrendered any professional license or certificate?	☐ Yes ☐ No
4. Have you ever allowed any professional license or certificate to lapse?	☐ Yes ☐ No
5. Have you ever had a professional license or certificate suspended or revoked?	☐ Yes ☐ No
6. Has disciplinary action ever been taken against any professional license or certificate?	☐ Yes ☐ No
7. Have you ever had a professional license or certificate restricted or limited?	☐ Yes ☐ No
8. Do you have any unresolved or pending complaints against your license/certificate with any licensing agency?	☐ Yes ☐ No
9. Have you ever been charged with or convicted of a felony, misdemeanor or other criminal offense in any state or in federal court whether or not a sentence was imposed or suspended? If YES, attach a copy of the court disposition, police agency report, and a detailed description of the incident. "Convicted" also means a plea of nolo contendere, guilty plea or plea bargain. Do not include minor traffic violations.	☐ Yes ☐ No
10. Have you ever been pardoned from a felony or misdemeanor conviction?	☐ Yes ☐ No
11. Have you ever had a record expunged from a felony or misdemeanor conviction?	☐ Yes ☐ No
12. Have you ever been denied a fingerprint clearance card?	☐ Yes ☐ No
13. Was your fingerprint clearance card issued as a result of a good cause exception?	☐ Yes ☐ No
14. Have you held an Arizona temporary assisted living facility manager certificate within the last 3 years?	☐ Yes ☐ No
15. Have you ever failed the Arizona assisted living facility manager examination?	☐ Yes ☐ No

If you answered "YES" to any of the questions in this section, attach separate pages as needed to provide a complete, detailed explanation of the issue. Include all instances if there is more than one occurrence. Attach copies of all pertinent documentation related to the issue.

CHARACTER CERTIFICATION

Please provide the names and addresses of the individuals to whom you will be sending the Character Certifications

_____

_____

Affidavit of Applicant:

I, _____, under oath, do promise and swear that if this application is accepted and if I should be granted a certificate to practice as an Assisted Living Facility Manager in this State, I will obey the laws of the Board of Examiners for Assisted Living Facility Managers, and maintain the honor and dignity of the profession.

It is understood and agreed that if I should fail to keep the above agreement, or if I have made any false statements in this application, that my license/certificate may be suspended or revoked by the Board at anytime. By virtue of this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct, and complete to the best of my knowledge, and that the photograph attached hereto is a true likeness of myself. I hereby authorize the Board of Examiners for Assisted Living Facility Managers to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure and practice, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority.

I understand that any final disciplinary action taken against my assisted living facility manager certificate will be reported to the National Disciplinary Reporting System. I also understand that my Social Security number will be used in such reporting.

I understand that my application is a public record. Further, I authorize all current and previous employers to release all relevant information about my employment to the Board (including moral character competency and reason for termination of employment, if applicable). I further state that all statements made by me and exhibits attached within this application are true, complete, and accurate.

Signature of Applicant: _____ Date: _____

State: _____

County: _____

Subscribed and sworn to before me this _____day of _____20 ___by the affiant, who personally appeared before me.

_____
NOTARY PUBLIC SIGNATURE

My Commission expires: _____
(OFFICIAL STAMP)

Application for Temporary Manager Certificate

Please print

Applicant Name:_____

I do hereby affirm that I intend to employ the above listed applicant as the manager, of the listed assisted living facility, if the applicant is successful in obtaining a temporary certificate

_____
Name of Owner

_____
DHS License number of Facility

_____
Assisted Living Facility name

_____
Street Address

_____
City State Zip

_____
Facility Telephone Facility Fax

Reason for requesting a temporary certificate:

_____
_____
_____
_____

Signature of Owner: _____ Date: _____

State: _____

County: _____

Subscribed and sworn before me this _____day of _____20 ___by the affiant, who personally appeared before me.

_____
NOTARY PUBLIC SIGNATURE

My Commission expires: _____
(OFFICIAL STAMP)

ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

Professional License and Commercial License

Arizona State Board of Examiners of
Nursing Care Institution Administrators and Assisted Living Facility Mangers

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 § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____ DATE_____

TYPE OF APPLICATION (check one) ___ INITIAL APPLICATION ___ RENEWAL

TYPE OF LICENSE _____

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: _____

A. Are you a citizen or national of the United States? (check one) ___ Yes ___ No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.
City _____ State (or equivalent) _____ Country or Territory _____

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

SECTION III — ALIEN STATUS DECLARATION

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided: _____.

"Qualified Alien" Status (8 U.S.C.§§ 1621(a)(1), -1641(b) and (c))

☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).

☐ 2. An alien who is granted asylum under Section 208 of the INA.

☐ 3. A refugee admitted to the United States under Section 207 of the INA

☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.

☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.

☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

☐ 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).

☐ 8. An alien who is, or whose child or child's parent is a "battered alien" or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C.§ 1621(a)(2))

☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C.§ 1621(a)(3))

☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C.§ 1621(c)(2)(A) and (C))

☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or

☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq*.];

☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

☐ 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.** See 8 U.S.C.§ 1621(a).

SECTION IV — DECLARATION

All applicants must complete this section. 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.

_____ _____

APPLICANT'S SIGNATURE TODAY'S DATE

Attachment: Lists A and B Evidence of U.S. Citizenship, U.S National Status, or Alien Status,

LIST A: Acceptable Documents To Establish U.S. Citizenship

A person who is a citizen of the United States as evidenced by one of the following:

1. A copy of a birth certificate issued in or by a city, county, state, or other governmental entity within the United States or its outlying possessions.
2. A U.S. Certificate of Birth Abroad (FS-545, DS-135) or a Report of Birth Abroad of a U.S. Citizen (FS-240).
3. A birth certificate or passport issued from:
   A. Puerto Rico, on or after January 13, 1941;
   B. Guam, on or after April 10, 1898;
   C. U.S. Virgin Islands, on or after February 25, 1927;
   D. Northern Mariana Islands, after November 4, 1986;
   E. American Samoa;
   F. Swain's Island; or
   G. District of Columbia.
4. A U.S. passport (expired or unexpired).
5. Certificate of Naturalization (N-550, N-57, N-578).
6. Certificate of Citizenship (N-560, N-561, N-645).
7. U.S. Citizen Identification Card (I-179, I-197).
8. An individual Fee Register Receipt (Form G-711) that shows that the person has filed an application for a New Naturalization or Citizenship Paper (Form N-565).
9. Any other documents which establishes a U.S. place of birth or indicates U.S. citizenship.

LIST B: Acceptable Documents To Establish Alien Status

An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA) must submit supporting documentation to establish legal presence under one of the following categories:

1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
   INS Form I-551 (Alien Registration Receipt Card commonly known as a "green card"); or
   Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.
2. An alien who is granted asylum under Section 208 of the INA. Evidence includes:
   INS Form I-94 annotated with stamp showing grant of asylum under Section 208 of the INA;
   INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
   INS Form I-766 (Employment Authorization Document) annotated "A5";
   Grant Letter from the Asylum Office of INS; or
   Order of an immigration judge granting asylum.
3. A refugee admitted to the United States under Section 207 of the INA. Evidence includes:
   INS Form I-94 annotated with stamp showing admission under Section 207 of the INA;
   INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
   INS Form I-766 (Employment Authorization Document) annotated "A3"; or
   INS Form I-571 (Refugee Travel Document).
4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA. Evidence includes:
   INS Form I-94 with stamp showing admission for at least one year under Section 212(d)(5) of the INA.
5. An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect immediately prior to September 30, 1996) or Section 241(b)(3) of such Act (as amended by Section 305(a) of Division C of Public Law 104-208). Evidence includes:
   INS Form I-668B (Employment Authorization Card) annotated "274a.12(a)(10)";
   INS Form I-766 (Employment Authorization Document) annotated "A10"; or
   Order from an immigration judge showing deportation withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or
   removal withheld under Section 241(b)(3) of the INA.
6. An alien who is granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
   INS Form I-94 with stamp showing admission under Section 203(a)(7) of the INA;
   INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
   INS Form I-766 (Employment Authorization Document) annotated "A3".
7. An alien who is a Cuban or Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
   INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
   Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with code CU6 or CU7; or
   INS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under Section 212(d)(5) of the INA.
8. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA. Evidence includes:
   INS Form I-94 showing this status.
9. An alien who has been declared a battered alien. Evidence includes: INS petition and supporting documentation.

CHARACTER CERTIFICATION

Applicant: _____
Name Last: First Middle

CERTIFIER:

The above named individual has applied for an Arizona assisted living facility manager certificate. Use the "Recommendation" section below for comments pertinent, to the moral character and suitability of this applicant to practice in the profession. Please complete **ALL** areas below and return this certificate to:

Arizona State Board of Examiners of
Nursing Care Institution Administrators and Assisted Living Facility Mangers
1400 West Washington Avenue, Room B-8
Phoenix, AZ 85007

Are you related to the applicant? Yes_____ No_____
Are you the applicant's employer? Yes_____ No_____
Is the applicant your employer? Yes_____ No_____
Number of years acquainted with applicant? _____ Years
(If the answer is "Yes" to any of the above questions, or have known the applicant for less then 3 years you do not qualify as a certifier)

I certify that I am personally acquainted with the applicant named above and believe their moral character and suitability is appropriate be an Arizona assisted living facility manager.

Recommendation: (please write why you recommend this person for this certificate)

_____
_____
_____
_____
_____
_____
_____
_____
_____

_____ _____
Signature of Certifier How acquainted

_____ _____
Printed Name of Certifier Telephone number

_____ _____
Date Signed Street address

_____
City/State/Zip

CHARACTER CERTIFICATION

Applicant: _____
Name Last: First Middle

CERTIFIER:

The above named individual has applied for an Arizona assisted living facility manager certificate. Use the "Recommendation" section below for comments pertinent, to the moral character and suitability of this applicant to practice in the profession. Please complete **ALL** areas below and return this certificate to:

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Nursing Care Institution Administrators and Assisted Living Facility Mangers
1400 West Washington Avenue, Room B-8
Phoenix, AZ 85007

Are you related to the applicant? Yes_____ No_____
Are you the applicant's employer? Yes_____ No_____
Is the applicant your employer? Yes_____ No_____
Number of years acquainted with applicant? _____ Years
(If the answer is "Yes" to any of the above questions, or have known the applicant for less then 3 years you do not qualify as a certifier)

I certify that I am personally acquainted with the applicant named above and believe their moral character and suitability is appropriate be an Arizona assisted living facility manager.

Recommendation: (please write why you recommend this person for this certificate)

_____
_____
_____
_____
_____
_____
_____
_____
_____

_____ _____
Signature of Certifier How acquainted

_____ _____
Printed Name of Certifier Telephone number

_____ _____
Date Signed Street address

_____
City/State/Zip

Applicant _____
Last Name First Middle

VERIFICATION OF LICENSURE

The following certification shall be completed by the licensing authority of the state in which you have or had a license or certificate. The Board must receive this verification directly from the licensing authority.

Licensing Agency please fill out and return to the address listed below.

Name License Issued Under:_____

Type of License: _____

License No.: _____

Issue Date: _____

Expiration Date: _____

Current Status: _____

Obtained By: Examination: _____ Reciprocity:_____ State: _____

Examinations Taken: NAB:_____ State:_____ Other:_____

State where Taken: State: _____

Date Taken: Date: _____

Scores: Scaled: _____Raw: _____Percent: _____

Was an AIT completed: Yes_____ No_____ Number of Hours:_____

Any Disciplinary Action: Yes_____ No_____ (If yes, please provide copy of the order)

Any Complaints Pending: Yes_____ No_____ (If yes, please provide a brief description)

I hereby certify that the above information is true and correct.

_____
Signature Date

_____
Printed Name

SEAL

_____
Title

_____
Agency

_____
Address

_____
City State Zip

Please return to:
Arizona State Board of Examiners of
Nursing Care Institution Administrators and
Assisted Living Facility Managers
1400 W. Washington, Suite B-8
Phoenix, AZ 85007

Arizona State Board of Nursing Care Institution
Administrators and Assisted Living Facility Managers
Fee Schedule
Effective November 3, 2009

MANAGERS

Application Fee	$150.00
Exam Fee	$150.00
Re-Exam Fee	$150.00
Certificate Fee (Pro-rated)	$150.00
Temporary Certificate Fee	$100.00
Duplicate Certificate Fee	$ 75.00
Active Renewal Fee	$150.00
Inactive Renewal Fee	$100.00

ADMINISTRATOR

Application Fee	$150.00
Exam Fee	$500.00
Re-Exam Fee	$150.00
License Fee (Pro-rated)	$400.00
Temporary License Fee	$300.00
Duplicate License Fee	$ 75.00
Active Renewal Fee	$400.00
Inactive Renewal Fee	$200.00

All Fees are Non-refundable

Certified Checks Or Money Orders Must Be Made Out To
"NCIA Board"