



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

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Governor

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Issuing of Duplicate License

On June 6, 2015, an administrator is allowed to oversee only one nursing care institution but may be appointed to oversee a second institution for no longer than 90 days and the two institutions are not more than 25 miles apart. Also, neither institution can be operating on a provisional license. Refer to R4-33-212 for additional requirements when operating a second institution.

This change directly affects duplicate licenses and how the issuance and tracking will be accomplished. NCIA Board rules allow the Board to be specific in where the duplicate will be placed and the extent of its use.

Below is how the Board will issue and track a duplicate license.

- The duplicate license will be for a specific location and list the name and address of the facility.
- The duplicate license will be valid as long as the administrator remains appointed at the location listed on the duplicate license and keeps their license current, but for no longer than 90 days.
- The duplicate license cannot be used at any other location.
- If the administrator appointment ends at the location listed on the duplicate, the duplicate license is no longer valid.
- When the administrator appointment ends at the location on the license, the duplicate license must immediately be returned to the Board.
- If the administrator is appointed at a new location, a new duplicate license needs to be obtained from the NCIA Board for that new location.
- If the administrator's license is suspended, revoked, limited or expired, all duplicates have that same status.
- If the nursing care institution information and location is not filled out on the request form, a duplicate will not be issued.

This will allow the Board to receive the notice and or termination of appointment per AAC R4-33-211 and meet the display of certificate requirement per AAC R4-33-108.

Duplicate Administrator License Request

The duplicate will be issued to a single specific location under the administrator's name and license number and is valid as long as you are appointed as the administrator of record at that location, **but for no longer than 90 days**. This request will also serve as your Notice of Appointment pursuant to AAC R4-33-211. You must also have a valid fingerprint clearance card pursuant to AAC R4-33-109.

Complete a Service Request in the elicense portal and attach this completed form. Make appropriate address changes in the portal under "manage profile"

Administrator Information

Administrator Name:		License #:	
Telephone:	Fax:	E-mail:	

Nursing Care Institution where your ORIGINAL license is posted

Institution Name:		DHS #	
Address:	City	St.:	Zip:
Start Date:			
Owner's Name:			
Address:	City	St.:	Zip:
Telephone:	Fax:	E-mail:	

If your original is not posted at a nursing care institution, explain in writing why a duplicate is being requested. Or contact our office for clarification prior to submitting this request.

Nursing Care Institution where your DUPLICATE license will be posted.

Institution Name:		DHS #	
Address:	City	St.:	Zip:
Telephone:	Fax:	E-mail:	
Start Date:	Miles between institutions		
Owner's Name:			
Address:	City	St.:	Zip:
Telephone:	Fax:	E-mail:	

- Yes No Is either facility operating under a provisional license?
 Yes No Is the distance between facilities no more than 25 miles apart? **(List miles above)**
 Yes No Are you in compliance with the additional requirements of operating a second facility under R4-33-212?

Affidavit of Applicant

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. I also understand that the duplicate when issued is for a single location that is listed above and is valid as long as I am appointed administrator at that location, but for no longer than 90 days, per AAC R4-33-212.

Signature of Applicant: _____ Date: _____

Notary Section

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)

Office Use Only		
Date Requested:	Date Issued:	Duplicate #: