

Janice K. Brewer
Governor



Joey Ridenour
Executive Director

Arizona State Board of Nursing

Request for Waiver Nursing Assistant Certification Education Graduates Foreign Nursing/Military Health Care Training

The following waivers apply to applicants that have not completed a Board approved nursing assistant training program. Supporting documentation must be submitted along with the completed Request for Waiver form.

APPLICANT INFORMATION

Name		Social Security Number	
Address	City	State	Zip
Telephone #		Email Address	

I hereby certify that the information provided is true and correct. I also certify that I have read Nurse Practice Act Statutes and Rules, ARS § 32-1645 and R-4-19-806 through R-4-19-815, and understand the qualifications and responsibilities of a certified nursing assistant.

Signature of Applicant for Waiver

Date

GRADUATES OF FOREIGN NURSING PROGRAM WAIVER

Graduates of foreign nursing programs, as evidenced by a copy of their diploma or foreign license.

AZBN/D&S Program Code for Foreign Nursing:

	9	9	9	6
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(Enter this number on CNA Application question #7)

MILITARY HEALTH CARE TRAINING WAIVER

Applicants who have completed at least 100 hours of military health care training, as evidenced by military records, and have worked in health care within the past 2 years.

AZBN/D&S Program Code for Military Health Care Training:

	9	9	9	5
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(Enter this number on CNA Application question #7)

Attach this completed form and supporting documentation to your CNA application and return to:

ARIZONA STATE BOARD OF NURSING
4747 NORTH 7TH STREET, SUITE 200
PHOENIX, ARIZONA 85014