

**Janice K. Brewer**  
Governor



**Joey Ridenour**  
Executive Director

## Arizona State Board of Nursing

### Nursing Student Request for Waiver Nursing Assistant Certification Education

This waiver applies to CNA applicants that have not completed a Board approved nursing assistant training program.

#### 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

#### NURSING STUDENT WAIVER AND INSTRUCTOR VERIFICATION

Nursing students who, within the past 2 years, have successfully completed a nursing course as part of an approved RN/LPN program including: didactic content relating to Long Term Care clients; 40 hours of patient care in a long-term care (LTC) or comparable facility; and documentation of meeting requirements from the course instructor or nursing program director/designee.

Name and Address of School

Name of course (s) providing didactic instruction in LTC Clients	Date of Course	Total clock hours of course
Name of LTC facility where student spent a minimum of 40 hours in resident care	Dates of Clinical From: To:	Total clock hours of clinical in LTC facility
Signature of Instructor or Program Director attesting to the veracity of the above information	Contact Phone	Contact e-mail

**Attach this completed form to your CNA application and return to:**

Arizona State Board of Nursing  
4747 North 7<sup>th</sup> Street, Suite 200  
Phoenix, Arizona 85014

Enter this AZBN/D&S Program Code on CNA Application question #7

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