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

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Allen Imig
Executive Director

AFFIDAVIT RE: SOCIAL SECURITY NUMBER

1. This form must be completed by students of an assisted living facility caregiver or manager training program who state they do not have a social security number.

2. A.R.S. §25-320(P) requires that:

   Each licensing board or agency that issues professional, recreational or occupational licenses or certificates shall record on the application the social security number of the applicant and shall enter this information in its database in order to aid the department of economic security in locating parents or their assets or to enforce child support orders.

3. I certify that I do not have a social security number because:_____
   _____

4. I understand that in the event I obtain a social security number, I have the obligation to provide the board and training program with a copy of my social security card within 10 days.

AFFIDAVIT

The undersigned being duly sworn declares that he/she has read and understands this affidavit; understands that failure to disclose the requested information or disclosure of false or misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

_____
Print your name

JURAT

State of_____)
)
County of _____)

_____
Signature

_____personally appeared before me, and under oath, swears
Name
that the statements made in this document and all attachments are true and correct this _____day of _____, 20_____

_____
Notary Public

_____
My Commission Expires

Notary Seal