



Doug Ducey
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing Nursing Student Request for Waiver Nursing Assistant Certification Education

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

The following waiver applies to applicants that have not completed a Board approved nursing assistant training program:

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 (s)
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