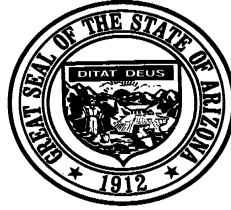


Janice K. Brewer
Governor



Joey Ridenour
Executive Director

Arizona State Board of Nursing

4747 North 7th Street, Suite 200, Phoenix, AZ 85014-3655

Phone (602) 771-7800 Fax (602) 771-7888

E-Mail: arizona@azbn.gov; www.azbn.gov

NURSING EDUCATION PROGRAMS NURSING ASSISTANT / MEDICATION ASSISTANT TRAINING

REQUEST FOR FINGERPRINT CARDS

Fingerprint card requests from nursing education programs, nursing assistant training programs, and medication assistant programs will be filled once per year. Please complete the form below and provide an estimate for your program's graduates. Please use one form per program.

TRAINING PROGRAM INFORMATION

Name of Program

Program Code (if applicable)

Name of Program Administrator or Contact Person

E-mail Address

Telephone #

Website

Program Address

City

State

Zip-code

Indicate below the number of fingerprint cards being requested based on the estimated number of program graduates for the year.

Year

Estimated Number of Graduates

Number of fingerprint cards requested

Return this completed form via e-mail to dkunkle@azbn.gov or facsimile to 602-771-7888 or as follows:

Arizona State Board of Nursing
4747 North 7th Street, Suite 200
Phoenix, Arizona 85014
Attention: Debra Kunkle

OFFICIAL USE ONLY

Date Request Received	Number of Fingerprint Cards Enclosed
Name of Staff Member Filling Request	Date of Mailing