

**ARIZONA STATE BOARD OF NURSING
CANDO PROGRAM
4747 NORTH 7TH STREET, SUITE 200
PHOENIX, ARIZONA 85014-3655
(602) 771-7865 FAX (602) 771-7882**

EMPLOYMENT/SCHOOL ACKNOWLEDGEMENT LETTER

PARTICIPANT'S NAME: _____

DATE OF HIRE: _____

POSITION: _____

UNIT: _____

HOURS PER WEEK: _____

KEY RESTRICTION: YES _____ NO _____

NAME OF INSTITUTION: _____

ADDRESS: _____

SUPERVISOR: _____

TELEPHONE NUMBER: _____

The above employer/school of nursing is aware that this nurse is a participant in the CANDO Program and has read and will maintain a copy of the Stipulated Agreement. Furthermore, it is agreed that any and all employment restrictions can be accommodated by the institution. Any changes in the restrictions must be in writing from the CANDO Program and should be made in conjunction with the CANDO Program, the institution, and the participating nurse.

Supervisor's Signature

Position