

Certificate Authority

Because the Board has been the recipient of fraudulent academic credentials, we are asking all nursing programs to provide the names and official signatures of those persons in your school who are authorized to sign certificates of nursing program completion. Please inform the Board immediately if there are any changes to this list or if there are any name/signature changes.
Thank you.

Program Name: _____

Who at your school is authorized to sign Certificates of Program Completion for RN/LPN licensure applicants?

Name (printed) Signature

*****Please register all certificate signers with the Board. Certificates with signatures other than those on file with the Board will not be accepted.***

By signing, I approve each person listed as authorized individuals to sign Certificates of Completion for the nursing program listed above.

Program Director Name (Printed) Signature (Date)

*****Please send this form with original signatures via US Mail to: AZBN, 4747 N. 7th Street, Suite 200, Phoenix, AZ 85014 and by email to Lyn Ledbetter LLedbetter@azbn.gov***