

Want to know if we received your Proof of Employment form you faxed to us?

Please complete the information below and fax this page along with your proof of employment form. We will fax this page back to you indicating when we received your proof of employment.

Your Name: _____

Your CNA #: _____

Your Fax #: _____

To be completed by Arizona State Board of Nursing staff.

Your proof of employment for was received by the
ARIZONA STATE BOARD OF NURSING

Date

**THIS DOES NOT INDICATE THAT IT HAS BEEN ENTERED INTO OUR
COMPUTER SYSTEM. THIS MAY TAKE UP TO 5-7 DAYS.**