

Name of person to contact with questions about the data: _____

E-mail: _____ Phone #: _____

Verification—Complete 1 or 2:

1. After having reviewed the Nurse Practice Act and the Rules of the State Board of Nursing, to my knowledge this program is not in violation of any rules or statutes of the Arizona State Board of Nursing.

Signature of Program Administrator

2. This program is in violation of the following rules/statutes:

Rationale:

Signature of Program Administrator

Mail, Fax, or e-mail (and fax signature page) completed report by January 30, 2005 to:

Pamela K. Randolph RN, MS, CPNP

ARIZONA STATE BOARD OF NURSING

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