



### Arizona State Board of Nursing

4747 North 7<sup>th</sup> Street, Suite 200  
Phoenix, AZ 85014-3655  
Phone (602) 771-7800 Fax (602) 771-7888  
E-Mail: [arizona@azbn.gov](mailto:arizona@azbn.gov)  
Website: [www.azbn.gov](http://www.azbn.gov)

### REQUEST FOR FINGERPRINT CARDS For NURSING EDUCATION PROGRAMS NURSING ASSISTANT/MEDICATION ASSISTANT TRAINING

When receiving a supply of fingerprint cards I agree to provide for each applicant:

- A printed copy of the fingerprint instruction sheet & a 9x 12 envelope addressed to the AZ State Board of Nursing (AZBN)
- Instruction sheet with steps to follow for applicant & person rolling the fingerprints
- A fingerprint card. (a sample packet will be included when the fingerprint cards are sent to you)

**SIGNATURE:** \_\_\_\_\_

**NOTE:** A supply of fingerprint cards will not be issued unless signed.

TRAINING PROGRAM INFORMATION - REQUIRED			
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

Number of fingerprint cards 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 by one of the following methods:

- Email to [kjohnson@azbn.gov](mailto:kjohnson@azbn.gov)
- Fax 602-771-7888
- USPS Mail to Arizona State Board of Nursing, 4747 North 7<sup>th</sup> Street, Suite 200, Attention: Karen Johnson, Phoenix, AZ 85014

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