

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

NURSING EMPLOYMENT/SCHOOL ACKNOWLEDGEMENT LETTER

PARTICIPANT'S NAME: _____

DATE OF HIRE/ENROLLMENT: _____

POSITION: _____

UNIT/DEPARTMENT: _____

HOURS PER WEEK: _____

CONTROLLED MEDICATION RESTRICTION CURRENTLY IN EFFECT: YES NO

NAME OF INSTITUTION: _____

ADDRESS: _____

SUPERVISOR/FACULTY NAME: _____

SUPERVISOR/FACULTY TITLE: _____

SUPERVISOR/FACULTY PHONE: _____

The above employer/school of nursing is aware that this nurse is a participant in the CANDO Program and has received and reviewed a copy of the nurse's CANDO Stipulated Agreement. The terms and conditions of the Stipulated Agreement related to nursing employment can be accommodated by the institution. Any changes in the restrictions will be provided in writing to the participating nurse by the CANDO Program staff and should be made in conjunction with the CANDO Program, the institution, and the participating nurse.

Supervisor/Faculty Signature