

Arizona State Board of Nursing

AFFIDAVIT RE: NURSING ASSISTANT TRAINING PROGRAM CHARGES FOR LONG TERM CARE FACILITY BASED PROGRAMS ONLY

1. This form must be completed by Director of Nursing and/or Administrator of a facility-based Nursing Assistant Training Program.
2. I certify that this facility's Nursing Assistant Training Program will not charge students for any portion of their course or for testing during or at the conclusion of the course.

AFFIDAVIT

The undersigned being duly sworn declares that he/she has read and understands this affidavit; understands that failure to disclose the requested information or disclosure of false or misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

Type or Print Your Name

JURAT

State of _____)

Signature

County of _____)

_____ personally appeared before me, and under oath, swears that the statements made
(PRINTED NAME)

in this document and all attachments are true and correct this _____ day of _____, 20_____

NOTARY PUBLIC

MY COMMISSION EXPIRES