



Doug Ducey
Governor

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Arizona State Board of Nursing

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CERTIFICATE OF COMPLETION FOR ADVANCED PRACTICE APPLICANTS

**This form must be sent directly to the Arizona State Board of Nursing from the Education institution

Nurse Practitioner

Clinical Nurse Specialist

Certified Nurse Midwife

Certified Registered Nurse Anesthetist

I certify that _____ is an approved program by the
Name of Advanced Practice Program/Site

Board of Nursing in the State of _____ where _____
State Name of Student

completed their program.

I also certify that _____ has completed the course work,
Name of Student

including the required number of clinical hours as a _____
Population Focus/Specialty

nurse practitioner/clinical nurse specialist/certified nurse midwife/certified registered nurse

anesthetist and received the _____
Type of Degree

degree with a major in _____ on _____
Major Date

The Program length was _____ and she/he completed the program in _____
Num of Yrs/Mo Program Num of Yrs/Mo to Complete

Dean/Director/Designee Printed Name

Dean/Director/Designee Signature

Date