



Doug Ducey
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing
Request for Waiver
Nursing Assistant Certification Education
Military/Graduates of Foreign Nursing Programs

APPLICANT INFORMATION			
Name	Social Security Number		
Address	City	State	Zip
Telephone #		Email Address	

I hereby certify that the information provided is true and correct. I also certify that I have read Nurse Practice Act Statutes and Rules, ARS § 32-1645 and R-4-19-806 through R-4-19-815, and understand the qualifications and responsibilities of a certified nursing assistant.

Signature of Applicant for Waiver

Date

The following waivers apply for applicants that have not completed a Board approved nursing assistant training program. Supporting documentation must be submitted along with the completed Request for Waiver form.

GRADUATES OF FOREIGN NURSING PROGRAM WAIVER

Graduates of foreign nursing programs, as evidenced by a copy of their diploma or foreign license.

MILITARY HEALTH CARE TRAINING WAIVER

Applicants who have completed at least 100 hours of military health care training, as evidenced by military records, and have worked in health care within the past 2 years.