



**BOARD OF EXAMINERS OF NURSING CARE INSTITUTION ADMINISTRATORS AND
ASSISTED LIVING FACILITY MANAGERS**

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Issuing of Duplicate Certificates

On June 6, 2015, a manager is allowed to oversee no more than two assisted living facilities within 25 miles of each other and requires certain requirements for manager designees (AAC R4-33-411). This change directly affects duplicate certificates and how the issuance and tracking will be accomplished. NCIA Board rules allow the Board to be specific in where the duplicate will be placed and the extent of its use.

Since you are requesting a duplicate certificate, it is for a second location you will be managing and your original certificate is posted at another location and the requirements of R4-33-411 apply to both facilities.

Make sure you qualify for a duplicate before you submit the form and \$75.00 fee. All fees are non-refundable. If you have questions contact our office prior to submitting the form and fees.

Below is how the Board will issue and track duplicate certificates.

- The duplicate certificate will be for a specific location and list the name and address of the facility.
- The duplicate certificate will be valid only as long as the manager remains appointed at the location listed on the duplicate certificate and keep's their manager's certification current.
- The duplicate certificate cannot be used at any other location.
- If the manager appointment ends at the location listed on the duplicate, the duplicate certificate is no longer valid.
- When the manager appointment ends at the location on the certificate, the duplicate certificate must immediately be returned to the Board.
- If the manager is appointed at a new location, a new duplicate certificate needs to be obtained from the NCIA Board for that new location.
- If the manager's certificate is suspended, revoked, limited or expired, all duplicates have that same status.
- If the facility information and location is not filled out on the request form, a duplicate will not be issued.

This will allow the Board to receive the notice and or termination of appointment per AAC R4-33-410 and meet the display of certificate requirement per AAC R4-33-108.

Duplicate Manager Certificate Request

The duplicate will be issued to a single specific location under the Manager's name and certificate number and is valid as long as you are appointed as the manager of record at that location. This request will also serve as your Notice of Appointment pursuant to AAC R4-33-410. You must also have a valid fingerprint clearance card pursuant to AAC R4-33-109.

Complete a Service Request in the elicense portal and attach this completed form. Make appropriate address changes in the portal under "manage profile"

Manager information

Manager Name:		Certificate #:
Telephone:	Fax:	E-mail:

Facility where your ORIGINAL certificate is posted

Facility Name:		DHS #	
Address:	City	St.:	Zip:
Start Date:			
Owner's Name:			
Address:	City	St.:	Zip:
Telephone:	Fax:	E-mail:	

If your original is not posted at a facility, explain in writing why a duplicate is being requested. Or contact our office for clarification prior to submitting this request.

Facility where your DUPLICATE certificate will be posted.

Facility Name:		DHS #	
Address:	City	St.:	Zip:
Telephone:	Fax:	E-mail:	
Start Date:	Miles between Facilities		
Owner's Name:			
Address:	City	St.:	Zip:
Telephone:	Fax:	E-mail:	

- Yes No Is the distance between facilities no more than 25 miles apart? (**List miles above**)
 Yes No Are you in compliance with the additional requirements of operating a second facility under R4-33-411?

Affidavit of Applicant

I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge. I also understand that the duplicate when issued is for a single location that is listed above and is valid as long as I am appointed manager at that location and that this appointment and duplicate is NOT in violation of AAC R4-33-411 manager of no more than two (2) assisted living facilities not more than 25 miles apart and manager designee requirements.

Signature of Applicant: _____ Date: _____

Notary Section

State: _____ County: _____

Subscribed and sworn to before me this ____ day of _____ 20__ by the affiant, who personally appeared before me.

NOTARY PUBLIC SIGNATURE

My Commission expires: _____
(OFFICIAL STAMP)

Office Use Only		
Date Requested:	Date Issued:	Duplicate #: