



**Katie Hobbs**  
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 *emailed or mailed* 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