

Individual Verification Request Form

ANCC offers two types of verifications:

- 1 Verification of Eligibility to Test:** All Verifications of Eligibility to Test cost \$40.00 per specialty. ANCC will provide your employers and/or state boards of nursing an official verification of your eligibility to take a certification test. Check with your state board of nursing and/or employer to determine if a Verification of Eligibility to Test is required. If your state board of nursing requires a specific form for Verification of Eligibility to Test, **then you must attach it to this request.** Verification of Eligibility to Test will be processed only after all fees have been paid.
- 2 Verification of Certification:** ANCC provides primary source verification on the certification status of all ANCC-certified nurses. The verification of certification letter provides documentation of the nurse's current certification status, certification identification number, and the valid dates of certification. Contact your state board of nursing to determine if a verification of certification letter is required in order to obtain your license. If your state board of nursing requires ANCC to complete their specific verification of certification form, **then you must attach it to this request.** During each five-year certification period, you are entitled to have **one** free verification of certification per specialty (please indicate below). Additional verification of certification letters cost \$40.00 each. A verification of certification letter is processed only after you have met the application requirements and all fees have been paid.

Social Security Number

Last Name

First Name

MI

1. VERIFICATION OF ELIGIBILITY TO TEST

Your Certification Specialty

Mail to

2. VERIFICATION OF CERTIFICATION

Is this your initial certification or renewal?

Your Certification Specialty

Mail to

Social Security Number

Last Name

First Name

MI

3. CALCULATE FEE

Verification of Eligibility to Test _____ x \$40.00 each = \$ _____
Quantity

One free Verification of Certification = _____
Free

Additional Verification of Certification _____ x \$40.00 each = \$ _____
Quantity

TOTAL \$ _____

4. PAYMENT METHOD

Personal Check/Money Order (payable to ANCC) Amount Enclosed: _____

Charge Card (MasterCard or VISA only) Amount to be charged: _____

Check here if this is an ATM/Debit card. See authorization below.* Promotional Code (if applicable): _____

Account Number

Exp. Date

Print Name on Card

Signature

**ATM/Debit Card users only:* I understand and agree that, by using an ATM/Debit card, I am authorizing ANCC to debit my account for the amount specified above. Further, I understand and agree that, if the ATM/Debit transaction fails or is declined, I am authorizing ANCC to complete the transaction as a credit card charge, if possible.

5. MAILING INSTRUCTIONS

Submit this form to:

**ANCC Verification
PO Box 8785
Silver Spring, MD 20907-8785**

Please allow up to 14 days to process verification requests submitted by mail. For faster service, please use the ANCC Online service at www.nursecredentialing.org/cert/verify1.html

Questions? Call 1.800.284.2378

Form may be duplicated as needed.