

## **Individual Verification Request Form**

Verification of Certification: ANCC provides primary source verification on the certification status of all ANCCcertified 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.

| Certification Number         | Last Name  | First Name                     | MI |
|------------------------------|--|--------------------------------|----|
| Initial or Renewal Certifica | ation  |                                |    |
| Recipient                    |  |                                |    |
| MAILING INSTRUCTIO           | DNS  |                                |    |
| Submit this form to:         | ANCC Verification<br>8515 Georgia Ave., 4th Floor<br>Silver Spring, MD 20910                                   |                                |    |
|                              | p process verification requests submitted by mail. For faste<br>w.nursingworld.org/certification/verification/ | r service, please use the ANCC |    |
| Questions? Call 1.800.284.2  | 2378 or Email certification@ana.org  |                                |    |
| form may be duplicated as n  | eeded.   |                                |    |
| PAYMENT METHOD               |  |                                |    |

| Personal Check/Money Order (payable | to ANCC)  | Amount Enclosed:      |      |
|-------------------------------------|-----------|-----------------------|------|
| Credit/Debit Card                   |           | Amount to be charged: |      |
| Account Number                      | Exp. Date |                       |      |
| Billing Street Address              |           |                       |      |
| City/State                          |           | Zip (                 | Code |
| Name Printed 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.