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

Verification of Eligibility to Test 1

Your Certification Specialty

Mail to

Verification of Certification 2

Is this your initial certification or renewal?

Your Certification Specialty

Mail to

Social Security Number | Last Name | First Name | MI

Calculate Fee 3

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 $_____

Payment Method 4

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

☐ MasterCard ☐ VISA Amount to be charged: _____

Account Number Exp. Date

Print Name on Card Signature

Mailing Instructions 5

Submit this form to:

ANCC Certification Verification
P.O. Box 791321
Baltimore, MD 21279

Please allow up to 30 days to process verification requests submitted by mail. For faster service, please use the ANCC Online service at **www.nursecredentialing.org/cert/verify1.html**

Please note: FREE verifications can not be requested online – you must use this form.

Questions? Call 1.800.284.2378

Form may be duplicated as needed.

Adopted by ANCC Certification Services Effective: 01/08