Institutional Verification Request Form

ANCC
AMERICAN NURSES CREDENTIALING CENTER
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 and/or renewal status, certification identification number, and the valid dates of certification. Institutional requests for verifications of certification cost $50.00 each (per applicant, per specialty). A verification of certification letter is processed only after the provider has met the application requirements and all of their fees have been paid.

Social Security Number | Last Name | First Name | MI

VERIFICATION OF CERTIFICATION

Is this initial certification or renewal?

Certification Specialty

Mail to

CALCULATE FEE

Additional Verification of Certification _____ x $50.00 each= $_____
Quantity

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.

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.