



P.O. Box 791333  
Baltimore, MD 21279-1333

1.800.284.2378  
301.628.5000 tel  
[www.nursecredentialing.org](http://www.nursecredentialing.org)

## Testing Window Re-Assignment Request

If you are unable to test during the 90 day testing window you were issued, ANCC is now offering a one-time opportunity to receive a new testing window without re-applying.

**Please Note:**

- > **This new testing window may not begin more than 6 months from the last day of the initial testing window.**
- > **Please wait until your initial testing window has ended to send in this form.**
- > **This is a one-time-only offer. If you do not test during this new testing window, you will need to re-apply and pay all applicable fees.**

Please complete this form, include payment, and **mail** it to: **ANCC, P.O. Box 791333, Baltimore, MD 21279-1333**. When your request and fee have been received, you can expect to receive your authorization to test letter in two to three weeks.

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Exam: \_\_\_\_\_

Certification ID Number or Social Security Number (for identification purposes): \_\_\_\_\_

Requested 90-Day Testing Window: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee: \$100.00 (non-refundable)

Payment Method: Personal Check  Money Order  Credit Card

If you are paying by credit card, please complete the following: Visa  MasterCard

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as It Appears on the Card (please print): \_\_\_\_\_

Signature for Payment Authorization: \_\_\_\_\_

If you received special accommodations for your initial testing window and require them again, please initial here:

You may refer to our guidelines by visiting [www.nursecredentialing.org](http://www.nursecredentialing.org) or by calling 1.800.284.2378. \_\_\_\_\_