

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.**
- > **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, PO Box 505034, St. Louis, MO 63150-5034.**
When your request and fee have been received, you can expect to receive your authorization to test letter in two to three weeks.

General Information

1

Name (please print) _____

Address _____

Exam _____

Certification ID Number or Social Security Number (for identification purposes) _____

Signature _____

Date _____



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 or by calling 1.800.284.2378.

Payment

2

Fee: \$100.00 (non-refundable)

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.