

# Request for Certification Hardship Relief



Nurses may occasionally experience hardships due to unforeseen events. ANCC applicants, candidates, or certificants may request relief from certification fees, and certificants may also request a limited extension of their certification expiration date. Requests for financial relief are limited to one (1) fee modification from the Certification Program every 10 years. Requests by certificants to extend a certification cycle must be submitted **before** the current cycle expires.

**INSTRUCTIONS: To submit a request for hardship relief, please complete the form below and provide supporting documentation via email to [customerservice@ana.org](mailto:customerservice@ana.org).**

- Supporting documentation must be submitted along with the completed form. Hardship requests will not be processed if documentation is missing
- Documentation should validate the circumstances of your hardship, which may include unforeseen events including, but not limited to, illness or injury, work furlough, significant decrease in work hours (>20%), significant pay reduction (>20%), natural disasters, or loss of employment for you or your spouse/partner

## Customer Demographics

**Name (as it appears on application and/or certification)**

**ANCC certification number**

**Customer ID number (if known)**

## Hardship Relief Requested

Extend certification expiration date by \_\_\_\_\_ months (not to exceed 6 months from the original certification expiration date)

Reduce my certification fee by \$ \_\_\_\_\_ (enter dollar amount) or by \_\_\_\_\_ % (enter percent)

Delay payment of my certification fee by \_\_\_\_\_ months (not to exceed 6 months from the payment due date)

**This hardship relief request is due to circumstances experienced by:**

Self

Spouse

Domestic Partner

## Reason(s) for Hardship Consideration

Employment furlough	Loss of employment
Decrease in work hours	Medical condition or injury
Pay reduction	Other:

## Supporting Documentation

**A minimum of one supporting document must be submitted by email in addition to this completed form. Incomplete hardship requests without supporting documentation will not be processed. If the hardship relief request pertains to a spouse or partner, additional supporting evidence of the relationship, such as a marriage certificate or a jointly signed attestation of shared financial responsibility, must also be submitted.**

Letter from employer, on letterhead, with date and signature, confirming employment furlough, decrease in work hours, or pay reduction

Official letter of employment termination

Documentation of illness or medical injury from a medical practice

Other:

## Signature

I attest to the circumstances noted above and understand that any falsification of evidence in this document or in the supporting documentation may result in disciplinary action, including the imposition of a fee and denial or revocation of my ANCC certification.

## Signature

Printed Name

Date