Institutional Verification Request Form

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.

ANCC Certification Number

City

State

VERIFICATION OF CERTIFICATION

Is this initial certification or renewal?

Name of Certification Specialty

Mail to

Name of Company

Attention

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.