

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 8785, Silver Spring, MD 20907-8785**
When your request and fee have been received, you can expect to receive your authorization to test letter in two to three weeks.

1. GENERAL INFORMATION

Name (please print)

Address

Exam

Certification or Certificate 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.

2. PAYMENT

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.