



PREPAID VERIFICATION VOUCHER ORDER FORM

- Do not use this form for State Board of Nursing notification
- Once order is processed, there are NO REFUNDS
- Your total prepayment amount must be in \$40 increments
- \$40 fee per Verification, per AANPCB Certification Specialty, per Certificant
- Pay by credit card or check
- Questions about Prepaid Vouchers? Contact us at (512) 637-0500, ext. 576.

INFORMATION REQUIRED FOR PROCESSING OF PREPAID VERIFICATION VOUCHER ORDER

(Please print clearly.)

Company Name and Contact	Company Name:		
	Attn:		
Company Address	Address:		
	City/State/Zip		
Mailing Address	Address:		
	City/State/Zip		
Requestor's Information	Name of Individual Requesting:		
	Email of Individual Requesting:		
	Direct Phone Number of Individual Requesting:		
Pay by Check or Credit Card	Amount (\$):	Quantity:	
	Check #:	Make check payable to: AANPCB . Mail to: PO Box 12926, Austin, TX 78711	
	Credit Card Type:	Exp. Date:	CVN:
	Credit Card Number:		
	Name on Card:		
	Return form to "AANPCB" via fax/ mail/ email (see below)		

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AMERICAN ACADEMY OF NURSE PRACTITIONERS CERTIFICATION BOARD

P.O. Box 12926, Austin, TX 78711-2926

Main (512) 637-0500 Toll-free (855) 822-6727 Fax (512) 637-0540

Email Certification@aanpcert.org

www.AANPCERT.org