



PRIMARY SOURCE VERIFICATION ORDER FORM

- Do not use this form for State Board of Nursing notification
- Return form to AANPCB via fax/mail/email
- Letter of Verification will be emailed within 1 business day
- \$40 fee per Verification, per AANPCB Certification Specialty, per Certificant
- Primary Source Verification may be ordered online at www.aanpcert.org
- Verification requests must be accompanied by a current, signed release from the NP
- Releases must be signed by the NP and dated within 6 months of Verification request

INFORMATION REQUIRED FOR PROCESSING OF THIS VERIFICATION REQUEST (Please print clearly.)

Certificant Name:			
Last 4 SSN:		DOB (mm/dd):	
	SPECIALTY	CERTIFICATION NUMBER	
	Adult NP	A -	
	Adult-Gero Primary Care NP	AG -	
	Emergency NP	E -	
	Family NP	F -	
	Gerontologic NP	G -	
<small>For Office Use</small>			
Company Name and Contact	Company Name:		
	Contact Name:		
	Email:		
Company Address	Address:		
	City/State/Zip		
Billing Address	Address:		
	City/State/Zip		
Requestor Information	Name:		
	Email Address:		
	Direct Phone Number:		
Payment Information	Credit Card Type:	Exp. Date:	CVN:
	Credit Card Number:		
	Name on Card:		

Rev. 01.11.17

AMERICAN ACADEMY OF NURSE PRACTITIONERS CERTIFICATION BOARD

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 Email Certification@aanpcert.org www.AANPCERT.org