

STATE BOARD OF NURSING NOTIFICATION FORM - RECERTIFICATION

- This form must be completed in order to notify a State Board of Nursing (SBON) of renewal of a Certificant's *National Certification* by AANPCB
- There is No Charge to send results to a State Board of Nursing
- *Please Print Clearly*

Requestor's Information

Full Name:	
Address:	
City	
Last 4 of SSN:	DOB (mm/dd)

My AANPCB Certification Number		<ul style="list-style-type: none"> • Begins with A, F, G, or A-GNP • <i>Is not</i> my AANP Membership # 	
A #	F #	G #	A-GNP #

Please notify the following State Board of Nursing of the **Renewal** of my **AANPCB National Certification**:

State Board Name:

SBON Address:

Notes:

Signature:

Date:

Return completed form to AANPCB:

Fax: 512.637.0540

Email: certification@aanpcert.org

Mail: PO Box 12926, Austin, TX 78711-2926