

AANPCB RENEWAL OF CERTIFICATION BY EXAMINATION APPLICATION

Important Information:

- Applicants may apply online to renew their certification by examination at www.aanpcert.org
- Certificants are encouraged to update and maintain their On-line Profiles
- Application forms can be downloaded for candidates who are unable to complete the application process via AANPCB’s web-based certification system
- A non-refundable Paper Application Processing Fee is automatically charged for all paper applications, regardless of delivery method (email, mail, and fax) to AANPCB
- Incomplete applications will result in processing delays
- Month & Day of Birth and last 4 numbers of Social Security Number are required to process all applications
- Refer to the checklist at the end of this application prior to submitting your application

For Office Use

I am applying to take the following examination:

- Family Nurse Practitioner**
- Adult-Gerontology Primary Care Nurse Practitioner**

PLEASE PRINT NEATLY. Unique Identifiers are established for all applicants. The month and day of your birth, and last four numbers of the applicant’s Social Security Number are required to process all applications. Legal given name must match the identification used for verification and admittance to the testing center.

Month & Day of Birth (mm/dd):		Last 4 of SSN:	
AANPCB Certification # (begins with A , F, or AG):			
AANP Membership # (if applicable):			
First Name:	Middle Name:	Last Name:	
Address:			
City:	State:	Zip:	
Phone: Cell	Home	Work	
Email Address:			

CURRENT RN/APRN LICENSURE

(May be accessed from your SBON online verification system).

STATE	RN LICENSE NUMBER	DATE OF EXPIRATION

ATTESTATION STATEMENT FOR RENEWAL OF CERTIFICATION BY EXAMINATION

I certify that all the information I have provided on this Renewal of Certification by Examination Application is true and correct. I acknowledge that I have read this application in its entirety. I understand that timely submission of all supporting and required documentation, including applicable fees, is necessary for the processing of my application. Failure to respond to a request for further information or misstatement of material fact could result in a delay in taking the examination, revocation of my certification, or other appropriate action as per AANPCB National Certification Board Policies and Procedures. I can attest that I possess a current unencumbered license as a RN. I understand that all information I provide will be kept confidential and shall not be used for other purposes without my permission. I acknowledge that I have accessed the **AANPCB Certificant and Candidate Handbook** online at www.aanpcert.org and accept all policies as outlined in the Handbook.

Signature: _____

Date: _____

RENEWAL OF CERTIFICATION BY EXAMINATION FEE*

- AANP Members** \$290.00
- Non-AANP Members** \$365.00

TOTAL: \$

*Fee includes a nonrefundable administrative paper application fee. Fees are subject to change without notice.

Enclosed is my check payable to: **American Academy of Nurse Practitioners Certification Board (AANPCB)**

Check #: _____ Money Order #: _____

Charge my credit card: Visa MasterCard Amex Discover

Name on Credit Card (Please print): _____

Card # _____ Expiration Date: _____

Signature: _____

APPLICATION CHECKLIST

- Application form is completely filled out, signed & dated
- Name on application MUST MATCH 2 FORMS OF LEGAL ID required for admittance to the Testing Center**
- Name on application matches legal name used for certification purposes, and is the name that will be printed on the certificate and wallet card issued
- A copy of supporting legal documents is included if a legal name change since the last certification
- Attach all copies of continuing education certificates to this form in the order listed
- Copy of current RN license includes expiration date
- State Board of Nursing Request Form is completed and attached if required
- Fee payment attached (check) or credit card information completed
- Applicants are encouraged to update and maintain their Online Profile for status updates and communication regarding this application
- Keep a photocopy of completed application for your records.**

Completed paper applications, RN licenses, and correspondence may be faxed or emailed to:

Fax: (512) 637-0540 Email: Certification@aanpcert.org

Certification Administration numbers:

Main: (512) 637-0500

Toll: (855) 822-6727

Completed paper applications and RN licenses may be mailed to AANPCB at:

Capitol Station, LBJ Building, P.O. Box 12926
Austin, TX 78711-2926

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