

STATE BOARD OF NURSING NOTIFICATION FORM**Important Information:**

- AANPCB **does not charge** a verification fee to send status results to State Boards of Nursing.
- State Boards of Nursing may request notification of Certification, Failure, or Expiration Status.
- This is a fillable PDF form. Not an online application. Save the form on your computer or print it as a paper application. Submit completed application to AANPCB via email, fax, or mail.

Applicants Applying for Initial Certification

- Notify the following SBON that *I am Eligible-To-Sit* for the following AANPCB examination.
- Adult-Gero Primary Care NP Exam Emergency NP Exam Family NP Exam
- Notify the following SBON that *I have taken the AANPCB Certification Examination* as soon as my Certification status is released.
- Adult-Gero Primary Care NP Exam Emergency NP Exam Family NP Exam

Nurse Practitioners Currently Certified by AANPCB

- Notify the following State Board of Nursing of the *Status of my current AANPCB National Certification*.
- Adult NP Adult-Gero Primary Care NP Emergency NP Family NP Gerontologic NP
- Notify the following State Board of Nursing of the *Renewal of my AANPCB National Certification*.
- Adult NP Adult-Gero Primary Care NP Emergency NP Family NP Gerontologic NP

My AANPCP Certification Number is (begins with A, AG, E, F, or G):

Candidate/Certificant Information

Name (First Middle Last):	
Address:	
City State Zip:	
Last 4 of SSN:	Month & Day of Birth (mm/dd):

State Board of Nursing Information

Please notify the following State Board of Nursing of my National NP Certification:

1. Name of State Board of Nursing:
Address or Comment:
2. Name of State Board of Nursing
Address or Comment:

Return completed form to AANPCB:

Email: Certification@aanpcert.org

Fax: 512.637.0540

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