



# STATE BOARD OF NURSING NOTIFICATION FORM

1. AANPCB does not charge a verification fee to send status results to State Boards of Nursing.
2. Download this form and save to your computer, then enter and re-save your information before returning to AANPCB
3. Return completed SBON Notification Forms to AANPCB via fax, mail, or email. Please print clearly.
4. State Boards of Nursing may request notification of Certification, Failure, or Expiration Status.

## 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 AANPCB Certification Number is** (begins with A, AG, E, F, or G):

## STATE BOARD OF NURSING (SBON) INFORMATION

Name of SBON: \_\_\_\_\_

Address: \_\_\_\_\_

City: _____	State: _____	Zip Code: _____
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Note: \_\_\_\_\_

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## CANDIDATE/CERTIFICANT INFORMATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: _____	State: _____	Zip Code: _____
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Last 4 of SSN: _____	MM/DD of Birth (e.g.; 01/23): _____
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_