



PREPAID VERIFICATION VOUCHER ORDER FORM

- **DO NOT USE THIS FORM FOR STATE BOARD OF NURSING NOTIFICATION.**
- **\$40 fee per Verification per AANPCP Certification Specialty per Certificant.**
- We accept credit cards and checks. Make checks payable to **AANPCP**.
- Your total prepayment amount must be in \$40 increments.
- Mail completed form and check to:
 - AANPCP**
 - PO Box 12926**
 - Austin, TX 78711**
- Once order is processed, there are **NO REFUNDS**.
- Questions about Prepaid Vouchers? Contact us at (512) 637-0500 Ext. 576.

Information Required For Processing Of Prepaid Verification Voucher Order

(Please print clearly.)

Company Name:		
Purchaser Name (Printed & Signature):		
Title:		
Phone Number:		
Email Address:		
Mailing Address:		
City:	State	Zip Code
Amount Enclosed:	Credit Card Number:	Check No. or <u>Credit Card Expiration & CVN:</u>

VOUCHERForm.032315