

## RETAKE EXAMINATION PAPER APPLICATION

**Important Information:**

- Applicants may apply online to retake the national certification examination at [www.aanpcert.org](http://www.aanpcert.org)
- Applicants 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
- Applicants may not take the certification examination more than twice in a calendar year

For Office Use

**I am applying to retake the following examination:**

- Adult-Gerontology Primary Care Nurse Practitioner**
- Family Nurse Practitioner**
- Emergency 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:	
AANP Membership # (if applicable):		AAENP Membership # (if applicable):	
First Name:	Middle:	Last:	
Previous Name (if applicable):			
Address:			
City:		State:	Zip:
Phone: Cell	Home	Work	
Email Address:			

**DATE OF PREVIOUS AANPCB CERTIFICATION EXAMINATION:**

MM/DD/YYYY

**CONTINUING EDUCATION LOG** *(CE obtained for RETAKE purposes must be advanced practice nursing content in the specific population-focus of the exam: Adult-Gero Primary Care, Family, Emergency)*

Program Title	Dates Taken	Content Area	CE Hours
<b>TOTAL CE (Minimum 15 Clock Hours):</b>			

**CURRENT RN LICENSURE** *(May be accessed from your SBON online verification system)*

State	RN License Number	Date Of Expiration

**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
- Attach all copies of continuing education certificates to this form in the order listed
- Copy of current RN license includes expiration date
- Fee payment attached (check) or credit card information completed
- Update and maintain Online Profile for status updates and communication regarding this application
- Keep a photocopy of completed application for your records.**



# 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: \_\_\_\_\_

**ATTESTATION STATEMENT FOR RETAKE EXAMINATION**

I certify that all of the information I have provided on this **Retake 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 my taking the examination, or other appropriate action as per AANPCB Policies and Procedures. I can attest that I possess a current 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 **Candidate Handbook** online at [www.aanpcert.org](http://www.aanpcert.org) and accept all policies as outlined in the handbook. I acknowledge that refunds are processed according to information available on the AANPCB website, on the home page, in the Candidate Handbook, under the FAQs and Employers/Credentialing Services sections.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RETAK EXAMINATION FEE\***

<input type="checkbox"/>	<b>AANP Members</b>	<b>\$290.00</b>
<input type="checkbox"/>	<b>Non-AANP Members</b>	<b>\$365.00</b>
<b>TOTAL:</b>		<b>\$</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>

*\*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 Program (AANPCB)**

Check #: \_\_\_\_\_ Money Order #: \_\_\_\_\_

Charge my credit card:  Visa  MasterCard  Amex  Discover

Name on Credit Card (Please print): \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Send completed paper applications, RN licenses, and correspondence to AANPCB:**

**Fax:** (512) 637-0540

**Email:** [Certification@aanpcert.org](mailto:Certification@aanpcert.org)

**Mail to:** Capitol Station, LBJ Building PO Box 12926 Austin, TX 78711-2926

**Overnight Delivery:** 2600 Via Fortuna, Suite 240 Austin, TX 78746

**Certification Administration phone numbers:** Main: (512) 637-0500 Toll: (855) 822-6727