

This form must be typed

The CCNA will send two free electronic verifications of certification: one to the State Board of Nursing in the candidate's state of residency and one additional state board the candidate has requested on their Certification application. A fee of \$25 per **SBON verification** is required for each additional request. Please complete and submit to request additional state board of nursing verifications.

Date of Request: _____
(Month/Day/Year)

Name: _____ **AANA ID #** _____
(Last) (First) (Middle)

Additional States to be notified: _____
(list state abbreviation)

Number of verifications requested @ \$25 each _____ **Total cost \$** _____

Choose Method of Payment:

- Cashiers check or money order payable to NBCRNA. Do not send cash.
- Credit Card
 - MasterCard Visa American Express Discover

Credit Card No: _____ Security Code: _____

Expiration Date: _____ Zip Code: _____

Signature: _____

Complete and return this form to:
 NBCRNA
 222 S. Prospect Ave, Park Ridge, IL 60068-4001
 Email: certification@aana.com
 Fax: (847) 825- 2762

Office Use Only
Candidate Request for State Board of Nursing Verification

Date Received _____ Check Number _____ Batch Number _____