



VERIFICATION OF CNL® CERTIFICATION REQUEST FORM

The Verification of CNL Certification Request Form is to be completed by employers, agencies, or individual certificants. Requests from employers and/or agencies must be submitted with a signed consent to release from the certificant (consent statement must not be more than one year old; include legal name at the time of certification and the CNL Unique Identifier Number). A verification document will be forwarded to the requester after receipt of the signed permission and payment. The verification of certification document will include the date certified, certification expiration date, and current status (active, inactive, lapsed).

Name of Requester: _____

Organization: _____

Address: _____

(City)

(State)

(Zip)

Telephone: _____ Fax: _____

E-mail: _____

Name of Certificant: _____

Fee: \$20 per request (processed within **10 business days** of payment receipt)

\$35 per request (processed within **5 business days** of payment receipt)

Payment Method:

Check or money order (payable to the American Association of Colleges of Nursing – U.S. funds only; a fee of \$25 will be charged on all returned checks. Mail to: American Association of Colleges of Nursing, PO Box 418350, Boston, MA 02241-8350.)

Visa

MasterCard

AMEX

(Fax completed form with payment to: 202-463-1315)

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date (mm/yy): _____ / _____ Card Verification Code: _____

Name of Credit Card Holder: _____

Card Holder's Billing Address (required):

(City)

(State)

(Zip)

I Accept (By selecting the "I Accept" button, you are signing this Request Form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Request Form, and you authorize the amount indicated above to be charged to your credit card.)