CNL EXAM DATE/LOCATION CHANGE FORM

tel 202-370-3608 · *web* www.aacnnursing.org/cnl-certification

Fax to: 202-463-1315

APPLICANT INFORMATION

Last Name: ______________________ First Name: ______________________ MI: _____

Street Address: ____

City: ______________________________ State: _____ Zip: _____

Primary E-mail : ______________________ Secondary E-mail: ______________________

Phone Number: ______________________ CNL Identifier #: ______________________

☐ Check if this is a new mail/email address

** **Request to Change:** ☐ Test Date and/or ☐ Test Location

TEST DATE CHANGE

1) Original testing period: (You are only able to change the test date/location if your original application was for one of the dates listed below)

☐ **Fall 2017** (Nov. 27-Dec. 8, 2017)

☐ **Winter 2018** (Jan. 29 – Feb. 16, 2018)

☐ **Spring 2018** (Apr. 23 – May 18, 2018)

2) Change test date to (select one):

☐ **Winter 2018** (Jan. 29 – Feb. 16, 2018) Form Due: 12/8/17

☐ **Spring 2018** (Apr. 23 – May 18, 2018) Form Due: 2/16/18

3) DO NOT Change Test Date ☐

TEST LOCATION CHANGE

Note: *Specify School of Nursing or SMT Testing Center*

1) Original test location: ☐ **School of Nursing**

School Name: ______________________

OR ☐ **SMT Testing Center** City/State: ______________________

2) Change test location to: ☐ **School of Nursing**

School Name: ______________________

OR ☐ **SMT Testing Center** City/State: ______________________

3) DO NOT Change Test Location ☐

FEE AND PAYMENT

****A $75 fee is required for all test date and location changes. The fee will be $150 if you are changing BOTH location and date.**

Payment Enclosed:
☐ Check

Make check payable to AACN.
Mail the completed form and check to:
American Association of Colleges of Nursing
PO Box 418350
Boston, MA 02241-8350

Payment Enclosed:
☐ Visa ☐ MasterCard ☐ American Express

Cardholder Name (print): ______________________

Credit/Debit Card Number: ______________________

Card Expiration Date (MM/YY): __________/__________

Card Verification Code: __________ Date: __________

☐ **I Accept** (By selecting the "I Accept" button, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Application.)

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NOTE: Form & payment must be received by above "Form Due Date". A maximum of one change is allowed. Beyond one change, resubmission of the initial application and fee is required. No shows must submit a new initial application for the exam. Fees are subject to change at any time and are nonrefundable.