

New CNL Certification Verification Procedures

Effective June 2019, all CNL Certification verification request must be submitted through CNC's Portal.

If you are a certified CNL verifying your certification, please log into your [MyCNC Profile](#).

If you are an employer verifying a CNL certification, please follow these instructions if you haven't already created a profile in the CNC portal:

1. Click on [CNC Portal](#)
2. Select **Create a User Account**:

Login Online Store Upcoming Events

Login to Commission on Nurse Certification

Welcome!

Enter your login information

Login ID: *

Password: *

[Forgot your password? Click here](#)

New Users

Create a User Account

With this portal, you are able to update your contact information, apply for CNL certification, renew your CNL, register for events, access the CNL Community discussion board, order CNL merchandise, change your exam location, verify your CNL, access the CNL Job Bank and much more.

Please log in with your username and password in the box to the left. If you don't know your password, or you've forgotten it, select Forgot Password.

3. Complete the required fields:

Home >

Create Account

New to this site?

If you are new to this system or not sure if you've used this site before, enter your information below and click Continue.

First Name: *

Last Name: *

Email: *

Postal Code: *

Create Account

Please enter your contact information below.

* - indicates a required field.

Basic Information

Profile Photo



Change Profile Photo

No file chosen

Images larger than 120x120 will be resized

Login (email address): *

Password: *

Confirm Password: *

Prefix:

First Name: *

Last Name: *

Suffix:

Email Address: *

Password must meet the following requirements:

- Be at least 8 characters
- At least 1 uppercase letter
- At least 1 lowercase letter
- At least 1 number
- At least 1 symbol (^\$*.[\{\}()?-!"@#%&/\,><!:;|_~`)

Phone Numbers

Use the **Preferred?** radio button to indicate the phone number at which you prefer to be contacted.

	Preferred?
Main Phone Number: * <input type="text"/>	<input type="radio"/>
Mobile Phone Number: <input type="text"/>	<input type="radio"/>
Work Phone Number: <input type="text"/>	<input type="radio"/>

Address Information

Main Address

Line 1: *

Line 2:

Postal Code: *

City: *

State/Province: *

Country: *

[Validate Address](#)

Work Address

Line 1:

Line 2:

Postal Code:

City:

State/Province:

Country:

[Validate Address](#)

4. Select **Not Applicable** for the **CNL Program** and **Employment Information** required fields:

CNL Program

CNL ID Number:

I am a: *

School of Nursing: *

Credentials:

Employment Information

Current Employment Status: *

Current Employment Setting: *

If Other:

Location of Employment Setting: *

Size of Facility: *

5. Add your company information and job title under **Employment Information-Company Profile**:

Employment Information - Company Profile

Company:

Job Title:

6. Type **N/A** for supervisor information, then click "Next":

Supervisor

Supervisor's Full Name: *
If currently not employed, please type N/A

Supervisor's Title: *
If currently not employed, please type N/A

Supervisor's Phone: *
If currently not employed, please type N/A

Supervisor's Email: *
if currently not employed, please type N/A

7. Once your account has been created you can request the verification by clicking on **View Available Forms**:

Home Online Store Upcoming Events

ID: 11545968 Sample Portal User (back to Console) Logout

Welcome to Commission on Nurse Certification

My Profile

Sample Portal User

Preferred Contact #: (none)
 Email: sample@membersuite.com
 Login ID: _MSPortalUser (change)

Edit My Information Change My Password

My Account

Outstanding Balance: \$0.00
 Last Payment: No payments on file.

- Manage Saved Payment Options
- View Account History

My Committees

Committees I am currently on: 0
 No visible committees found.

- View My Committees
- Browse Committees

Events

Last Registration: No registration found

- Browse Events
- View My Event Registrations

My CNL Certification

Year-to-date Credits: 0.00
 Total # of Credits: 0.00

- Apply for Certification
- View Certification Application History
- View My Credit History
- View/Renew my Certification
- Report CEU Credits

Forms

- View Available Forms
- View Forms I've Submitted

CNL Job Bank

Number of Resumes: 0
 Jobs Posted: 0

8. Under **Browse Available Forms** click on the **view** button for **Verification of CNL Certification Request Form**:

Home Online Store Upcoming Events

ID: 11545968 Sample Portal User (back to Console) Logout

Home >

Browse Available Forms

Available Forms

Name	
Exam Date Only Change	(view)
Test Location Only Change	(view)
Exam Date and Test Location Change	(view)
Verification of CNL® Certification Request Form	(view)
Clinical Nurse Leader (CNL) Gold Circle Retired	(view)
Clinical Nurse Leader Change in Status Application	(view)
Advertisement Form	(view)

9. Select **Complete Form!**:

Home >

View Form

Verification of CNL® Certification Request Form

Open: Wednesday, May 1, 2019 12:00:00 AM - Thursday, October 31, 2019 12:00:00 AM

Description

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).

Form Tasks

- **Complete Form!**
- Go Home

10. Select the payment amount and click **Continue**:

Home Online Store Upcoming Events

ID: 11545968 Sample Portal User (back to Console) Logout

Home >

New Form

Select an Entry Fee

Processed within 10 days of receipt - \$20.00

Processed within 5 days of receipt - \$35.00

Continue

11. Complete the required fields and click **Continue**:

Home Online Store Upcoming Events

ID: 11545968 Sample Portal User (back to Console) Logout

Home >

New Form

Your Name: *

Entry Form

Organization:

Name of Certificant: *

Certificant CNL ID: *

Certificant Email: *

Save As Draft **Continue** Back Cancel

12. Select **Pay With a New Credit/Debit Card** then add payment information and click **Continue**:

Use Your Saved Payment Options

Currently, you have no saved payment methods. When you check out, you can save your payment information on your account so you do not have to re-enter it again.

Pay With a New Credit/Debit Card



Card Number:

*
Name on

Card:*

Security

Code:*

Expiration Month Year

Date:*

Save this credit card so that I can use it for future orders

Which Billing Address Should We Use?

The payment method you have selected requires a billing address. Please select from a list below, or enter a new address.

Enter a new address:

Line 1:

Line 2:

Postal Code:

City:

State/Province:

Country:

[Validate Address](#)

Apply Discount/Promo Code

Apply discount/promo code:

Code:

or [Cancel Your Order](#)

13. If you have any questions, please email CNC Staff at cnl@aacnnursing.org.