



CNL EXAM DATE/LOCATION CHANGE FORM

One Dupont Circle, NW, Suite 530 - Washington, DC 20036-1120
 202-463-6930 *tel* · 202-785-8320 *fax* · www.aacn.nche.edu/cnc

APPLICANT INFORMATION		
Last Name	First Name	MI
Street Address		
City	State	Zip
Primary E-mail		Secondary E-mail
Phone Number		CNL Identifier #
<input type="checkbox"/> Check if this is a new mail/email address		

Request to change: Test Date Test Location

TEST DATE CHANGE	TEST LOCATION CHANGE
Test Date Registered for: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Institution/Name of Registered Test Location
Change Test Date to (select one): <input type="checkbox"/> Fall 2009 November 30-December 18 <input type="checkbox"/> Spring 2010 April 19-May 14 <input type="checkbox"/> Winter 2010 January 11-January 29 <input type="checkbox"/> Summer 2010 July 19-August 13 Specific Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	City <input type="text"/> State <input type="text"/> Change Test Location to Institution/Name City <input type="text"/> State <input type="text"/>
<input type="checkbox"/> Test Date to be determined <input type="checkbox"/> Do Not Change Test Date	<input type="checkbox"/> Do Not Change Test Location

FEE AND PAYMENT	
<p>A fee is required for requests received 10 days or less prior to original test date. If your request is submitted before the above mentioned deadline, a fee is not required. <input type="checkbox"/> Check here if payment is not required.</p> <p>Change Test Date and/or Test Location Fee : \$75</p> <p>Payment Enclosed: <input type="checkbox"/> Check</p> <p>Make check payable to AACN. Mail the completed form and check to: American Association of Colleges of Nursing Department 178 Washington, DC 20055-0178</p>	<p>Payment Enclosed: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard</p> <p>Cardholder Name (print)</p> <p>Credit/Debit Card Number</p> <p>Card Expiration Date: <input type="text"/> / <input type="text"/> Card Verification Code <input type="text"/></p> <p>Cardholder Signature</p> <p>Fax to: 202-463-1315</p>

Signature _____ Date _____