



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 style="width: 40px; height: 20px;" type="text"/>	Institution/Name of Registered Test Location
Change Test Date to (select one): <input type="checkbox"/> Fall 2009 November 30-December 18	City <input style="width: 100px;" type="text"/> State <input style="width: 50px;" type="text"/>
<input type="checkbox"/> Spring 2010 April 19-May 14	Change Test Location to Institution/Name
<input type="checkbox"/> Winter 2010 January 11-January 29	City <input style="width: 100px;" type="text"/> State <input style="width: 50px;" type="text"/>
<input type="checkbox"/> Summer 2010 July 19-August 13	<input type="checkbox"/> Do Not Change Test Location
Specific Date: <input style="width: 40px; height: 20px;" type="text"/>	
<input type="checkbox"/> Test Date to be determined <input type="checkbox"/> Do Not Change Test Date	

FEE AND PAYMENT	
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. Change Test Date and/or Test Location Fee : \$75 Payment Enclosed: <input type="checkbox"/> Check Make check payable to AACN. Mail the completed form and check to: American Association of Colleges of Nursing Department 178 Washington, DC 20055-0178	Payment Enclosed: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Cardholder Name (print) _____ Credit/Debit Card Number _____ / _____ Card Expiration Date: _____ Card Verification Code _____ Cardholder Signature _____ Fax to: 202-785-8320

Signature _____ Date _____