



CNL[®] CERTIFICATION EXAMINATION

SITE REGISTRATION FORM

Submit the completed form to CNC: fax to **(202) 785-8320**, e-mail cnl@aacn.nche.edu, or mail to Commission on Nurse Certification, One Dupont Circle, NW, Suite 530, Washington, DC 20036. NOTE: CNC will forward the exam date(s) to the testing agency, Applied Measurement Professionals, Inc. (AMP).

(Type or print.)

Institution: _____

City: _____

State: _____

Proctor Information

Name: _____

Title: _____

Telephone: _____

E-mail: _____

Testing Period(s)/Examination Date(s)

July 20-August 21, 2009/Exam Date: _____
(registration deadline: June 19, 2009)

November 30-December 18, 2009/Exam Date: _____
(registration deadline: October 20, 2009)

January 11-29, 2010/Exam Date: _____
(registration deadline: December 4, 2009)

April 19-May 14, 2010/Exam Date: _____
(registration deadline: March 19, 2010)

July 19-August 13, 2010/Exam Date: _____
(registration deadline: June 18, 2010)

November 29-December 17, 2010/Exam Date: _____
(registration deadline: October 29, 2010)

January 10-January 28, 2011/Exam Date: _____
(registration deadline: December 3, 2010)

Names of Examinees (optional)

List below or check the following box: To be determined.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

(Attach additional page if necessary.)

Time of Exam: _____

To be determined.

Test administration should occur between 8:30 a.m. and 5:00 p.m. CT Monday through Friday to insure that technical assistance is available at AMP.

Location of Exam/Room Name: _____

To be determined.

Submitted by (faculty contact): _____

Title: _____

Telephone: _____

E-mail: _____