



VERIFICATION OF CNL® CERTIFICATION REQUEST FORM

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).

Name of Requester: _____

Organization: _____

Address: _____

(City)

(State)

(Zip)

Telephone: _____ Fax: _____

E-mail: _____

Name of Certificant: _____

Fee: \$20 per request (processed within 10 business days of payment receipt)
 \$35 per request (processed within 5 business days of payment receipt)

Payment Method:

Check or money order (payable to the American Association of Colleges of Nursing – U.S. funds only; a fee of \$25 will be charged on all returned checks. Mail to: American Association of Colleges of Nursing, PO Box 418350, Boston, MA 02241-8350. **Note:** If sending check via courier, contact CNC for the alternate address.)

Visa MasterCard (Fax completed form with payment to: 202-463-1315.)

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date (mm/yy): _____ Credit Card Verification Code: _____

Name of Credit Card Holder: _____

Card Holder's Billing Address (required):

(City)

(State)

(Zip)

Signature of Cardholder: _____
(I authorize the amount indicated above to be charged to my credit card.)