

AMERICAN ACADEMY OF NURSE PRACTITIONERS CERTIFICATION PROGRAM

Capitol Station, LBJ Building • P.O. Box 12926 • Austin, TX 78711 • Phone: 512-442-5202 • Fax: 512-442-5221
DC Office: PO Box 40013 • Washington, DC 20016 • 202-966-6414 • Fax: 202-966-2856
E-mail: certification@aanp.org • Web Site: www.aanpcertification.org

STATE BOARD NOTIFICATION

Please complete the information below in order to notify your state board of certification or eligibility to test.
(Indicate by placing an "X" where appropriate.)

_____ Please notify my state board of my eligibility to sit for the examination.
Requested Window For Examination _____

_____ Please notify my state board of my certification.

_____ Please complete the form or forms attached, and send to my state board.

Note: There is no charge to send verifications to your state board.

State Board Name and Address _____
Please Print

Your Name and Address _____
Please Print

Your Signature _____