

# AMERICAN ACADEMY OF NURSE PRACTITIONERS CERTIFICATION PROGRAM

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Certification Administration: P.O. Box 12926 • Austin, TX 78711 • (512) 442-5202 • Fax (512) 442-5221

## 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 \_\_\_\_\_

ANP Exam \_\_\_\_\_ FNP Exam \_\_\_\_\_ GNP Exam \_\_\_\_\_

\_\_\_\_\_ Please notify my state board of my certification or \_\_\_\_\_ Recertification.

\_\_\_\_\_ 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

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Your Name and Address

Please Print

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Your Signature

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