

AMERICAN ACADEMY OF NURSE PRACTITIONERS CERTIFICATION PROGRAM

Certification Administration: P.O. Box 12926 – Austin, TX 78711 – (512) 442-5202 – Fax (512) 442-5221
Email Address: Certification@aanp.org

Verification Request Order Form

Please fill out form and fax/mail back with your complete verification request

STANDARD ____ \$30 (Letter of verification mail out with 10 days)

EMERGENCY ____ \$45 (Same day email letter of verification and hardcopy verification letter by mail)

Information required to process the request:

Company Name: _____

Complete Address: _____ City _____ State _____ Zip _____

Name of Requester: _____

Contact phone number: _____

Email address: _____

Payment Information:

Type of credit card: _____ Expiration date: _____ CVN# _____

Credit card number: _____

Name on the credit card: _____

Or: Check# _____ Amount \$ _____

Verification Request for:

Name of Nurse Practitioner: _____

Certification Number: _____

Specialty (Please circle one) ANP FNP GNP

Last 4 digits of Social Security Number: _____

Date of Birth: Month: ____ Year: ____

Please attach a current signed release from NP dated within the last 6 months