

## CERTIFICATION STATUS CHANGE REQUEST



- **PLEASE AUTOFILL OR PRINT.** Save the form on your computer or print it as a paper application. Email, mail, or fax completed form.
- AANPCB does not offer a Retirement or Inactive certification.
- Please allow 5 business days for processing. Questions? Contact us at [Certification@aanpcert.org](mailto:Certification@aanpcert.org) or (512)-637-0500.
- To make changes to your membership account information, please contact:
  - American Association of Nurse Practitioners (AANP) at [www.aanp.org](http://www.aanp.org)
  - American Academy of Emergency Nurse Practitioners (AAENP) at [www.aaenp-natl.org](http://www.aaenp-natl.org)

### NP Certificant Information

<b>Name</b> (First Middle Last)		
<b>Month/ Day of Birth</b> (mm/dd)	<b>Last 4 SSN</b>	
<b>Primary Phone Number</b>	<b>Permanent Email</b>	
<b>Alternate Phone Number</b>		
<b>Street Address</b>		
<b>City</b>	<b>State/Province</b> <small>USA &amp; Canada only</small>	<b>Zip/Postal Code</b>

### AANPCB NP Specialty Certification Information

<input type="checkbox"/> <b>ANP</b> <input type="checkbox"/> <b>AGNP</b> <input type="checkbox"/> <b>ENP</b> <input type="checkbox"/> <b>FNP</b> <input type="checkbox"/> <b>GNP</b>	<b>#</b>
--	----------

### Change in Certification Status

<b>Retirement Effective Date</b>
<b>Date Deceased (if applicable)</b>
<b>Notified by</b>
<b>Relationship</b>

<input type="checkbox"/> <b>Remove from all future contacts</b> (Renewal reminders, announcements, elections, and special events)
---

<b>Signature</b>	<b>Date</b>
------------------	-------------