Certification Expedite Review Request Form

American Nurses Credentialing Center

Last Name

First Name

Middle Initial

Certification Number (if known)

Email

Telephone (Where you can be reached weekdays, 9am-5pm)

PAYMENT (credit cards only - no checks, please)

Card Number

Exp. Date

Billing Address

Print Name on Card

Signature

STATEMENT OF UNDERSTANDING

I hereby request that ANCC expedite the review of my application for certification. I understand and agree that, except as noted below, expedited review should be completed within three business days of the date on which ANCC receives this request. I understand and agree that my application will be subject to the same process of review and level of scrutiny as all other applications and that I must meet all of ANCC's eligibility requirements for certification. No eligibility criteria will be waived. I further understand and agree that, if my application is incomplete or ANCC requires additional information

to determine my eligibility for certification, the review of my application may not be completed within five days and additional delay may result, in which case I will not receive a refund of the Expedite Review Fee. I hereby knowingly and voluntarily release ANCC from any and all claims and liabilities that might arise as a result of this request. I understand that to request a verification of certification, I will need to submit a separate form, as explained on the ANCC website.

AUTHORIZATION

I authorize the American Nurses Credentialing Center to charge my card a **non-refundable** $200 Expedite Fee to review my certification application within the next three business days in accordance with the terms set forth above.

**ATM/Debit Card users only:* I understand and agree that, by using an ATM/Debit card, I am authorizing ANCC to debit my account for the amount specified above. Further, I understand and agree that, if the ATM/Debit transaction fails or is declined, I am authorizing ANCC to complete the transaction as a credit card charge, if possible.

Candidate Signature Indicates you have read and agree to the Statement of Understanding and Authorization above.

Date of Candidate Request

Please fax requests to: **301.628.5233** | **ATTN:** Expedited Review

Questions? Email certification@ana.org