Duplicate Wall Certificate Request

American Nurses Credentialing Center

To request a duplicate wall certificate and wallet card, please complete this form, include payment and mail it to 8403 Colesville Road, Suite 500, Silver Spring, MD 20910.

1. GENERAL INFORMATION

Previous Name (please print)

New Name (If applicable - Please attach copy of legal name change document.)

Address

Certification or Assessment-Based Certificate

Expiration Date of Certification

Signature

Date

2. PAYMENT

Fee: $40.00 (non-refundable)

- ☐ Personal Check/Money Order (payable to ANCC)
- ☐ Charge Card (MasterCard or VISA only)
- ☐ Check here if this is an ATM/Debit card. See authorization below.*

Amount Enclosed: $

Amount to be charged: $

Account Number

Exp. Date

Print Name on Card

Signature

**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.

Please allow 4 weeks for delivery