



## Certification Verification Request

Candidate Name: \_\_\_\_\_

Certification Type: ☐ ACLPN    ☐ ACRN    ☐ AACRN

Contact Person: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Payment Options

☐ Individual verification \$25.00

☐ Institution/Organization verification (for employee/potential employee) \$50.00

Payment can be made online via the [HANCBC website](#).

Note you do not need to have a PayPal account – you can check out as a guest.

Alternatively, HANCBC utilizes the secured third-party platform BILL.com for invoicing and collecting payments.

You can be invoiced for your verification fee by providing the following information:

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email address for invoice** \_\_\_\_\_

This form may be emailed to [hancb@anacnet.org](mailto:hancb@anacnet.org) or faxed to 330-670-0109.

If you need further assistance email [hancb@anacnet.org](mailto:hancb@anacnet.org).