



DISCLOSURE OF CANDIDATE INFORMATION FORM

SUBMIT THIS COMPLETED FORM TO YOUR REQUESTED REGULATORY BODY.

Email: certification@aanpcert.org Main Number: (512) 637-0500 Toll-free Number: (855) 822-6727

Mailing Address: P.O. Box 12926, Austin, TX, 78711-2826 Overnight Delivery: 2600 Via Fortuna, Ste. 240, Austin, TX, 78746

Important Information:

- Candidates re-writing this exam after an unsuccessful attempt must complete remediation before submitting this form. For the Adult-Gerontology Primary Care NP Exam, read the [candidate fact sheet](#) for details.
- Please submit this completed form to the regulatory body checked below. **Do not submit this form directly to AANPCB.**

ATTESTATION

I certify by typing my signature below that I grant permission to the American Academy of Nurse Practitioners National Certification Board (AANPCB) to release personally identifiable information regarding my exam results, which will include the pass/fail result, the scaled score and, if unsuccessful, the performance by exam domain, to my provincial regulator.

I understand that these results will be sent to my provincial regulator by email. I understand that AANPCB will only send me my official result (by postal mail service) if it has received my official university transcript.

AANPCB CERTIFICATION EXAMINATION

Notify the following regulator that *I have taken the AANPCB certification examination.*

- ☐ Adult-Gerontology Primary Care Nurse Practitioner Exam ☐ Family Nurse Practitioner Exam

PROVINCIAL REGULATOR

Please indicate the provincial regulator to which the examination results are to be released. **Select only one regulator.**

- ☐ British Columbia College of Nurses and Midwives

Email to: register@bccnp.ca

- ☐ College and Association of Registered Nurses of Alberta

Email to: nursepractitioners@nurses.ab.ca

- ☐ Saskatchewan Registered Nurses' Association

Email to: register@srna.org

- ☐ College of Registered Nurses of Manitoba

Email to: registration@crnm.mb.ca

- ☐ College of Nurses of Ontario

Email to: cno@cnomail.org

Write in subject line: "NP Exam Consent Form"

- ☐ Nova Scotia College of Nursing

Email to: registration@nscn.ca

- ☐ Association of Registered Nurses of Newfoundland and Labrador

Email to: registration@arnnl.ca

- ☐ Registered Nurses Association of Northwest Territories and Nunavut

Email to: info@rnanntnu.ca

- ☐ Ordre des infirmières et infirmiers du Québec

Email to: nadine.fournier@oiiq.org

SIGNATURE

Candidate Signature:

Date:

Print Name:

Confidentiality of Information:

Information collected by AANPCB about candidates for testing purposes and their examination results are confidential and will not be released except with the specific written authority of the candidate. Studies and reports concerning candidates will contain no information identifiable with any candidate.