

PNCB VERIFICATION REQUEST FORM

Pediatric Nursing Certification Board
800 S. Frederick Avenue, Suite 204
Gaithersburg, MD 20877-4152



Phone: 1-888-641-2767
Phone: 301-330-2921
Fax: 301-330-1504
Email: verif@pncb.org or
www.pncb.org

Verification of Certification: The PNCB provides primary source verification for all of its certified nurses. The PNCB produces a formal letter affixed with the official seal of the PNCB corporation. The letter documents the certified nurse's current certification status, which includes the original date that certification was earned and reports the certified nurse's status in the PNCB's mandatory Recertification Program.

Upon your initial certification and each time you recertify, the PNCB provides a free verification to the state board of nursing you provide to us as part of your application/enrollment process.

For **verification of eligibility**, candidates may use their Letter of Eligibility.

Verification Processing Fees & Policies

Current fee structure for Verification of Certification

- \$25 per agency (per person) or single verification request. **Mailed within 3-4 weeks.** We cannot fax to you.
- *\$40 per agency (per person) or single **emergency verification request. Emergency verification requests must be faxed to our office at 301-330-1504.** We will be unable to process it if it is mailed. This will allow us to process your request within 48 business hours after receipt of signed permission and payment. Both a FAX and hard copy will be sent to the employer or state board of nursing listed below.

Processing Time for Verification of Certification & Verification of Eligibility

- While most requests are filled within 3 weeks, peak activity for verification occurs each year from November through February of the next year and processing of verification of certification during this time may be approximately 8 weeks.

Policies Governing Verification Process

- A signed, release statement (below) granting the PNCB permission to release certification status or exam eligibility status **MUST BE** provided by the certified nurse. The PNCB respects the privacy of its certified nurses and exam candidates and will not process a Verification of Certification or Verification of Eligibility without signed permission.

Payment must be received before we will process the Verification of Certification or Verification of Eligibility.

Signed Release for Verification of Certification (All information must be completed):

Name: _____

Last 4 digits of SSN: _____ Birthdate (MM/DD): _____

RN License #: _____ State: _____ RN License Expiration Date: _____

Address _____

Address _____

Phone (____) _____ - _____ Email: _____

I grant permission to the PNCB to release verification of my certification status to the employer/state board of nursing listed below:

Signature: _____

Print Name: _____

Verification will not be processed without signature to release information.

Please send verification to employer or SBN listed below. (If more than one verification, list others separately.)

Employer/State Board of Nursing _____

Address _____

Address _____

Phone (____) _____ - _____ Email: _____ Fax (for Emergency Verifications only) (____) _____ - _____

Payment of Fee(s): Make checks payable to the Pediatric Nursing Certification Board. If using a credit card, attached Credit Card Payment Form must accompany request.

Standard Verification of Current Certification Status
\$25 per Request

Emergency Verification of Current Certification Status
\$40 per Request

Total # of Requests: _____ Total Payment Enclosed: _____

The Pediatric Nursing Certification Board

800 South Frederick Avenue, Suite 204, Gaithersburg, MD 20877-4152
(888) 641-2767 or (301) 330-2921

Credit Card Payment Form

Complete & sign for credit card payments:

Print Name *(of certificant/nurse)*: _____

Last 4 digits of nurse's SSN: xxx-xx-_____

I authorize the PNCB to charge my (circle one) VISA, MasterCard, American Express or Discover as indicated:

\$ _____ (_____) _____
Amount **Account Number** **Security Code** **Expiration Date**
(Last three numbers located on back of card; American Express has four)

If this is a personal card complete this section:

Cardholder Mailing Address:

Phone Number: _____

 **Printed Name of Cardholder:**

 **Cardholder Signature:**

If you are using a business credit card, complete this section:

Business Name and Address associated with the above credit card:

Phone Number: _____

 **Printed Name as it appears on card:**
