



VERIFICATION OF CERTIFICATION REQUEST/RELEASE FORM

The Radiologic Nursing Certification Board (RNCB) will provide written verification of certification upon receipt of this form and the required payment. Employers or agencies requiring verification must send this release, signed by the certified nurse, allowing RNCB to distribute the requested information. Verifications will be completed within 3-5 business days of receipt. **There is a charge of \$25 for verifications.**

Certified Individual Information			
This section must be completed by the certified individual			
Name as it appears on your certification documentation (required):			
Address as it appears on your certification documentation (required):			
City, State, Zip Code on your certification documentation (required):			
E-mail address used for certification documentation (required):			
Certification expiration date (required):			
Phone Number (required):			
* Signature:			
<input type="checkbox"/> By checking this box I am giving permission to the RNCB to release the verification of my certification to: <input type="checkbox"/> Certificant has signed a release to conduct a background check, this is included with the request in lieu of the signature.			
EMPLOYERS/VERIFICATION AGENCIES INFORMATION			
Institute or Agency Name:			
Attention (Individual Name or Department):			
City, State, Zip Code:			
E-mail address:			
Fax Number:			
Phone Number:			
RNCB® VERIFICATION OF CERTIFICATION			
To be completed by the RNCB			
Certified Individuals Name:			
Certified Individual's #		Certification Expiration Date:	
Comments:			
RNCB® Official Signature & Title			

There is a charge of \$25 for verification of certification requests. See page 2 for payment information.

Send this request to: Mail: RNCB National Office, 550M Ritchie Highway, #271 | Severna Park, MD 21146
 E-mail: admin@certifiedradiologynurse.org Fax: 850-484-8762

Questions: admin@certifiedradiologynurse.org or 410-647-5002

**RADIOLOGIC NURSING CERTIFICATION BOARD (RNCB®)
VERIFICATION OF CERTIFICATION PAYMENT FORM**

The Radiologic Nursing Certification Board (RNCB) will provide written verification of certification upon receipt of the verification of certification form and the payment of the \$25 fee.

Employers or agencies requiring verification must send the release, signed by the certified nurse, allowing RNCB to distribute the requested information. A signed release by the certificant, authorizing the employer or agency to do a background check will serve as the signature on the form.

Verifications will be completed within 3-5 business days of receipt.

Name of the Individual to be verified: _____

PAYMENT METHOD:

Personal Check/Money Order (Payable to RNCB) Amount enclosed: _____

Charge Card (Amount to be charged): _____ Master Card Visa American Express

Card # _____ Exp. Date _____ CVV# _____

Signature on this Account: _____

Printed Name on Card: _____

Date _____

Send completed request with payment t to:

Mail: RNCB, 550M Ritchie Highway, #271 | Severna Park, MD 21146
Email: admin@certifiedradiologynurse.org
Fax: 410-544-4640
Questions: 410-647-5002