Radiologic Nursing Certification Board, Inc. RNCB

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.

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:	

☐ By checking this box I am giving permission to the RNCB to release the verification of my certification to:

☐ 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			

Please email form to: ccarlson@certifiedradiologynurse.org