



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.

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

- College of Registered Nurses of British Columbia
e-mail to: taylor@crnbc.ca
- College and Association of Registered Nurses of Alberta
e-mail to: nursepractitioners@nurses.ab.ca
- Saskatchewan Registered Nurses Association
e-mail to: kturner@srna.org and nschmidt@srna.org
- College of Registered Nurses of Manitoba
e-mail to: registration@crnm.mb.ca
- College of Nurses of Ontario
e-mail to: cno@cnomail.org (write “NP Exam Consent Form” in subject-line)
- College of Registered Nurses of Nova Scotia
e-mail to: amcameron@crnns.ca
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Candidates re-writing this exam after an unsuccessful attempt must complete remediation before submitting this form. Read the [candidate fact sheet](#) for details.

Please submit this completed form to the regulatory body checked above. Do not submit this form directly to AANPCB.

Confidentiality of Information:

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