

# CNE Transcript/ Certificate Request

Contact Hour Certificates for ANNA approved/provided activities are kept for a period of 6 years.

**INSTRUCTIONS: Save this document onto your computer's hard drive.**

**Complete the form thoroughly, and then save it. Then, email the completed form to [ANNAtranscript@annanurse.org](mailto:ANNAtranscript@annanurse.org).**

Please allow 2 weeks for the retrieval process.

**TYPE OR PRINT CLEARLY**

NAME ON CERTIFICATE:		Daytime Phone:	
ADDRESS:			
<b>NOTE: The Nephrology Nursing Certification Commission will accept ANNA transcripts as documentation for continuing education.</b>			
<b>TO REQUEST TRANSCRIPT</b> (Multiple certificates listed on one sheet)		<b>TO REQUEST SINGLE EVENT:</b>	
You may request that ALL certificate(s) in your file be retrieved. I request a copy of all my certificates from:		Title of Activity:	
*Start Date (Month/Year)		*Date (Month/Year)	
*End Date (Month/Year)		*Location (City/State)	

Please EMAIL my transcript/ certificate to: \_\_\_\_\_ **OR**

Mail or Fax my transcript/certificate to: \_\_\_\_\_

To have transcript/certificate mailed or faxed, there is an extra charge of \$5.00.

All certificate retrievals must be pre-paid.		<b>MEMBER: \$10 Non-Member: \$20</b>	
		<b>Extra \$5.00 if being mailed or faxed.</b>	
If requesting documentation for events that are dated BEFORE 1/1/2004, an additional charge of \$5 per event is required.			
Credit Card #	CVV	Expiration Date:	
Signature		ANNA Member:	<input type="checkbox"/> Yes <input type="checkbox"/> No (must provide full address)

**Complete & return this form to:**  
**[ANNAtranscript@annanurse.org](mailto:ANNAtranscript@annanurse.org) / Fax: 856-218-0557**  
**or mail to the ANNA National Office (address below).**