



ANCC SCHOOL CODE LISTING

Add/Change of School Name Request Form

School/College/University's **Current** Name ANCC School Code # *(if known)*

School Address City State Zip Code

Requesting: Adding a New School
or
 Name Change School/College/University's **Previous** Name *(if changing school name)*

Name of Primary Contact Title/Position

Phone Number Email Address

School Accreditation Information

Accreditor: ACEN AACN/CCNE NLN CNEA Other: _____

Accreditation Expiration Date: _____

Programs Offered (Select all that apply)

Program Levels: MSN DNP Post-Graduate

APRN Specialties:
 AGACNP AGPCNP PMHNP FNP AGCNS

Signature (Acknowledgement that the information entered above is true and correct)

School Representative Signature

Name Title

For Official ANCC Staff Use Only:

New School Code #: _____

Date Updated: _____