



ANCC SCHOOL CODE LISTING

Add/Change of School Name Request Form

School/College/University Name

ANCC School Code #

School Address

City

State

Zip Code

Requested Change - Updated Name of School/University To

Name of Primary Contact

Title/Position

Phone Number

Email Address

School Accreditation Information

Accreditor: ☐ ACEN ☐ AACN/CCNE ☐ NLN CNEA Other: _____

Accreditation Expiration Date: _____

Program Offered

Check all that apply: ☐ MSN ☐ DNP ☐ Post-Graduate

List Specific NP Programs offered (CNS, Nurse Executive, Nurse Executive-Advanced, Nursing Professional Development, and Informatics Nursing).

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: _____