



Army Nurse Corps Association

Nursing Specialty Certification Financial Assistance Application Form

To apply for reimbursement of fees (not to exceed \$400) for professional nursing specialty certification, complete this form, either on-screen or by printing and hand-entering the information, save or scan, and attach to an email along with the required other attachments and send to Certfees@e-ANCA.org. If unable to email, you may print and mail forms and attachments to the address below.

Applicant's Name: _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: () _____ **Email:** _____

Professional Nursing Certification Obtained:

Certifying Organization: _____

Total Amount of Reimbursement Requested: \$ _____

ANCA Member Number: _____

If not already an ANCA member, membership application may be either

completed [on line](#) or

[membership form](#) attached.

Required Attachments:

Copy of the nursing specialty certification document

Receipt or other proof of payment for the certification examination

Receipt or other proof of payment for a certification review course (classroom or self-study) or other preparatory materials

Questions or Assistance: Contact Certfees@e-ANCA.org

Nursing Specialty Certification Financial Assistance
Army Nurse Corps Association
8000 IH-10 West, Ste. 600
San Antonio TX 78230-3887