

# CARN-AP

Certified Addictions Registered Nurse - *Advanced Practice*

## First-Time Retake Application for Examination

You must enter the month and year of your original exam date below:

MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

**POLICY ON RE-EXAMINATION:**

A candidate who does not pass the CARN-AP examination has ONE YEAR (from their original exam date) in which to retake the examination using this simplified application. If the candidate does not pass the examination the second time, the candidate must complete the full exam application for future attempts. First-Time Retake Applications postmarked in excess of the ONE YEAR mark shall not be considered.

Retake application and payment must be mailed together to: **ANCB Examination Processing, C/O C-NET, 35 Journal Square, Suite 901 Jersey City, NJ 07306**

**SECTION 1: CANDIDATE INFORMATION** To avoid additional fees you must complete ALL spaces in this section

**Be advised:** We will enter your name as it appears on your supplied government issued photo ID. The line below is for application processing only.

NAME  Mr.  Ms. \_\_\_\_\_  
Current Legal Last Name Maiden Legal First Name Middle Name

MAILING ADDRESS \_\_\_\_\_  
Street Apt# City State Zip

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_  
Your exam permit will be emailed to this email address

CELL/ HOME PHONE NUMBER \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

**SECTION 2: RN LICENSE** To avoid additional fees you must complete ALL spaces in this section

STATE: \_\_\_\_\_ PERMANENT NUMBER: \_\_\_\_\_

DATE OF ORIGINAL LICENSE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**SECTION 3: Payment** To avoid additional fees you must complete ALL spaces in this section

**STANDARD EXAM FEE**

\$400.00

When paying by credit card, you have the option to email your application directly to [info@cnetnurse.com](mailto:info@cnetnurse.com) for faster processing

Enclosed: **Money Order/ Check** **Credit Card** (Complete below)

APPLICANT NAME \_\_\_\_\_

CARD HOLDER NAME (If different than above) \_\_\_\_\_

Enclosed: **Money Order/ Check** **Credit Card** (Complete below)

**Visa or Master Card Only:**

CARD NUMBER \_\_\_\_\_

Exp Date \_\_\_\_\_ Phone Number \_\_\_\_\_

AUTHORIZATION

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE NOTE:** Your signature on this form acknowledges and authorizes the Center for Nursing Education and Testing (C-NET) to charge your credit card for a total of the amount indicated. Written refund requests shall be accepted by C-NET either: a) up to four (4) weeks after the application postmark date (or date received), or b) before the date the examination permit is issued (whichever comes first). The written request must be submitted by the purchaser and must include the applicant's full name, the last four digits of the social security number, and the name of the exam being canceled or the request will not be considered. All refunds are issued minus the application processing fee and any other non-refundable fees indicated in the application brochure or websites ([cnetnurse.com](http://cnetnurse.com)). Refund requests received after the deadline will not be considered, and any fund received after the deadline shall become non-refundable and non-transferable.