Free AACN E-Membership Sign-Up Sheet
☑ Senior APRN Students

AACN and AACN Certification Corporation would like to extend an invitation to you for a free year of AACN e-membership. Eligible students are those in their *senior* year of study in an ACNP or CNS program. E-membership provides:

✓ **Reduced Fees for AACN Certification Exams**
✓ **Free Webinars and Continuing Education (CE)**
✓ **Online Journals Including *American Journal of Critical Care* and *Critical Care Nurse***
✓ **Reduced Fee for AACN's Annual National Teaching Institute/Advanced Practice Institute (NTI/API)**

To unlock your access to free benefits and resources, simply complete these four steps.

1. Set Up Your AACN Account

To set up your AACN e-membership, an AACN customer number **and a mailing address** are required.
Note your new **AACN Customer Number** for Step 2.

➤ If you already have an AACN account but do not know the number, contact AACN Customer Care at 800-899-2226 to obtain your account number; please do not set up a second account.

➤ If you do not have an AACN account, you will need to create one. Go to **AACN.org**, click **Sign In**, then **Create Account**. *Creating an account does not require a purchase of any kind.*

➤ To edit or add a mailing address to your account, go to your **Dashboard**, click **Account**, then **Contact Info**.

2. Provide Contact Information

Please complete *all* fields below before forwarding this form to your Program Director for Step 3.

School Name: _____ Program: ☐ ACNP ☐ CNS

Student Name: _____ AACN Customer #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____
We recommend using an enduring email address, not one assigned by the school.

☐ *My AACN account includes my contact information **and a mailing address**, required to process my e-membership.*

3. Obtain Your Program Director's Verification

Verification to be completed by the Program Director and then returned to the student for Step 4.

☐ *I verify that the above-named student is in their senior year of study in an ACNP or CNS program.*

Program Director Signature: _____ Date: _____

4. Submit Completed Form

Student to submit this completed form via email to **APRNcert@aacn.org**.

➤ Please complete *all* requested information; incomplete forms will not be processed.

We look forward to welcoming you as a member of AACN's community of exceptional nurses.

For questions, please email us at APRNcert@aacn.org.