



CNA CERTIFICATION PROGRAM

EXAM WITHDRAWAL REQUEST FORM

All information is confidential.

Request form **MUST** be completed in full.

I am requesting withdrawal from the _____
specialty/area of nursing practice exam.

CNA certification # _____

Please print legibly. All information must be accurate and complete to avoid delays. Please provide your name as it appears on your eligibility letter.

First name _____ Middle initial(s) _____ Last name _____

Street address _____ RR #/PO box _____

City _____ Province/territory _____ Postal code _____

(_____) _____ (_____) _____
Home phone Office phone Extension

E-mail address _____

Please explain your reason(s) for the withdrawal request. (Attach additional information as necessary.)

Signature: _____ Date: _____

Send your request to:

**Canadian Nurses Association
Certification Program
Processing Centre**
1400 Blair Place, Suite 210
Ottawa, ON K1J 9B8

If you have any questions, contact the CNA certification staff.

E-mail: certification@cna-aiic.ca
Fax: 613-237-6684
Toll-free: 1-800-450-5206
Website: <http://getcertified.cna-aiic.ca>

**Please keep a copy
for your files.**

FOR OFFICE USE ONLY	
Date received:	Approved by:
Approved date:	Reimbursement issue date:

Please read the exam withdrawal policy

INCOMPLETE REQUESTS WILL INCUR DELAYS AND MAY NOT BE CONSIDERED