

# ANCC SCHOOL CODE LISTING

## Change of School Name Request Form

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 School/College/University Name

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 ANCC School Code #

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 School Address

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 City

---

 State

---

 Zip

---

 Requested Change - Updated Name of School/University To

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 Name of Primary Contact

---

 Title/Position

---

 Phone Number

---

 Email Address

### School Accreditation Information

Accreditor:

ACEN

AACN/CCNE

NLN CNEA



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 Other

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 Accreditation Expiration Date

### Program(s) Offered

Check all that apply:

Master's

Post-Graduate

DNP

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

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### Signature (Acknowledgement that the information entered above is true and correct)

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 School Representative Signature

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 Name

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 Title

For Official ANCC Staff Use Only

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 New School Code #

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 Date Updated