



Accreditation Board *for*
Specialty Nursing Certification

INVOICE

ACCREDITATION FEES FOR

Fees for Accredited Certification Programs:

(Total for Accreditation Fees are capped at \$15,000)

Credential	# of Certificants up to 25,000	Up to 25,000 X \$0.35	# of Certificants over 25,000	Over 25,000 X \$0.15	Total

Total Certificants as of June 30, _____

TOTAL DUE _____

Name of Organization: _____

Name of Individual Submitting Fees: _____

Phone: _____ Date: _____

Email: _____

The above fees are due August 1 annually

Please send this invoice and a check made payable to ABSNC to:

ABSNC
1120 Rte 73, Ste 200
Mt Laurel, NJ 08054

THANK YOU!

QUESTIONS? Contact Mary Prendergast, Program Coordinator at
856-439-9080 or e-mail info@absnc.org