



Accreditation Board *for*
Specialty Nursing Certification

INVOICE

ACCREDITATION FEES FOR FISCAL YEAR BEGINNING JULY 1

Fees for Accredited Certification Programs:

Credential	# of Certificants up to 25,000	Up to 25,000 X \$0.40	# of certificants 25,001 - 75,000	# 25,001 - 75,000 X \$0.12	# of Certificants over 75,001	Over 75,001 X \$0.03	Total

Total Certificants for the 12 month period ending June 30 of the current year _____

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 us at 856-439-9080 or e-mail info@absnc.org