

Certified Bariatric Nurse Credential Verification Form



VERIFICATION OF CREDENTIALS

Individuals or institutions may request written verification of an individual's registry status and number from the ASMBS Management Office.

Verification of CBN certification may be requested in one of two ways:

Primary Source Verification: Verification is sent directly from ASMBS to an individual or institution other than the credential holder. A signed authorization by the specified CBN must accompany the request along with the associated certification number.

Credentialed Provider Verification: provided directly to the credentialed individual.

CBN Information

CBN Name: _____

CBN Certification #: _____

CBN Email: _____

CBN Signature approving credential verification: _____

Type of Verification Requested

_____ Primary Source Verification

_____ Credentialed Provider Verification

Send Completed Verification to

Requestor Name: _____

Requester Organization: _____

Email to send CBN Verification: _____

Email the completed form to cbn@asmbs.org