Certified Bariatric Nurse Credential Verification Form

VERIFICATION OF CREDENTIALS

Verification of CBN certification status may be requested from the ASMBS Management Office. Verification is provided in accordance with the CBN Verification Policy and is limited to information necessary to confirm certification status. Examination scores, disciplinary information, and other confidential records will not be released unless required by law. *Email the completed form to* cbn@asmbs.org

Types of Verification

Public Verification (No Authorization Required)

Provides limited information to confirm certification status:

- Certificant name
- Certification type
- Current certification status (active, expired, or not certified)
- Good standing status (if applicable)

Primary Source Verification (Authorization Required)

Verification is sent directly from ASMBS to a third party. A signed authorization from the certificant is required. May include:

- Certificant name
- Certification type
- Certification number
- Initial certification date
- Expiration date
- Good standing status (if applicable)

Credentialed Provider Verification

Verification is provided directly to the certificant upon request and may include full certification details.

CBN Information

CBN Name: _____

CBN Certification #: _____

CBN Email: _____

CBN *(required for Primary Source Verification only)*: _____

Type of Verification Requested

_____ Public Verification (No Authorization Required)

_____ Primary Source Verification (Authorization Required)

_____ Credentialed Provider Verification

Send Completed Verification to

Requestor Name: _____

Requester Organization: _____

Email to send CBN Verification: _____