

**NCI  
Release of Exam  
Results**

**International Certified  
Newborn Care  
Specialist**

**Send to:**  
NCI  
3403 W Wallcraft Ave  
Tampa, FL 33611

**Contact:**  
Phone  
202-600-1005

Email  
certification@newborncare  
international.org  
Website:  
newborncareinternational.org

Please make sure form is  
filled out completely and  
signed.



**Authorization for Release of ICNCS Exam Results**

I, \_\_\_\_\_  
Name of Examinee (Please Print Legibly)

\_\_\_\_\_  
ICNCS Exam Location

\_\_\_\_\_  
Exam Date

authorize the release of my ICNCS Exam Results to

\_\_\_\_\_  
Name

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

Please mail my results to the above agency address.

\_\_\_\_\_  
Examinee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

**For NCI Use Only**

The above mentioned examinee:

- Passed all ICNCS competencies including the ICNCS Exam on \_\_\_\_\_ and is certified until \_\_\_\_\_.
- Failed the ICNCS Exam.
- No ICNCS Exam Results on file.
- Certificate expired on \_\_\_\_\_.

\_\_\_\_\_  
NCI Representative

\_\_\_\_\_  
Date