



CERTIFIED DIALYSIS - LICENSED PRACTICAL NURSE



CERTIFIED DIALYSIS - LICENSED VOCATIONAL NURSE

Recertification Application



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Certified Dialysis Licensed Practical Nurse / Licensed Vocational Nurse (CD-LPN/LVN) Recertification

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Introduction

To qualify for recertification, a Certified Dialysis Licensed Practical Nurse/Licensed Vocational Nurse (CD-LPN/LVN) must meet the eligibility requirements set forth by the NNCC. To avoid a late fee the appropriate recertification application (contained in this booklet) must be post-marked by the last day of the month in which the certificant's certification expires.

Certification is effective for three (3) years from the first day of the month in which the certificant passed the examination. Certification must be renewed every three (3) years. The CD-LPN/LVN is a national credential that used in all professional activities and correspondence.

You must meet the recertification requirements:

Continuing education and clinical experience:

This booklet contains the forms and instructions to recertify by continuing education and clinical experience. To determine eligibility requirements to recertify as a CD-LPN/LVN, please refer to the eligibility requirements on page 9 of this booklet.

Verification of Recertification

If approved for recertification, individuals will receive a wallet card with expiration date within sixty (60) days of the date the National Office receives a recertification application. Replacement wallet cards and/or wall certificates are available for a fee. Verification of valid certification credentials can be made through the NNCC Certified Directory at www.nncc-exam.org.

Current Address

It is the certified nurse's responsibility to notify the NNCC National Office of any changes in name or e-mail address.

Inactive Status

A certified nurse may request inactive status if he/she is unable to meet the requirements for recertification. To apply for inactive status, the certificant must complete the application for inactive status (page 23 of this booklet) and submit a letter describing the reason. If approved, inactive status will be granted for one three (3) year period. During this time, the CD-LPN/LVN credential may not be used. In order to recertify after the three (3) year inactive period, the criteria for regular recertification must be met during the inactive status period, and a recertification application must be submitted. Under no circumstance will the inactive period be extended beyond three (3) years.

Emeritus Status

Nurses who have maintained an active credential, who are over 50 years of age, and who have retired from active practice may apply for emeritus status. To apply for the retired credential the certificant must complete the application for Emeritus Status (page 27 of this booklet) and submit a fee. If approved, the certificant may use the emeritus credential at nephrology nursing functions to acknowledge a previous active credential and the accomplishments it signifies. If the certificant chooses to return to active practice and wishes to again hold the active credential, he/she must meet current eligibility criteria and certify by examination.

Fee Schedule

Recertification application fees are non-refundable. Periodically fees are reevaluated and adjustments may be made. Only NNCC commissioners can authorize fee changes. To avoid a late fee, the recertification application must be postmarked by the last day of the month in which certification expires. For an additional fee a certificant may submit a recertification application after the certification expiration date, provided all eligibility criteria are met during the certification period. If an application is received less than thirty (30) days prior to expiration, it will be processed in the order received unless an expedited review is requested and an additional of \$50.00 fee is included with the application.

Continuing Education Approvers and Providers

It is recommended but not required that continuing education be approved by one of the following:

- Organizations accredited by the American Nurses' Credentialing Center — Commission on Accreditation (ANCC-COA), the credentialing body of the American Nurses' Association
 - For example, The American Nephrology Nurses' Association (ANNA), which is both an accredited provider and approver of continuing education in nursing
- The American Association of Critical-Care Nurses (AACN)
- The Council of Continuing Education
- All State Boards of Nursing*

*** Please be aware that although programs meet requirements set forth by other state boards of nursing, they may not meet the Nephrology Nursing Certification Commission criteria.**

Acceptable Continuing Education

Nephrology Presentations

Certified nurses who present nephrology programs that are awarded continuing education credit will receive credit for the number of contact hours awarded for the presentation.

Academic credit

Includes all course work in academic programs leading to a health/science degree. It is not necessary that the course content be nephrology nursing concepts. Five (5) contact hours will be assigned for one (1) semester credit. Three (3) contact hours will be assigned for one (1) quarter credit.

Independent study

These programs include continuing education designed for independent study such as journal articles or website articles. Credit will be given according to the number of contact hours awarded to each offering.

Please retain all contact hour certificates in your personal files.

If using academic credit, please be prepared to provide an official transcript.

Denial/Revocation of Certification

The occurrence of any of the following actions will result in the denial, suspension, or revocation of the certification:

- Falsification of the NNCC application
- Falsification of any materials or information requested by the NNCC
- Any restrictions such as revocation, suspension, probation, or other sanctions of professional LPN/LVN license by a nursing authority
- Misrepresentation of certification status
- Cheating on the examination
- Applicable state and/or federal sanctions brought against the certificant
- Failure to meet continuing education criteria
- Failure to meet work experience requirements

The NNCC reserves the right to investigate all suspected/reported violations and, if appropriate, notify the certificant's employer/State Board of Nursing.

The certificant will be notified in writing of NNCC's decision(s)/action(s).

Includes all course work leading to a health/science degree. It is not necessary that the course content be nephrology nursing concepts. Five (5) contact hours will be assigned for one (1) semester credit. Three (3) contact hours will be assigned for one (1) quarter credit.

Appeal Process

A certificant who has been denied certification or had a certification credential revoked has the right of appeal. This appeal must be submitted in writing to the President of NNCC within thirty (30) days of notification. The appeal shall state specific reasons why the individual feels entitled to certification. At the individual's request, the President shall appoint a committee of three (3) NNCC Commissioners who will meet with the individual and make recommendations to the NNCC. The committee will meet in conjunction with a regularly scheduled NNCC Board of Commissioners meeting. The individual will be responsible for their own expenses. The final decision of the NNCC will be communicated in writing to the individual within thirty (30) days following the NNCC meeting. Failure of the individual to request an appeal or appear before the committee shall constitute a waiver of the individual's right of appeal.

Letters of appeal should be sent to the President at the NNCC National Office:

NNCC
PO Box 56
Pitman, NJ 08071-0056

Commonly Asked Questions

- Q: I was able to meet the requirements for recertification but failed to submit my application by my expiration date. Can I still recertify?**
- A:** Yes, as long as the requirements for recertification were fulfilled before your expiration date, your application may be submitted late with a late fee.
- Q: I attended a nephrology program that offered continuing medical education (CME) credit, but not nursing contact hours. Will this meet the criteria for recertification?**
- A:** No, the contact hour certificate **must state** that the program is continuing education **in nursing**. These programs must award contact hours accredited through one of NNCC's approved accrediting bodies.
- Q: Do all nephrology nursing contact hours have to be awarded by ANNA?**
- A:** No, however, ANNA is an excellent resource for nephrology nursing educational programs. Other nursing groups such as NKF and ASN also provide quality programs. Programs approved for contact hours by any of the accrediting bodies listed on page 4 of this booklet are acceptable.
- Q: I sat for the certification exam on the 15th of the month and attended a continuing education program over the next three (3) days. Now that I have passed the exam, will I be able to use the approved contact hours from that program for recertification?**
- A:** Yes, approved programs attended within the same month the exam was taken will be accepted for the first recertification period following initial certification.
- Q: I submitted my recertification application in April and my certification expires in June. In May I attended an educational program awarding nursing contact hours. Can I use those contact hours for my next recertification cycle in three (3) years?**
- A:** No, contact hours earned during the period of your certification can be used only during the current recertification period.
- Q: What will happen if I am unable to meet the continuing education requirements for recertification?**
- A:** In an effort to retain your credential, you may apply for inactive status. See pages 19-20 of this booklet for information on inactive status.

CD-LPN®

CERTIFIED DIALYSIS - LICENSED PRACTICAL NURSE

CD-LVN®

CERTIFIED DIALYSIS - LICENSED VOCATIONAL NURSE

**Recertification
By Continuing
Education
Application**

nncc®

**Nephrology Nursing
Certification Commission**

CD-LPN/LVN U.S. Eligibility Criteria

1. Certificant must be a licensed practical nurse/licensed vocational nurse holding a current, full and unrestricted license in the United States or its territories and hold the credential of CD-LPN/LVN.
2. Certificant must have at least 1500 hours experience within the previous three years as a licensed practical-vocational nurse practicing in the specialty of nephrology nursing and caring for patients who require or may require dialysis, or educating/supervising staff who care for patients who require or may require dialysis.
 - Certificants pursuing a baccalaureate degree in nursing and wishing to waive the work requirement must verify full time student status. Documentation must be on letterhead, signed by a school official, verifying matriculation and must be submitted with the recertification application. This waiver may be approved for only one recertification period.
3. Continuing education must include thirty (30) hours of approved education credits earned within the three (3) year certification period. A minimum of ten (10) contact hours must be nephrology specific (see page 3).
 - If enrolled in a health/science degree program, all coursework required for the degree can be applied toward the contact hour requirement.

All continuing education and defined clinical experience requirements must be met in order to recertify as a CD-LPN/LVN. The NNCC does not preapprove continuing education and the NNCC does not maintain a list of approved continuing education offerings.

No individual shall be excluded from the opportunity to participate in the NNCC certification program on the basis of race, ethnicity, national origin, religion, marital status, gender, sexual orientation, gender identity, age or disability.

CD-LPN/LVN Contact Hour Certificates

Contact hour certificates must include the following information to be acceptable for recertification:

- Name of attendee
- Date of program
- Name of program
- Number of contact hours awarded
- Accreditation statement if applicable (see *Continuing Education approved accrediting bodies* on page 4)

Only submit programs where contact hour certificates have been provided and contact hours have been awarded.

It is not necessary to include copies of contact hour certificates with the recertification application, unless you have been notified that you have been selected for a random audit. Keep all certificates for your records and in case any one is requested upon review of your application.

CD-LPN/LVN Recertification Application Instructions

1. Make sure you meet all CD-LPN/LVN recertification eligibility requirements outlined on page 9.
2. Complete the application in its entirety. Also, be sure that section 12. A, B, **or** C is completed.
3. Record all contact hour information on the appropriate form(s).
4. Enclose verification of your current nursing license.
5. Enclose appropriate fee made payable to NNCC.
6. Retain a copy of the recertification application and all contact hour certificates.
7. If waiving employment criteria, include documented evidence of matriculation into a baccalaureate degree in nursing program.



CERTIFIED DIALYSIS - LICENSED PRACTICAL NURSE



CERTIFIED DIALYSIS - LICENSED VOCATIONAL NURSE

For office use only	
Number: _____	Processor: _____
Exam Date: _____	Postmark: _____
Check #: _____	Amount: _____

Recertification by Continuing Education Application

Applications must be postmarked on or before certification expiration date to avoid a late fee. Applications can take up to 8 weeks from date of receipt for review, or up to 14 business days if "Expedited Review" is selected. Please clearly print or type all information requested.

— *Recertification application fees are non-refundable.* —

Application Fee (check ALL that apply): \$150 \$50 Late fee \$50 Expedited Review

Payment Method (check one): Check or money order (payable to NNCC) Charge my credit card

1. Name _____

Last
Maiden
First
Middle
2. Expiration date of current certification _____
3. Last four (4) digits of social security number _____ E-mail _____
4. Date of Birth ____/____/____ (month/day/year)
5. Home/ mailing address _____

Street/P.O. Box
City/Province
State/Country
Zip/Country Code
6. Personal phone _____ Work phone _____

Please check preferred contact number
7. Has your address changed in the past three (3) years? Yes No
8. LPN/LVN license: State _____ Permanent number: _____ Expiration date _____
9. Have you been employed as an LPN/LVN in nephrology nursing for at least 1500 hours during the last three (3) years?
 Yes No
10. Have you been pursuing a baccalaureate degree in nursing full time for at least two (2) years during the last three (3) years? Yes No

(If answer is yes, you may be eligible for a student waiver to fulfill the employment criterion needed to recertify.)
 (See eligibility requirements on page 9 and student waiver on page 12).
11. If you answered "no" to questions 8 and 9 and are not a full time student in a nursing degree program as described on page 9, you are not eligible to recertify as a CD-LPN/LVN. (See information on inactive status on page 17 of this booklet).
12. Total number of contact hours submitted: Form 1 _____ Form 2 _____ Total _____
13. Verification of Employment/Matriculation
 - A. IF CERTIFICANT IS CURRENTLY EMPLOYED
 I hereby verify that this certificant is currently employed in an institutional setting or an agency/office and meets the eligibility requirements set forth by the NNCC for recertification.
 Print name of current or most recent supervisor: _____
 Signature of current or most recent supervisor: _____ Date: _____
 Title of supervisor: _____
 Supervisor's E-mail: _____
 Institution: _____ Phone: _____
 Business address: _____

B. IF CERTIFICANT IS NOT CURRENTLY EMPLOYED

I hereby verify that this certificant was previously employed in an institutional setting or an agency/office and meets the eligibility requirements set forth by the NNCC for certification.

Print name of current or most recent supervisor: _____

Signature of current or most recent supervisor: _____ Date: _____

Title of supervisor: _____

Supervisor's E-mail: _____

Institution: _____ Phone: _____

Business address: _____

Dates of employment: _____

C. STUDENT WAIVER

If certificate has been pursuing a baccalaureate degree in nursing full time for two out of the last three years and wishes to waive the employment eligibility requirement, verification of matriculation in nursing program and full time student status must be **documented by a letter on school letterhead signed by a school official**. Submit this documentation with the recertification application.

The occurrence of any of the following actions will result in the denial, suspension, or revocation of the Certification:

- Falsification of the NNCC application
- Falsification of any materials or information requested by the NNCC
- Any restrictions such as revocation, suspension, probation, or other sanctions brought against the applicant by a state, federal, or other agency
- Misrepresentation of CD-LPN/LVN status

PLEASE READ AND SIGN THE STATEMENT OF UNDERSTANDING BELOW:

I hereby attest that I have read and understand the Nephrology Nursing Certification Commission's (NNCC) policy on denial, suspension, or revocation of certification and that its terms shall be binding on all applicants for certification and all Certified Dialysis Licensed Practical Nurses/Licensed Vocational Nurses for the duration of their certification. I hereby attest that I have read and agree to the Fee Schedule information found on page 3 of this application booklet. I also hereby attest that I have read, understand, and agree to abide by the policies stated on the NNCC website and in the most current recertification application booklet.

I understand that maintaining certification depends upon successful completion of the specified requirements. I further understand that the information obtained in the certification process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information from my certification records shall be held in confidence and shall not be used for any other purpose without my permission; however, after successful completion of the recertification requirements, the NNCC reserves the right to continue to publish my name and expiration date by state on the NNCC website. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that the Nephrology Nursing Certification Commission reserves the right to verify any or all information on this application.

I hereby apply for renewal of certification and verify that all information is correct.

Applicant's Legal Signature _____ Date _____

Credit Card Authorization Form

The NNCC accepts only Visa, MasterCard or Discover credit cards. Home telephone: _____

Name: _____ Work telephone: _____

Address: (as it appears on your credit card statement) Charge my card in the amount of \$ _____

_____ Card number: _____

City: _____ CVV: _____ Expiration date: _____

State: _____ Zip: _____ Country: _____

Authorized Signature Required

Did You Remember to ✓

- Complete the recertification application in its entirety?
- Record all contact hour information on the appropriate form(s)?
- Include the appropriate fee?
- Sign and date the application?
- Keep a copy of the application and all supporting documents?
- Include documented evidence of matriculation into a baccalaureate degree in nursing program if waiving employment criteria?

Mail completed application to:

NNCC
PO Box 56
Pitman, NJ 08071-0056

**Do not send copies of contact hour certificates
unless requested to do so.**

**If using a credit card for payment, you may fax your
complete application to NNCC at 856-582-0030.**

CD-LPN/LVN Form I
Nephrology Nursing Programs

Title of Program	Date Completed (see requirements on page 9)	Accrediting Body or Approver (see requirements on page 4)	Provider Name (organization providing the continuing education)	Number of Contact Hours Awarded

This form is required. Please retain all contact hour certificates in your personal file in the event of an audit. You may make copies of this form if additional space is needed. You may make copies of this form if additional space is needed.

**CD-LPN/LVN Form 2
Academic Courses**

Course Title Title of Presentation Manuscript or Book/Chapter	Institution Journal/Publisher Educational Program	Date Completed (see requirements on page 4)	Number of Credit Hours Awarded	Number of Contact Hours semester credit hours x 5 quarter credit hours x 3

Please be prepared to provide an official transcript in the event of an audit.
 You may make copies of this form if additional space is needed.
 A copy of the transcript of academic credits may be requested upon review of the application.



CERTIFIED DIALYSIS - LICENSED PRACTICAL NURSE



CERTIFIED DIALYSIS - LICENSED VOCATIONAL NURSE

**Inactive
Status
Application**



**Nephrology Nursing
Certification Commission**



CERTIFIED DIALYSIS - LICENSED PRACTICAL NURSE



CERTIFIED DIALYSIS - LICENSED VOCATIONAL NURSE

Inactive Certification Status Application

A Certified Licensed Practical Nurse/Licensed Vocational Nurse may request inactive status if he/she is unable to meet the requirements for recertification.

If approved, inactive status will be granted for only one, three (3) year period. During this time, the CD-LPN/LVN credential may not be used. In order to recertify after the three (3) year inactive period, the criteria for regular recertification must be met and a new recertification application, including the application fee, must be submitted. Under no circumstance will the inactive period be extended beyond three years.

INSTRUCTIONS

Complete the application for inactive status in its entirety and submit a letter describing the reason. Please print or type all information requested. Applications for inactive status must be received prior to the certification expiration date, no later than the last day of the month in which your certification expires.

Application Fee (check ALL that apply): \$75 \$50 Late fee

Payment Method (check one): Check or money order (payable to NNCC) Charge my credit card

1. Name _____
Last Maiden First Middle

2. Expiration date of current certification _____

3. Home address _____
Street/P.O. Box City/Province State/Country Zip/Country Code

4. Date of Birth ____/____/____ (month/day/year)

5. Personal phone _____ Work phone _____

6. Has your address changed in the past three (3) years? yes no

7. Fax _____ E-Mail _____ Last 4 digits of social security number _____

8. LPN/LVN license: State _____ Permanent number: _____ Expiration date _____

I hereby attest that I have read and understand the NNCC information provided in this application booklet. I hereby apply for inactive status and verify that all information is correct.

Applicant's Legal Signature _____ Date _____

Credit Card Authorization Form

The NNCC accepts only Visa, MasterCard or Discover credit cards. Home telephone: _____

Name: _____ Work telephone: _____

Address: (as it appears on your credit card statement) Charge my card in the amount of \$ _____

_____ Card number: _____

City: _____ CVV: _____ Expiration date: _____

State: _____ Zip: _____ Country: _____

Authorized Signature Required

Did You Remember to ✓

- Complete inactive status application?
- Include a letter of explanation?
- Include the appropriate fee?
- Additional late fee if submitted after expiration date?
- Sign and date the application?

Mail completed application to:

NNCC
PO Box 56
Pitman, NJ 08071-0056

If using a credit card for payment, you may fax your complete application to NNCC at 856-582-0030.

CD-LPNe[®]

CERTIFIED DIALYSIS - LICENSED PRACTICAL NURSE emeritus

CD-LVNe[®]

CERTIFIED DIALYSIS - LICENSED VOCATIONAL NURSE emeritus

**Emeritus
Status
Application**

nncc[®]

**Nephrology Nursing
Certification Commission**



CERTIFIED DIALYSIS - LICENSED PRACTICAL NURSE emeritus



CERTIFIED DIALYSIS - LICENSED VOCATIONAL NURSE emeritus

Emeritus Status Application

To obtain Emeritus status, the applicant must meet the following criteria: the certificant must be older than 50 years of age, must have previously held an NNCC credential, and must not be actively practicing nursing.

If approved, the certificant may use the Emeritus credential to acknowledge previous attainment of the active credential and the accomplishments it signifies in correspondence and in attendance at American Nephrology Nursing Association (ANNA) membership events and other nephrology nursing activities.

If the certificant chooses to return to nursing practice and wishes to reacquire the active credential he/she must meet current eligibility criteria and again certify by examination.

INSTRUCTIONS

Complete the application for Emeritus status and submit a copy of your government issued photo ID. Please print or type all information requested. The application must be completed and signed to be processed. Applications for Emeritus Certification Status must be received prior to the certification expiration date, no later than the last day of the month in which your certification expires.

Application Fee: \$100

Payment Method (check one): Check or money order (payable to NNCC) Charge my credit card

1. Name: _____
Last
Maiden
First
Middle

2. Expiration date of current certification: _____

3. Home address: _____
Street
City
State
Zip

4. Personal phone: _____

5. Fax: _____ E-Mail: _____ Last 4 digits of social security number: _____

6. Date of Birth ____ / ____ / ____ (month/day/year)

7. Has your address changed in the past three (3) years? yes no

I hereby attest that I have read and understand the NNCC information provided in this application booklet. I hereby apply for Emeritus Certification Status and verify that all information is correct.

Applicant's Legal Signature: _____ Date: _____

Credit Card Authorization Form

The NNCC accepts only Visa, MasterCard or Discover credit cards. Home telephone: _____

Name: _____ Work telephone: _____

Address: (as it appears on your credit card statement) Charge my card in the amount of \$_____

_____ Card number: _____

City: _____ CVV: _____ Expiration date: _____

State: _____ Zip: _____ Country: _____

Authorized Signature Required

Did You Remember to ✓

- Complete Emeritus Status Application?
- Include a copy of Government Issued Photo ID?
- Include the appropriate fee?
- Sign and date the application?

Mail completed application to:

NNCC
PO Box 56
Pitman, NJ 08071-0056

If using a credit card for payment, you may fax your complete application to NNCC at **856-582-0030**.