



# Recertification Application



# Recertification Application Booklet

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### ***Certified Dialysis Nurse (CDN) Recertification***

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### ***Certified Dialysis Nurse (CDN) Recertification by Examination***

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***Introduction***

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To qualify for recertification, a Certified Dialysis Nurse (CDN) 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 postmarked by the certificant certification expiration date.

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 CDN is a national credential that may be used in all professional activities and correspondence.

The following two options are available to 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 CDN, please refer to the eligibility requirements on page 9 of this booklet.

**Recertification by examination:**

A recertification by examination application can be found on page 19 of this booklet. When submitting the examination application for recertification, all requirements for recertification must be met except for #3, continuing education. Testing must be completed before the certification expiration date to avoid a lapse in certification status.

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***Verification of Recertification***

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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](http://www.nncc-exam.org).

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***Current Address***

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

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***Inactive Status***

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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 CDN 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.

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***Emeritus Status***

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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 one-time 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.

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***Fee Schedule***

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**Recertification application fees are non-refundable.** Periodically fees are reevaluated and adjustments may be made. Fees can only be adjusted by a vote of the NNCC Commission. To avoid a late fee, the recertification application must be postmarked by the certification expiration date. For an additional (late) fee a certificant may submit a recertification application after the certification expiration date, provided all eligibility criteria are met during the certification period. Applications are processed in order of receipt. It may take up to eight (8) weeks from date of receipt of an application to be reviewed. Expedited applications will be processed within 14 business days from receipt with an additional expedited fee included.

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***Continuing Education Approvers and Providers***

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Contact hours must be accredited by one of the following to be accepted toward the continuing education requirement for recertification:

- 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.**

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***Acceptable Continuing Education***

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**Nephrology programs**

These programs must be specific to nephrology nursing practice. Credit will be given according to the number of contact hours awarded. 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.

**Professional publications**

The publication of materials must be relevant to nephrology nursing. The format should be a manuscript, research paper, book, or book chapter and must be published by a recognized publishing house or professional journal. Forty-five (45) contact hours will be assigned for authorship or co-authorship of a book. Fifteen (15) contact hours will be assigned for a book chapter, manuscript, article or paper.

**Academic credit**

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.

**Multimedia program development**

Includes the preparation of program content and script of videotapes, audiotapes, or computer-generated discs. The program must be relevant to nephrology and be awarded continuing education credit in nursing. The production of one program equals five (5) contact hours.

**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 a copy of your transcript.**

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***Denial/Revocation of Certification***

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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 RN 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).

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***Appeal Process***

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An individual 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 deci-

sion 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: I am the second author of a nephrology nursing article published in a recognized professional journal. Do I receive credit for professional publications?**

A: Yes, if you are listed as an author, you receive full credit, which is forty-five (45) contact hours.

**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 15<sup>th</sup> 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 certify by retaking the examination. Another option is to apply for inactive status. See page 17 of this booklet for information on inactive status.





**Recertification  
By Continuing  
Education  
Application**



**Nephrology Nursing  
Certification Commission**





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**CDN U.S. Eligibility Criteria**

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1. Certificant must be a registered nursing holding a current, full and unrestricted license in the United States or its territories and hold the CDN credential.
2. Certificant must have at least 1500 hours of work experience within the previous three years as a registered 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.
3. Continuing education must include forty-five (45) hours of approved education credits earned within the three (3) year certification period. A minimum of ten (15) contact hours must be nephrology specific.
  - Certificants enrolled in a health/science degree program may apply all academic coursework in lieu of nursing continuing education for one recertification period.
  - Continuing education criteria is not required for recertification by examination.

**All continuing education and defined clinical experience requirements must be met during the 3-year certification period in order to recertify as a CDN. 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.**

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**CDN International Eligibility Criteria**

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1. Certificant must hold a current, full, and unrestricted license as a first-level general nurse in the country in which the general nursing education was completed.
2. Certificant must have at least 1500 hours of experience within the previous three (3) years as a first level general 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.
3. Certificant must have acquired forty-five (45) contact hours of nursing continuing education a minimum of 15 specific to nephrology in the previous three (3) years.

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**CDN Contact Hour Certificates**

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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 (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 during your 3-year certification period.**

**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.**

***CDN Recertification Application Instructions***

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1. Make sure you meet all CDN 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 a copy of your current, government issued photo ID (non-temporary), if recertifying by examination.
6. Enclose evidence of current membership with ANNA, ASN, NKF or NOVA, if applicable.
7. Enclose appropriate fee made payable to NNCC.
8. Retain a copy of the recertification application and all contact hour certificates.
9. If waiving employment criteria, include documented evidence of matriculation into a baccalaureate degree in nursing program.



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 ANNA / NOVA / ASN / NKF Member  \$175 Non-member  
 \$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 \_\_\_\_\_ Personal E-mail: \_\_\_\_\_
4. Home/ mailing address \_\_\_\_\_  

Street/P.O. Box
City/Province
State/Country
Zip/Country Code
5. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)
6. Personal phone \_\_\_\_\_ Work phone \_\_\_\_\_
7. Has your address changed in the past three (3) years?  Yes  No
8. RN license: State \_\_\_\_\_ Permanent number: \_\_\_\_\_ Expiration date \_\_\_\_\_
9. Have you been employed as a RN 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 CDN. (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 or as an independent practitioner and meets the eligibility requirements set forth by the NNCC for recertification.  
  
 Signature of current supervisor \_\_\_\_\_ Date \_\_\_\_\_  
  
 Print Name and Title of supervisor (eg: director, manager, etc) \_\_\_\_\_  
  
 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 or as an independent practitioner and meets the eligibility requirements set forth by the NNCC for certification.

Signature of former supervisor \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title of supervisor (eg: director, manager, etc) \_\_\_\_\_

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 CDN status
- Cheating on a nephrology certification examination
- Failure to meet continuing education requirement.
- Failure to meet work requirement

**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 Nurse for the duration of their certification. I hereby attest that I have read and agree to the Fee Schedule 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 \_\_\_\_\_

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**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** ✓

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- 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?
- Include documentation of your current ANNA, NOVA, NKF or ASN membership if applicable.

**Mail completed application to:**

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NNCC  
PO Box 56  
Pitman, NJ 08071

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

**Do not send copies of contact hour certificates unless requested to do so, use page 15 to report contact hours earned during the 3-year certification period.**



**CDN Form 1  
Continuing Education**

(ALL contact hours must be earned during the three (3) year certification period)

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.



**CDN 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.



**Recertification  
By Examination  
Application**



**Nephrology Nursing  
Certification Commission**





## Recertification by Examination Application

Applications must be postmarked on or before the certification expiration date to avoid a late fee. Applications can take up to 4 weeks from date of receipt for processing, or 1 – 3 business days if “Expedited Review” is selected.

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

- CBT (computer based testing)
- Postmark applications at least four (4) weeks prior to date you wish to test.
  - If approved, you will receive a permit by email with instructions on how to schedule an exam by appointment

Application Fee (check ALL that apply):  \$300 ANNA / NOVA /NKF / ASN Member  \$350 Non-member  
 \$50 Late fee  \$50 Expedited Review

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

**Be advised:** We will register your name as it appears on your government issued photo ID. The line below is for application processing only.

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/mailling address \_\_\_\_\_  
Street/P.O. Box City/Province State/Country Zip/Country Code

6. Personal phone \_\_\_\_\_ Work phone \_\_\_\_\_

7. Has your address changed in the past three (3) years?  Yes  No

8. RN license: State \_\_\_\_\_ Permanent number: \_\_\_\_\_ Expiration date \_\_\_\_\_

9. Have you been employed as a RN 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 are not a full time student in a nursing degree program as described in question 9, you are not eligible to recertify as a CDN. (See information on inactive status on page 23 of this booklet).

12. Verification of Employment

I hereby verify that this individual has worked as a dialysis nurse for at least 1,500 hours within the last three (3) years.

Signature of current or most recent supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title of supervisor: \_\_\_\_\_

Supervisor’s E-mail: \_\_\_\_\_

Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

Business address: \_\_\_\_\_

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 CDN status
- Cheating on the CDN examination

**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 Clinical Hemodialysis Technicians for the duration of their certification. I hereby attest that I have read and agree to the Deadlines, Cancellations, and Rescheduling policy for retesting found on page 3 of the Certification Examination Application booklet, and 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: \_\_\_\_\_

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**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*

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**Did You Remember to** ✓

- Complete the recertification application in its entirety?
- Include the appropriate fee?
- Have your employer complete his/her portion of the application in its entirety?
- Sign and date the application?
- Keep a copy of the application and all supporting documents?
- Include documentation of your ANNA, NOVA, NKF or ASN membership?
- Include a copy of our current, government issued photo ID?

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**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.**



**Inactive  
Status  
Application**



**Nephrology Nursing  
Certification Commission**





## Inactive Certification Status Application

A Certified Dialysis 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 CDN 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 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. Personal phone  \_\_\_\_\_ Work phone  \_\_\_\_\_  
Please check preferred contact number

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

6. Fax \_\_\_\_\_ E-Mail \_\_\_\_\_ Last 4 digits of social security number \_\_\_\_\_

7. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

8. RN 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*** ✓

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- 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:***

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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.**



**Emeritus  
Status  
Application**



**Nephrology Nursing  
Certification Commission**





## 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 nephrology organization 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/P.O. Box City/Province State/Country Zip/Country Code

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*** ✓

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- 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:***

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NNCC  
PO Box 56  
Pitman, NJ 08071-0056

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