Certification Examination Application Booklet

Table of Contents

Mission ................................................................. 3
Philosophy .......................................................... 3
Purpose ................................................................. 3
About NNCC ......................................................... 3
ABNS Accreditation ................................................ 3

Application Process
Deadlines, Cancellations, and Rescheduling ........................................ 4
Change of Name and Address ......................................................... 4
Disability Accommodations .......................................................... 4
Examination Permit .............................................................. 4

Examination Administration
Preparation for the Examination ....................................................... 5
Examination Objectives ............................................................. 5
Materials to Bring to the Examination ............................................. 5
Taking the Examination ............................................................. 5
Inappropriate Behavior During the Examination ............................... 5

Examination Results
Examination Results and Notification ............................................. 6
Confidentiality ............................................................................. 6
Recognition of Certification .......................................................... 6
Wall Certificate and Wallet Card ..................................................... 6
Denial/Revocation of Certification ................................................... 6
Appeal Process ........................................................................... 6
Reapplication Procedure ............................................................... 6

Certified Dialysis – LPN/LVN Examination
CD-LPN/LVN Eligibility Criteria .................................................... 9
CD-LPN/LVN Application Instructions ............................................ 9
CD-LPN/LVN Examination Content/Test Blueprint ............................ 10
CD-LPN/LVN Application ............................................................ 11-12
CD-LPN/LVN Application Checklist .............................................. 13
CD-LPN/LVN Steps Toward Recertification ..................................... 14
CD-LPN/LVN Inactive Status ......................................................... 14
CD-LPN/LVN Emeritus Status ......................................................... 14

Revised 2/18
The Nephrology Nursing Certification Commission (NNCC) exists to establish credentialing mechanisms to promote patient safety and to improve the quality of care provided to patients with kidney disease.

**Philosophy**

The NNCC supports the philosophy that there should be a diversity of examinations that will effectively provide the opportunity for certification at various levels of education, experience, and areas of practice within nephrology nursing.

**Purpose**

To improve and maintain the quality of professional nephrology nursing care through the development, administration, and supervision of a certification program in nephrology nursing. To engage in any and all necessary and lawful activities to implement the foregoing purpose and to exercise all powers and authority now or hereafter conferred upon not-for-profit corporations under the laws of the state of New Jersey.

**About NNCC**

Formerly known as the Nephrology Nursing Certification Board (NNCB), the NNCC was established in 1987 for the purpose of promoting the highest standards of nephrology nursing practice through the development, implementation, coordination, and evaluation of all aspects of the certification and recertification processes. The NNCC is national in scope, is separately incorporated, and is an independent organization that collaborates with the Center for Nursing Education and Testing (C-NET) in test development, test administration, and test evaluation. The Commission is comprised of registered nurses with content expertise in nephrology nursing.

The development of certification examinations for the specialty of nephrology nursing is based on the Dreyfus Model of Skill Acquisition as adapted by Patricia Benner, RN, PhD to clinical nursing practice. The model is founded on descriptive research that identifies five levels of clinical nursing practice, also referred to as levels of professional development. These levels – novice, advanced beginner, competent, proficient, and expert – were described in the words of nurses who were interviewed and observed either individually or in small groups. The levels of professional development address the scope of nursing practice not the quality of a nurse’s performance. The NNCC bases the development of its examinations on practice analyses that define the scope and description of professional nursing practice in nephrology.

The Certified Nephrology Nurse (CNN) examination was created to test the broad scope of nephrology nursing practice at a proficient level. The Certified Dialysis Nurse (CDN) examination was created to test entry-level nephrology nurses practicing at a competent level in the dialysis setting. The Certified Nephrology Nurse - Nurse Practitioner (CNN-NP) examination was created to test nurse practitioners practicing in all nephrology settings at a competent level. These examinations are endorsed by the American Nephrology Nurses’ Association (ANNA). In addition, the NNCC continues to regularly collect data through national practice surveys regarding the knowledge, skills, and abilities of nurses practicing in nephrology settings.

In 1997, a joint task force was created by ANNA and the National Association of Nephrology Technicians/Technologists (NANT) to improve the education, training, and competency assessment of unlicensed personnel working in dialysis facilities. The task force developed a standardized program for education and training of hemodialysis technicians. Following this, a special committee was created to develop an entry-level competency test. The NNCC, as an examination board, was asked to administer the test and certify hemodialysis technicians for initial competencies in knowledge, skills, and abilities. The test, known as the Certified Clinical Hemodialysis Technician (CCHT) examination, is endorsed by ANNA and NANT, and is regularly updated using national data from job surveys.

An expanded job analysis/role delineation survey conducted in 2010/2011 for non-RN staff provided data on the roles and scopes of practice for experienced technicians and licensed practical nurses/licensed vocational nurses working within the nephrology nursing workforce. Based on the results of that survey, two additional examinations were developed – the Certified Clinical Hemodialysis Technician – Advanced (CCHT-A) exam, and the Certified Dialysis – Licensed Practical Nurse/Licensed Vocational Nurse (CD-LPN/LVN) exam. Both exams were offered beginning October 2012.

The Center for Nursing Education and Testing (C-NET) was chosen by the NNCC to provide testing and evaluation services to meet nephrology nursing’s assessment needs. The NNCC and C-NET conduct practice analyses of nephrology nursing practice and job analyses of hemodialysis technicians. Collaboratively, NNCC and C-NET develop and administer examinations to nephrology caregivers.

The NNCC believes that the attainment of a common knowledge base, utilization of the nursing process, and a predetermined level of skill in the practice setting are required for practice in nephrology nursing. Certification exists primarily to benefit the public, and the NNCC believes that nurses and technicians providing care to patients with kidney disease should demonstrate a minimum level of knowledge, skills, and abilities. Certification also provides professional recognition for these achievements. The Commission recognizes the value of education, administration, research, and clinical practice in fostering personal and professional growth and provides examinations to validate this performance.

**ABNS and ABSNC Accreditation**

The American Board of Nursing Specialties (ABNS), established in 1991, is a not-for-profit, membership organization focused on consumer protection and improving patient outcomes by promoting specialty nursing certification. The Accreditation Board for Specialty Nursing Certification (ABNSC), formerly the ABNS Accreditation Council, is the only accrediting body specifically for nursing certification. ABNSC accreditation is a peer-review mechanism that allows nursing certification organizations to obtain accreditation by demonstrating compliance with the highest quality standards in the industry.

The NNCC is a charter member of the ABNS and the Certified Nephrology Nurse (CNN) certification program was one of the first national certification programs to be recognized and accredited.
Declarations, Cancellations, and Rescheduling

Submissions for Computer-Based Testing (CBT)

**Declarations**

There is no submission deadline for the CBT format.

**Refunds**

Applicants requesting a refund must first cancel any scheduled exam date previously booked with the computer-based testing agency. Written refund requests must be submitted by the payee and received by NNCC no later than two (2) weeks prior to the close of the 90-day testing window printed on the exam. Refund requests received after this time will not be considered. A refund request must include the applicant’s full name, the last four digits of the social security number, and the name of the exam being cancelled or the request will not be considered. Refunds are issued minus an application processing fee and any other non-refundable fees.

**Reschedule Requests**

To reschedule a CBT exam, the applicant must contact the computer-based testing agency by calling the number provided on the CBT examination permit no less than 48 hours prior to the scheduled exam. Reschedule requests or cancellations made less than 48 hours prior to the scheduled exam will not be accepted, and the applicant must either test as scheduled or be considered a ‘no-show.’ No-show applicants may still qualify for a 90-day extension, but the applicant must contact C-NET in writing before the close of their 90-day testing window. A 90-day extension Fee will apply.

C-NET
35 Journal Square, Suite 901
Jersey City, NJ 07306

**Special 90-Day Permit Extension**

For more information regarding 90-Day extension, see the section of this brochure titled, “Examination Permit”

**Submissions for Paper/Pencil Testing (P&P)**

**Declarations**

The completed application and appropriate fee must be postmarked no later than the postmark deadline date specified on the examination schedule, which can be found on the NNCC website at www.nncc-exam.org. Applications will be accepted for an additional two weeks beyond the postmark deadline date with the addition of a late fee. No exceptions will be made to this policy.

**Refunds**

Written refund requests will be accepted by NNCC no later than two (2) weeks prior to the examination date and must be submitted by the payee. Refund requests received after this time will not be considered. The request must include the applicant’s full name, the last four digits of the social security number, and the name of the exam being cancelled or the request will not be considered. Refunds are issued minus an application processing fee and any other non-refundable fees.

**Reschedule Requests**

Applicants applying for the paper-and-pencil format (P&P) will be allowed one reschedule into the CBT format. Written reschedule requests must be received by C-NET no later than two

Change of Name and Address

The applicant will not be able to request a name change after the examination permits have been issued. The name that the applicant used on the certification examination application form is the name that is submitted to the Center for Nursing Education and Testing (C-NET) for test administration.

When the applicant appears at the test site, the name on the examination permit must match the other forms of identification. The applicant will not be allowed to sit for the examination without proper identification.

If an applicant changes his or her name and/or address, the Nephrology Nursing Certification Commission (NNCC) should be notified in writing, by fax, or by email.

Please Note: NNCC and C-NET must determine that the applicant name and the name provided in any and all supporting documentation (i.e. high school diploma, transcript etc.) does, refer to one and the same person. If this is not evident, you must include proof of a legal name change when submitting an application.

Disability Accommodations

NNCC and C-NET will make special testing arrangements to accommodate applicants with the following special needs:

- Documented disabilities that interfere with test taking (e.g., reading or learning disorders)
- Documented religious convictions that preclude Saturday testing

If you wish to make such arrangements you must notify C-NET in writing. Attach the request to the front of your application. C-NET will review your request and contact you regarding the special accommodation process. Please allow up to ten weeks to accommodate your request.

Examination Permit

Upon approval of an examination application, the applicant will receive an examination permit by mail.

The permit will include a toll-free number that the applicant must call to schedule the exam at the computer-based testing location of choice. The computer-based testing agency will send a follow-up email to the applicant confirming the exam site, date, and time that the applicant has chosen.

If the applicant does not receive an examination permit within 4-6 weeks of submission, notify C-NET by calling 800.463.0786.

- Applicants will not be admitted to the examination without an examination permit.
- Substitution of an applicant cannot be made and no such request will be honored.

The examination permit will remain active for a period of 90

4
days (from the date of issue). The applicant must test within the 90-day window printed on the permit. If the applicant does not test by the end of the 90-day window, both the examination permit and exam application will expire. The applicant must then submit a new application and fee for the exam before being allowed to test.

90-Day Extension
C-NET will grant a 90-day extension to untested applicants who require a new 90-day window. Only one 90-day extension will be granted per qualifying applicant and the permit extension will only allow for testing in the CBT format. Applicants requesting a 90-day extension must contact C-NET in writing before the close of the 90-day testing window. A 90-day extension fee will apply.

Paper/Pencil Exam
Upon approval of an examination application, the applicant will receive an examination permit from C-NET. The permit will include the examination date, examination site address, and the time the applicant is to report to the examination site.

If an examination permit is not received within seven (7) days prior to the examination date, notify C-NET by calling 800.463.0786. If an examination permit is lost, C-NET should be notified immediately.

- Applicants will not be admitted to the examination without an examination permit.
- Substitution of applicants cannot be made and no such requests will be honored.

Preparation for the Examination
Please see NNCC website (www.nncc-exam.org) for the current reference list found under CD-LPN/LVN: Prepare for the Exam.

The NNCC does not offer contact hours or review courses. Continuing education activities available at the following websites:
www.annanurse.org
www.kidney.org
www.dialysistech.net

Examination Objectives
1. Perform clinical interventions appropriate for the pathologic processes and complications that occur with kidney disease and/or hemodialysis. (25%).
2. Fulfill role responsibilities to assure optimal patient outcomes in hemodialysis (e.g., quality improvement, confidentiality, precepting staff, reinforcing patient/family teaching). (18%).
3. Apply physiologic and technical principles of hemodialysis. (17%).
4. Recognize pathologic processes and complications that occur with kidney disease and/or hemodialysis. (15%).
5. Select appropriate actions when administering medication to patients receiving hemodialysis. (15%).
6. Apply principles of infection control in hemodialysis. (10%).

Materials to Bring to the Examination
Applicants arriving at the examination site must present the following to the proctor when checking in:

- The original C-NET examination permit
- Copies of the examination permit will not be accepted.
- A photo and signature bearing government issued identification card, (e.g., applicant's drivers license)
- Applicants who appear without photo identification will not be permitted to sit for the examination.

The name appearing on the applicant's photo identification card must be the same as the name appearing on the examination permit.

Reference books, notes, or other study materials may not be brought into the examination room. Examination questions do not include calculations that require a calculator. Personal belongings must be placed away from the examinee's immediate testing area. All cell phones, pagers and other communication devices must be turned off and put away.

Taking the Examination
The certification examinations are multiple-choice tests. It is important to read each question carefully and choose the one answer that you think answers the question correctly. There is no penalty for guessing, so an educated guess is appropriate if you are unsure of the answer. Four (4) hours are allotted to complete the examination.

Inappropriate Behavior During the Examination
The performance of all examinees will be monitored. Any examinee who gives or receives assistance, or otherwise engages in dishonest or improper behavior during the examination, may be required to cease taking the examination and leave the examination site. The examination manager will notify the C-NET office of any inappropriate behavior. The C-NET personnel will then notify the NNCC Executive Director.

After reviewing a reported incident, the NNCC will determine whether there is reason to allow the individual to retake the examination, refuse to release test results, or revoke the individual's eligibility to sit for future examinations.

Any individual who removes or attempts to remove materials from the examination site, or who discloses, reproduces, distributes, or otherwise misuses a test question from a certification examination, may face legal action.
Computer-Based Exam
Applicants taking a computer-based test will receive a score immediately upon completion.

Paper/Pencil Exam
Applicants taking a paper/pencil exam will be notified of their scores approximately 4 – 6 weeks after test administration. C-NET will mail all examination scores to the examinee.

For both computer-based and paper/pencil test administration:
• A total score will be provided for examinees who successfully pass the examination.
• Approximately 75% of the test items must be answered correctly to receive a passing score.
• A total score and sub scores in all the major test areas of concentration will be provided for examinees who do not pass the examination.

Confidentiality
To insure the security of the examination, the test materials are confidential and will not be released to any person or agency. An applicant's individual test results will be released only upon the applicant's written request. The NNCC reserves the right to post a successful applicant's name and certification expiration date on the NNCC website. Names are posted by state of residence.

Recognition of Certification
Certification is awarded to those who successfully complete the certification process by meeting the eligibility criteria and passing a written multiple-choice examination. The designated credential is Certified Dialysis Nurse (CDN) and is valid for three (3) years from the last day of the month in which the certificant passed the examination. The credential may be used in all professional activities and correspondence.

Wall Certificate and Wallet Card
The NNCC will mail out to all successful examinees a packet containing a wall certificate suitable for framing and a wallet card displaying an expiration date. Only one wall certificate will be issued; however, a new wallet card will be provided after each successful recertification.

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 nursing authority
• Misrepresentation of certification status
• Cheating on the examination
• Applicable state and/or federal sanctions brought against the applicant

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

The applicant will be notified in writing of the NNCCs decision(s)/action(s).

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

Reapplication Procedure
If an applicant does not pass the examination and wishes to take it again, he/she must submit a new examination application to NNCC along with the full fee.
**CD-LPN/LVN Eligibility Criteria**

1. The applicant must hold a full and unrestricted license as a licensed practical nurse/vocational nurse in the United States or its territories.

2. The applicant must have completed a minimum of 2000 hours experience as a licensed practical/vocational nurse in nephrology nursing caring for patients who require or may require dialysis, within the two (2) years prior to submitting the exam application.

3. The applicant must have completed fifteen (15) contact hours of continuing education in nephrology nursing relevant to the care of patients who require or may require dialysis within the two (2) years prior to submit the exam application.

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
- California, Florida, Iowa, Kansas, or Ohio 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.

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.

**Examination Application Instructions**

1. Complete all sections of the application. Be sure to include the last four (4) numbers of your social security number, since it will serve as your identification number.

2. Make certain your immediate supervisor completes the section on employment verification.

3. Attach to your application copies of contact hour certificates to total fifteen (15) nephrology related contact hours.

4. Attach to your application a photocopy of your current LPN/LVN license. (If you are unable to obtain a photocopy of your license, submit a letter or printout from your state board of nursing verifying your licensure with license number and date of expiration).

Note: If the name on any of the above documents does not match your current name, proof of name change must be submitted.

Examination permits will be issued only to those applicants with complete applications.
## Test Blueprint for Certified Dialysis LPN/LVN (CD-LPN or CD-LVN)  
### Ideal Distribution of 150 Items

<table>
<thead>
<tr>
<th>Dialysis nursing area</th>
<th>Cognitive level</th>
<th>A Knowledge</th>
<th>B Comprehension</th>
<th>C Analysis &amp; Application</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Clinical interventions for dialysis patients</td>
<td></td>
<td>1-3</td>
<td>6-8</td>
<td>27-29</td>
<td>36-38 (25%)</td>
</tr>
<tr>
<td>II. Role responsibilities</td>
<td></td>
<td>1-2</td>
<td>5-7</td>
<td>20-22</td>
<td>26-28 (18%)</td>
</tr>
<tr>
<td>III. Technical &amp; physiologic principles of dialysis</td>
<td></td>
<td>1-2</td>
<td>5-7</td>
<td>18-20</td>
<td>25-27 (17%)</td>
</tr>
<tr>
<td>IV. Pathology &amp; complications of CKD &amp; its treatment</td>
<td></td>
<td>1-2</td>
<td>4-6</td>
<td>16-17</td>
<td>21-23 (15%)</td>
</tr>
<tr>
<td>V. Medication administration</td>
<td></td>
<td>1-2</td>
<td>4-6</td>
<td>16-17</td>
<td>21-23 (15%)</td>
</tr>
<tr>
<td>VI. Infection control</td>
<td></td>
<td>0-1</td>
<td>2-4</td>
<td>10-12</td>
<td>14-16 (10%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>6-8</strong></td>
<td><strong>29-31</strong></td>
<td><strong>112-114</strong></td>
<td><strong>150</strong></td>
</tr>
</tbody>
</table>

Adopted July 2011
Examination Application

1. Choose ONLY one of the following exam options.
   a. 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/letter with instructions on how to schedule an exam by appointment.
   b. Paper/Pencil Exam
      • Postmarked on or before the application deadline date – ten (10) weeks prior to test date.

2. Application fee (check ALL that apply): $250 P&P or CBT $50 Late fee
   * (paper/pencil only if postmarked within two (2) weeks after deadline date)
   $50 Expedited review

3. Payment method (check one):
   • Check or money order payable to NNCC
   • Visa or MasterCard

4. Name ____________________________________________________________________________
   Last                                  Maiden                                                             First                                                         Middle

5. Last 4 digits of social security number _____________   E-mail ____________________________________________

6. Home/mailing address ____________________________________________________________________________
   Street/P.O. Box                                                                            City                        State                    Zip

7. Personal phone  ___________________________ Work phone  __________________________
   Please check preferred contact number

8. LPN/LVN license: State __________________________  Permanent number: __________________________

9. Date originally licensed as an LPN/LVN _____________________ License expiration date ________________

10. Years of experience as an LPN/LVN in nephrology nursing: _________ years _______ months

11. Have you been employed as an LPN/LVN in nephrology nursing at least 2,000 hours in the past two (2) years?  Yes  No

12. Highest level of education completed (choose one): Diploma
     Associate Degree – Nursing
     Associate Degree – Other

Credit Card Authorization Form

The NNCC accepts only Visa and MasterCard credit cards.

Name: ____________________________________________ Home telephone: __________________________

Address: (as it appears on your credit card statement)
          ____________________________________________

Charge my:   Visa   MasterCard the amount of $________

City: ____________________________________________ Expiration date: __________________________

State: _____ Zip: _______ Country: __________________

Authorized Signature
## Employment History

Begin with your present employer. Only **nephrology-related** positions during the past two (2) years need to be documented. Please do not send resumes. (Use a blank sheet of paper if additional space is needed).

<table>
<thead>
<tr>
<th>From Month/Year</th>
<th>To Month/Year</th>
<th>Employer name and Address</th>
<th>Position/Title</th>
<th>Supervisor</th>
<th>Hours Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**YOUR SUPERVISOR MUST COMPLETE THIS SECTION IN ITS ENTIRETY:**

As indicated above the applicant has worked as an LPN/LVN in nephrology nursing at least 2,000 hours during the past two (2) years by _______________________________________________________________.

employer

________________________________________________________________   ____________   ____________________

City State Zip

I further attest that the applicant is currently licensed as an LPN/LVN in the state of ______________________________

_____________________________________________________     ___________________________________________

Supervisor’s Signature                                                                                                                                                  Date

____________________________________________   ______________________________________________________

Title                                                                                                                                                                       Facility/Institution

______________________    ________________________    _________________________________________________

Phone                                                                            Fax                                                                                            E-mail

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 LPN/LVN license by nursing authority
- Misrepresentation of certification status
- Cheating on the certification examination
- Applicable state and/or federal sanctions brought against the applicant

**APPLICANT — PLEASE READ AND SIGN THE STATEMENT OF UNDERSTANDING BELOW:**

I hereby attest that I have read and understand the Nephrology Nursing Certification Commission (NNCC) policy on denial, suspension, or revocation of certification and that its terms shall be binding on all applicants for certification and all certified LPN/LVN nurses for the duration of their certification. I hereby attest that I have read and agree to the Deadlines, Cancellations, and Rescheduling policy found on page 4 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 Certification Application Booklet. I hereby apply for certification offered by the NNCC. I understand that 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, upon passing the examination, the NNCC reserves the right to publish my name and certification 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 NNCC reserves the right to verify any or all information on this application.

_________________________                                                                                     __________________________

Legal Signature                                                                                                  Date

Revised 2/18
CD-LPN/LVN Application Checklist

Did you remember to ✓

- Complete the examination application in its entirety?
- Attach clear copies of contact hour certificates to total 15 contact hours specific to nephrology?
- Attach a copy or a verification of your current LPN/LVN license, with the expiration date clearly visible or a letter or printout from your state board of nursing verifying licensure with license number and date of expiration?
- Attach proof of name change if applicable?
- Include a check, money order, or credit card authorization form for the appropriate fee?
- Have your employer complete his/her portion of the application?
- Sign and date the application?
- Keep a copy of the application and supporting documents for your records?

Note: Examination permits are issued only to applicants with completed, approved applications

Contact hour certificates MUST include the following information:

- Name of attendee
- Date of program
- Name of program
- Number of contact hours awarded
- Accreditation statement

Programs are recommended to be accredited 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
- California, Florida, Iowa, Kansas, or Ohio State Boards of Nursing

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

Mail completed application to:

NNCC
PO Box 56
Pitman, NJ 08071-0056

For more information, please visit the NNCC website at:

www.nncc-exam.org
Steps Toward Recertification for the
Certified Dialysis Licensed Practical/Vocational Nurse

Notification/Expiration

As a courtesy, the NNCC will notify certificants at 120, 90, 60, 45, and 30 days prior to certification expiration. Ultimately it is the certificant's responsibility to obtain the necessary application form and submit it to the NNCC before the certification expiration date. The NNCC is not responsible for undelivered mail. A recertification application may be obtained by visiting the NNCC website at www.nncc-exam.org or by calling 888.884.6622 and requesting one be mailed to you. Your completed application, appropriate forms, copies of supporting materials, and fee(s) must be submitted as required. **Keep a copy of your recertification application and supporting materials for your records.** Certification expires on the last day of the month, three years from the original date of certification.

Recertification Options

You may meet the recertification requirements by choosing either the examination option or the continuing education option.

1. If you elect the examination option, you may test within the year prior to expiration of your current certification. For paper/pencil exam recertification you must submit a application form and fee prior to the postmark deadline date printed on the exam schedule. For the computer-based test (CBT) the recertification application form with the exam option clearly marked must be submitted prior at least 4 weeks prior to certification expiration. A recertification application and examination schedule may be obtained by visiting the NNCC website at www.nncc-exam.org or by calling 888-884-6622. Processing of applications received after the deadline date cannot be guaranteed.
   - Certificants enrolled full-time in a baccalaureate degree in nursing program may waive the work requirement for one recertification period.
   - Certificants 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.

2. If you elect the continuing education option, you must submit a recertification application listing the required documentation of continuing education and the recertification fee. The application for recertification must be post-marked by the last day of the month in which your certification expires.

Eligibility Criteria

To qualify you must be a Certified Dialysis Licensed Practical Nurse/Vocational nurse (CD-LPN/LVN) and meet all of the eligibility requirements.

1. Must be a licensed practical/vocational nurse holding a current, full and unrestricted license in the United States or its territories.
2. Must have completed a minimum of 1500 hours as a licensed practical/vocational nurse in nephrology nursing during the last three (3) years.
   - Certificants enrolled full time in a baccalaureate degree in nursing program may waive the work requirement for one recertification period.

3. Must have acquired 30 contact hours of nephrology nursing continuing education credit in the previous three (3) years.
   - Certificants enrolled in a baccalaureate degree in nursing program may apply all academic coursework in lieu of nephrology nursing continuing education for one recertification period.

4. See recertification booklet for additional criteria.

Fees

Recertification application fees are non-refundable. Periodically fees are re-evaluated and adjustments may be made. Only NNCC Commissioners can authorize fee changes. The required fees are listed on the application forms.

Verification of Certification

If approved for recertification, certificants will receive a wallet card with expiration date within sixty (60) days of the date the National Office receives a recertification application. Replacement cards are available for a fee.

Current Address

It is the **certificant's responsibility** to notify the NNCC National Office of any changes in name and/or address during the three (3) year period following certification/recertification. Notification of changes on other mailing lists, such as ANNA, will not affect a change in your recertification records.

Inactive Status

A Certified Dialysis–Licensed Practical/Vocational 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 (available on the NNCC website at www.nncc-exam.org or by calling 888.884.6622), submit a letter describing the reason, and submit the fee. 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 recertification application must be submitted. Under no circumstance will the inactive period be extended beyond three (3) years.

Emeritus Status

LPNs/LVN's 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 (available on the NNCC website at www.nncc-exam.org or by calling 888.884.6622) 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.
Certification Examination Application

Nephrology Nursing Certification Commission
East Holly Avenue, Box 56
Pitman, NJ 08071-0056
888-884-6622
nncc-exam.org