Emeritus Status Application
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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.

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 Association events and other nephrology activities.

If the certificant chooses to return to 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.

Applicants Legal Signature ______________________________________________________ Date _____________

The NNCC accepts only Visa, MasterCard or Discover credit cards.

Name: __________________________________________

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

_____________________________________________________________

City: __________________________________________

State: ______ Zip: _______ Country:________________________

Home telephone: ________________________________

Work telephone: _________________________________

Charge my card in the amount of $____________

Card number: _________________________________

CVV:_______ Expiration date: ____________________

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.