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 related events.

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 by the certification expiration date.

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. Date of Birth ______ /______ /______ (month/day/year)

5. Personal phone: _____________________________________________________________

6. Fax: ______________________ E-Mail: ______________________ Last 4 digits of social security number: __________

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.