



**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.

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 \$_____
City: _____	Card number: _____
State: _____ Zip: _____ Country: _____	CVV: _____ Expiration date: _____
	_____ <i>Authorized Signature Required</i>

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**.