Inactive Status Application
Inactive Certification Status Application

A Certified Licensed Practical Nurse/Licensed Vocational 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 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 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. Date of Birth ______ /______ /______ (month/day/year)

5. Personal phone ___________________________ Work phone _____________________________

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

7. Fax __________________ E-Mail____________________________Last 4 digits of social security number _________

8. LPN/LVN 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.

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

Revised 1/2023
Did You Remember to ✔

- 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:

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.