



CERTIFIED DIALYSIS - LICENSED PRACTICAL NURSE



CERTIFIED DIALYSIS - LICENSED VOCATIONAL NURSE

# Inactive Status Application



**Nephrology Nursing  
Certification Commission**





CERTIFIED DIALYSIS - LICENSED PRACTICAL NURSE



CERTIFIED DIALYSIS - LICENSED VOCATIONAL NURSE

## 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. 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

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***Did You Remember to*** ✓

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- ☐ 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:***

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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**.