

CD-LPN

CERTIFIED DIALYSIS - LICENSED PRACTICAL NURSE

CD-LVN

CERTIFIED DIALYSIS - LICENSED VOCATIONAL NURSE

**Inactive
Status
Application**

nncc[®]

**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 Visa MC

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. Personal phone _____ Work phone _____
Please check preferred contact number

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

6. Fax _____ E-Mail _____ Last 4 digits of social security number _____

7. 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.

Legal Signature _____ Date _____

Credit Card Authorization Form

The NNCC accepts only Visa and MasterCard credit cards.

Home telephone: _____

Name: _____

Work telephone: _____

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

Charge my: Visa MasterCard the amount of \$ _____

Card number: _____ CVV _____

City: _____

Expiration date: _____

State: _____ Zip: _____ Country: _____

Authorized Signature

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 to NNCC:

East Holly Avenue Box 56
Pitman, NJ 08071-0056