

CERTIFIED DIALYSIS - LICENSED PRACTICAL NURSE



CERTIFIED DIALYSIS - LICENSED VOCATIONAL NURSE

Recertification By Examination Application



Nephrology Nursing Certification Commission

CD-LPN CD-LVN Recertification Application



CERTIFIED DIALYSIS - LICENSED PRACTICAL NURSE

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Recertification by Examination Application

Application must be postmarked on or before certification expiration date to avoid a late fee. Please print or type all information requested. Incomplete or illegible applications will be returned to the certificant. Recertification fees and late fees are non-refundable.

| Choose ONLY one of the following exam options. ☐ CBT (computer based testing) • Postmark applications at least four (4) weeks price • If approved, you will receive a permit/letter with | | | appointment |
|--|---|---------------------------|------------------|
| ■ Paper/Pencil Exam Date • Postmarked on or before the application deadline | • | s prior to test date. | |
| Application Fee (check ALL that apply): ☐ \$250 |) □ \$50 Late fee | ☐ \$50 Expedited Re | eview |
| Payment Method (check one): 🗖 Check or money order (pa | ayable to NNCC) | ☐ Charge my credit car | rd 🖵 Visa 🖵 MC |
| 1. NameLast Maiden | F | irst | Middle |
| Expiration date of current certification | | | |
| 3. Last four (4) digits of social security number | E-mail | | |
| 4. Home/mailing addressStreet/P.O. Box | City/P | rovince State/Country | Zip/Country Code |
| 5. Personal phone ☐ | Work photk preferred contact number | ne 🖵 | |
| 6. Has your address changed in the past three (3) years? | ☐ Yes ☐ No | | |
| 7. LPN/LVN license: State Permanent | number: | Expiration date | |
| 8. Have you been employed as an LPN/LVN in nephrology ☐ Yes ☐ No | nursing for at least 15 | 600 hours during the last | three (3) years? |
| | uthorization Fori | | |
| 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 \$ | | |
| | | | |
| City: | Expiration date: | | |
| State: 7in: Country: | | | |

Revised 7/14

Authorized Signature

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| 9. Have you been pursuing a baccalaureate degree in nursing full years? ☐ Yes ☐ No (If answer is yes, you may be eligible for a student waiver to ful (See eligibility requirements on page 9 and student waiver on p | fill the employment cri | , | |
|---|--|---|--|
| 10. If you answered "no" to questions 9 or 10 and are not a full tingular question 11, you are not eligible to recertify as a CD-LPN/LVN booklet). | • | | |
| 11. Total number of contact hours submitted: Form 1 | Form 2 | Total | |
| 12. Verification of Employment I hereby verify that this individual has worked as a dialy (3) years. | sis nurse for at least 1 | ,000 hours within the last three | |
| Signature of current supervisor | | Date | |
| Title of supervisor | | | |
| Supervisor's E-mail | | | |
| Institution | Phone | | |
| Business address | | | |
| Falsification of any materials or information requested by the N Any restrictions such as revocation, suspension, probation, or of federal, or other agency Misrepresentation of CD-LPN/LVN status Cheating on the CD-LPN/LVN examination PLEASE READ AND SIGN THE STATEMENT. I hereby attest that I have read and understand the Nephrology Nursing Certification of certification and that its terms shall be binding on all applicants for cert Vocational Nurses for the duration of their certification. I hereby attest that I have reafor retesting found on page 3 of the Certification Examination Application booklet page 3 of this application booklet. I also hereby attest that I have read, understand in the most current recertification application booklet. I understand that maintaining certification depends upon successful completing mation obtained in the certification process may be used for statistical purposes and the information from my certification records shall be held in confidence and shall after successful completetion of the recertification requirements, the NNCC reserv state on the NNCC website. To the best of my knowledge, the information contain | T OF UNDERSTAND ification Commission's (NNo ification and all Certified Di ad and agree to the Deadline and have read and agree to and agree to abide by the plant on of the specified requirem on the top the specified of the certification of the certification of the certification of the certification of the specified of the certification of the specified of the certification of the certification of the certification of the certification of the specified of the certification of | ING BELOW: CC) policy on denial, suspension, or revalysis Licensed Practical Nurses/Licensed so, Cancellations, and Rescheduling policy the Fee Schedule information found on policies stated on the NNCC website and thents. I further understand that the inforcation program. I further understand that urpose without my permission; however, publish my name and expiration date by e, complete, correct, and is made in good | |
| faith. I understand that the Nephrology Nursing Certification Commission reserves I hereby apply for renewal of certification and verify that all information is co | , , | ll information on this application. | |
| | | | |
| Legal Signature | Date | | |
| | | | |
| Did You Remember to | Mail completed a | pplication to: | |
| Complete the recertification application in its entirety? Include the appropriate fee? Have your employer complete his/her portion of the application in it's entirety? Sign and date the application? Keep a copy of the application and all supporting documents? | NNCC East Holly Avenu Pitman, NJ 08071 | | |