

**CD-LPN**

CERTIFIED DIALYSIS - LICENSED PRACTICAL NURSE

**CD-LVN**

CERTIFIED DIALYSIS - LICENSED VOCATIONAL NURSE

**Recertification  
By Examination  
Application**

**nncc**<sup>®</sup>

Nephrology Nursing Certification Commission

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Certification Commission**





9. Have you been pursuing a baccalaureate degree in nursing full time for at least two (2) years during the last three (3) years?  Yes  No  
(If answer is yes, you may be eligible for a student waiver to fulfill the employment criterion needed to recertify.)  
(See eligibility requirements on page 9 and student waiver on page 12).

10. If you answered “no” to questions 9 or 10 and are not a full time student in a nursing degree program as described in question 11, you are not eligible to recertify as a CD-LPN/LVN. (See information on inactive status on page 17 of this 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 dialysis nurse for at least 1,000 hours within the last three (3) years.

Signature of current supervisor \_\_\_\_\_ Date \_\_\_\_\_

Title of supervisor \_\_\_\_\_

Supervisor’s E-mail \_\_\_\_\_

Institution \_\_\_\_\_ Phone \_\_\_\_\_

Business address \_\_\_\_\_

The occurrence of any of the following actions will result in the denial, suspension, or revocation of the Certification:

- Falsification of the NNCC application
- Falsification of any materials or information requested by the NNCC
- Any restrictions such as revocation, suspension, probation, or other sanctions brought against the applicant by a state, federal, or other agency
- Misrepresentation of CD-LPN/LVN status
- Cheating on the CD-LPN/LVN examination

**PLEASE READ AND SIGN THE STATEMENT OF UNDERSTANDING BELOW:**

I hereby attest that I have read and understand the Nephrology Nursing Certification Commission’s (NNCC) policy on denial, suspension, or revocation of certification and that its terms shall be binding on all applicants for certification and all Certified Dialysis Licensed Practical Nurses/Licensed Vocational Nurses for the duration of their certification. I hereby attest that I have read and agree to the Deadlines, Cancellations, and Rescheduling policy for retesting found on page 3 of the Certification Examination Application booklet, and have read and agree to the Fee Schedule information found on page 3 of this application booklet. I also hereby attest that I have read, understand, and agree to abide by the policies stated on the NNCC website and in the most current recertification application booklet.

I understand that maintaining certification depends upon successful completion of the specified requirements. I further understand that the information obtained in the certification process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information from my certification records shall be held in confidence and shall not be used for any other purpose without my permission; however, after successful completion of the recertification requirements, the NNCC reserves the right to continue to publish my name and expiration date by state on the NNCC website. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that the Nephrology Nursing Certification Commission reserves the right to verify any or all information on this application.

I hereby apply for renewal of certification and verify that all information is correct.

Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

**Did You Remember to** ✓

- Complete the recertification application in its entirety?
- Include the appropriate fee?
- Have your employer complete his/her portion of the application in its entirety?
- Sign and date the application?
- Keep a copy of the application and all supporting documents?

**Mail completed application to:**

NNCC  
East Holly Avenue Box 56  
Pitman, NJ 08071