Emeritus Status Application
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To obtain Emeritus status, the applicant must meet the following criteria: the certificant must be older than 50 years of age, must have previously held an NNCC credential, and must not be actively practicing nursing.

If approved, the certificant may use the Emeritus credential to acknowledge previous attainment of the active credential and the accomplishments it signifies in correspondence and in attendance at American Nephrology Nursing Association (ANNA) membership events and other nephrology nursing activities.

If the certificant chooses to return to nursing practice and wishes to reacquire the active credential he/she must meet current eligibility criteria and again certify by examination.

INSTRUCTIONS

Complete the application for Emeritus status and submit a copy of your government issued photo ID. Please print or type all information requested. The application must be completed and signed to be processed. Applications for Emeritus Certification 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 ☐ $100
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 ____________________________________________________________________________________

5. Fax _________________ E-Mail______________________________Last 4 digits of social security number _________

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

7. RN 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 Emeritus Certification 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: __________________________________________________________
Address: (as it appears on your credit card statement) Work telephone: __________________________
______________________________________________________________
City: ____________________________CVV
State: _____ Zip: _______ Country:__________________________
Charge my: ☐ Visa ☐ MasterCard the amount of $_______
Card number: ____________________________Expiration date: ____________________________

______________________________________________________________
Authorized Signature

Revised 7/14
Did You Remember to ✔

- Complete Emeritus Status Application?
- Include a copy of Government Issued Photo ID?
- Include the appropriate fee?
- Sign and date the application?

Mail to NNCC:

East Holly Avenue  Box 56
Pitman, NJ 08071-0056