Emeritus Status Application

CDNe®
CERTIFIED DIALYSIS NURSE emeritus

Nephrology Nursing Certification Commission
Emeritus Status Application

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 nephrology organization 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

1. Name____________________________________________________________________________________________
   Last                                  Maiden                                                             First                                                   Middle

2. Expiration date of current certification ______________________________________________________________________________________________

3. Home address
   Street/P.O. Box

4. Personal phone ____________________________________________________________________________________

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

6. Date of Birth ______ /______ /______ (month/day/year)

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

   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.

Applicant’s Legal Signature: ______________________________________________________ Date: _____________

Credit Card Authorization Form

The NNCC accepts only Visa, MasterCard or Discover credit cards.

Name: ____________________________________________________________

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

City: _____________________________________________________________

State: ______ Zip: ______ Country: _________________________________

Home telephone: __________________________

Work telephone: __________________________

Charge my card in the amount of $___________

Card number: ____________________________

CVV:__________ Expiration date: __________

Authorized Signature Required

Revised 1/2023
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 completed application to:

NNCC
PO Box 56
Pitman, NJ 08071-0056

If using a credit card for payment, you may fax your complete application to NNCC at 856-589-7463.