Inactive Status Application
Inactive Certification Status Application

A Certified Dialysis 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 CDN 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. 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 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 $_______
______________________________________________________________________________________________
City: ____________________________________________   Card number:_____________________________   CVV________
State: _____ Zip: _______ Country:_________________
Expiration date: ________________________________
Authorized Signature _________________________________

Name: ___________________________________________
Address: ________________________________________
City: ____________________________________________
State: _____ Zip: _______ Country:_________________

Home telephone: _______________________________
Work telephone: _______________________________
Charge my:  □ Visa  □ MasterCard the amount of $_______
Card number:_____________________________   CVV________
Expiration date: ________________________________
Authorized Signature _________________________________

Revised 7/14
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