Recertification Application

By Examination

Application

Nephrology Nursing Certification Commission
Recertification Application

Recertification by Examination Application

Applications must be postmarked on or before the certification expiration date to avoid a late fee. Applications can take up to 4 weeks from date of receipt for processing, or 1 – 3 business days if “Expedited Review” is selected.

— Recertification application fees are non-refundable. —

- CBT (computer based testing)
  - Postmark applications at least four (4) weeks prior to date you wish to test.
  - If approved, you will receive a permit by email with instructions on how to schedule an exam by appointment

Application Fee (check ALL that apply):
- $300 ANNA / NOVA /NKF / ASN Member
- $350 Non-member
- $50 Late fee
- $50 Expedited Review

Payment Method (check one):
- Check or money order (payable to NNCC)
- Charge my credit card

Be advised: We will register your name as it appears on your government issued photo ID. The line below is for application processing only.

1. Name__________________________________________________________________________________________
   Last                                  Maiden                                                             First                                                         Middle
2. Expiration date of current certification __________________________________________________________________________
3. Last four (4) digits of social security number _______________  E-mail ____________________________________________
4. Date of Birth ______ /______ /______ (month/day/year)
5. Home/mailing address ____________________________________________________________________________
   Street/P.O. Box                                                            City/Province        State/Country       Zip/Country Code
6. Personal phone _____________________________________  Work phone __________________________________________
7. Has your address changed in the past three (3) years?  Yes  No
8. RN license:  State_______________  Permanent number: _______________  Expiration date____________________
9. Have you been employed as a RN in nephrology nursing for at least 1500 hours during the last three (3) years?
   Yes  No
10. 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).
11. If you answered “no” to questions 8 and are not a full time student in a nursing degree program as described in question 9, you are not eligible to recertify as a CDN. (See information on inactive status on page 23 of this booklet).
12. Verification of Employment
    I hereby verify that this individual has worked as a dialysis nurse for at least 1,500 hours within the last three (3) years.
    Signature of current or most recent supervisor: ____________________________ Date: ______________
    Print Name and 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 CDN status
- Cheating on the CDN 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 Clinical Hemodialysis Technicians 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 hereby apply for renewal of certification and verify that all information is correct.

Applicant’s Legal Signature: ______________________________________________________ Date: _____________

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**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: __________

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 856-582-0030.

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**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?
- Include documentation of your ANNA, NOVA, NKF or ASN membership?
- Include a copy of our current, government issued photo ID?