Inactive Status Application
Inactive Certification Status Application

A Certified Nephrology 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 CNN credential cannot 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                                                                                         City                        State                    Zip

4. Personal phone □ _________________________  Work phone □ ____________________________
   Please check preferred contact number

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 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: ______________________________________________________

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

Work telephone: _________________________________________

____________________________________________________

City: ______________________________________________________

Charge my: □ Visa □ MasterCard the amount of $_______

State: ______ Zip: _______ Country: ______________________

Card number: _______________ CVV___________________________

Expiration date: __________________________

Authorized Signature

Authorized Signature
Did You Remember to ✔

- Complete inactive status application?
- Include a letter of explanation?
- Include a check or money order for the appropriate fee?
- Additional late fee if submitted after expiration date?
- Sign and date the application?

Mail to NNCC:

PO Box 56
Pitman, NJ 08071-0056