Recertification Application

Recertification by Examination Application

Application must be postmarked on or before certification expiration date to avoid a late fee. Please print or type all information requested. Incomplete or illegible applications will be returned to the certificant. Recertification fees and late fees are non-refundable.

Choose ONLY one of the following exam options.

- 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/letter with instructions on how to schedule an exam by appointment

- Paper/Pencil Exam
  - Postmarked on or before the application deadline date – ten (10) weeks prior to test date.

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

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. Last four (4) digits of social security number _______________  E-mail _____________________________________

4. Home/mailing address ____________________________________________________________________________
   Street/P.O. Box                                                            City/Province        State/Country       Zip/Country Code

5. Personal phone □ ________________________________________  Work phone □ _________________________________
   Please check preferred contact number

6. Has your address changed in the past three (3) years?  □ Yes  □ No

7. RN license:  State_______________  Permanent number: _______________  Expiration date____________________

8. Have you been employed as a RN in nephrology nursing for at least 1500 hours during the last three (3) years?
   □ Yes  □ No

Credit Card Authorization Form

The NNCC accepts only Visa and MasterCard credit cards.

Name: _______________________________________________

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

____________________________________________________

City: _____________________________________________

State: ______  Zip: __________ Country:____________________

Home telephone: ______________________________________

Work telephone: ______________________________________

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

Card number:_____________________________  CVV__________

Expiration date: ______________________________________

Authorized Signature ________________________________

Authorized Signature

Authorized Signature

Authorized Signature

Authorized Signature

19
9. 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).

10. If you answered “no” to questions 9 or 10 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 CNN. (See information on inactive status on page 23 of this booklet).

11. Verification of Employment
   I hereby verify that this individual has worked as a nephrology nurse for 3,000 hours within the last three (3) years.
   Signature of current supervisor__________________________________________ Date _____________
   Title of supervisor ______________________________________________________
   Supervisor’s E-mail ______________________________________________________
   Institution _____________________________________________________________
   Business address ___________________________ Phone ______________________

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 CNN status
   • Cheating on the CNN 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 understand that the Nephrology Nursing Certification Commission reserves the right to verify any or all information on this application.

I hereby apply for renewal of certification and verify that all information is correct.

Legal Signature ___________________________ Date _____________

Mail completed application to:

NNCC
PO Box 56
Pitman, NJ 08071

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