Recertification Application

Emeritus Status Application

NNCC
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 American Nephrology Nursing Association (ANNA) membership events and nephrology continuing education activities.

If the certificant chooses to return to nursing practice and wishes to reacquire the active credential they 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 □ Visa □ MC

1. Name ___________________________ ___________________________ ___________________________
   Last Maiden First Middle

2. Expiration date of current certification ____________________________

3. Home address ___________________________________________________________________________
   Street ____________________________________________________________________________________
   City State Zip

4. Personal phone __________________________________________________________________________

5. Fax __________________ E-Mail ___________________________________________ Last 4 digits of social security number __________

6. Has your address changed in the past five (5) 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 Emeritus Certification Status and verify that all information is correct.

Legal Signature ____________________________ Date ___________

Credit Card Authorization Form

The NNCC accepts only Visa and MasterCard credit cards. Name: ____________________________

Home telephone: ____________________________

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

Work telephone: ____________________________

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

Card number: ____________________________ CVV

Expiration date: ____________________________

Authorized Signature

Revised 7/14
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 to NNCC:

East Holly Avenue  Box 56
Pitman, NJ 08071-0056