Emeritus Status Application

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 nephrology organization 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

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. Date of Birth ______ /______ /______ (month/day/year)

7. Has your address changed in the past five (5) years?  yes  no

   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, 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: __________

Authorized Signature Required
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 completed application to:

NNCC  
PO Box 56  
Pitman, NJ 08071-0056

If using a credit card for payment, you may fax your application to NNCC at 856-589-7463.