Inactive Status Application
Inactive Certification Status Application

A Certified Nephrology Nurse-Nurse Practitioner 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, five (5) year period. During this time, the CNN-NP credential cannot be used. In order to recertify after the five (5) year inactive period, the criteria for regular recertification must be met during the inactive status period, and a new recertification application, including the application fee, must be submitted. Under no circumstance will the inactive period be extended beyond five 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 to avoid a late fee.

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

1. Name __________________________________________ Last __________________________ Maiden __________________________ First __________________________ Middle __________________________

2. Expiration date of current certification ______________________________________________________________________

3. Home address __________________________________________ Street __________________________ City __________________________ State __________________________ Zip __________________________

4. Personal phone __________________________________________ Work 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 three (3) years? □ yes □ no

8. 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.

Applicant’s Legal Signature __________________________________________ Date _____________

The NNCC accepts only Visa, MasterCard or Discover credit cards.

Name: __________________________________________

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

City: __________________________________________ Zip: __________ State: __________ Country: __________

Home telephone: __________________________________

Work telephone: __________________________________

Charge my card in the amount of $____________

Card number: __________________________ CVV: ________ Expiration date: __________________________

Authorized Signature Required

Authorized Signature Required
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 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.