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):  
- $350 ANNA / NOVA / NKF Member/ASN
- $375 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 4 digits of social security number _____________   E-mail____________________________________________

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

5. Personal phone ❑ __________________________   Work phone ❑ __________________________
   Please check preferred contact number

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

7. RN license:  State_________________  Permanent number: ___________________ Expiration date____________________

8. Have you been employed as a NP in nephrology for the last five (5) years? ❑ Yes ❑ No

9. During your work experience have you spent at least 1,000 hours in nephrology? ❑ Yes ❑ No
   (See eligibility requirements on page 9)

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
10. Total number of contact hours submitted:    Form 1 __________    Form 2 __________    Total __________

11. Verification of Employment/Matriculation
   A. IF CERTIFICANT IS CURRENTLY EMPLOYED
      I hereby verify that this certificant is currently employed in an institutional setting or an agency or as an independent practitioner and meets the eligibility requirements set forth by the NNCC for recertification.
      Signature of current supervisor/MD Sponsor __________________________ Date _____________
      Title of supervisor (eg: director, manager, etc) __________________________
      Supervisor/MD Sponsor's E-mail __________________________
      Institution __________________________ Phone __________________________
      Business address ________________________________________________

   B. IF CERTIFICANT IS NOT CURRENTLY EMPLOYED
      I hereby verify that this certificant was previously employed in an institutional setting or an agency or as an independent practitioner and meets the eligibility requirements set forth by the NNCC for certification.
      Signature of former supervisor/MD Sponsor __________________________ Date _____________
      Title of former supervisor (eg: director, manager, etc) __________________________
      Institution __________________________ Phone __________________________
      Business address ________________________________________________
      Dates of employment ________________________________________________

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-NP status
- Cheating on the exam

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 Nephrology Nurse-Nurse Practitioner 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 the 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 _____________

Did You Remember to ✔️
- Complete the recertification application in its entirety?
- Include the appropriate fee?
- Sign and date the application?
- Keep a copy of the application and all supporting documents?
- Include documentation of your current ANNA, NOVA, NKF, or ASN membership, if applicable.

Mail completed application to:
NNCC
East Holly Avenue  Box 56
Pitman, NJ 08071

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