Recertification Application

Certified Nephrology Nurse–Nurse Practitioner

Recertification
By Examination
Application

NNCC
Nephrology Nursing Certification Commission
Recertification Application

Recertification by Examination Application

Applications must be postmarked on or before the certification expiration date to avoid a late fee. Applications can take up to 4 weeks from date of receipt for processing, or 1 – 3 business days if “Expedited Review” is selected. Recertification application fees are non-refundable.

☐ 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 by email with instructions on how to schedule an exam by appointment

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

Be advised: We will register your name as it appears on your government issued photo ID. The line below is for application processing only:

1. Name__________________________________________________________________________________________
   Last                                  Maiden                                                             First                                                         Middle

2. Expiration date of current certification _______________________________________________________________________

3. Last 4 digits of social security number _____________   E-mail____________________________________________

4. Date of Birth _______ / _______ / _______ (month/day/year)

5. Home/mailing address ________________________________________________________________________________
   Street/P.O. Box                                                                        City                        State                    Zip

6. Personal phone ___________________________  Work phone ______________________________________

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

8. RN license:  State_________________________ Permanent number: ___________________ Expiration date________________________

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

   (See eligibility requirements on page 9)

10. During your work experience have you spent at least 1,000 hours in nephrology?  ☐ Yes  ☐ No

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

12. 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 ______________

       Print Name and Title of supervisor (eg: director, manager, etc) ____________________________

       Supervisor/MD Sponsor's E-mail ___________________________________________ Phone ______________________

       Institution ___________________________________________________________________________ Phone ______________________

       Business address _______________________________________________________________________

       For office use only
       Number:       Processor:
       Exam Date:    Postmark:
       Check #:      Amount:
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 _____________

Print Name and Title of 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.

Applicant’s Legal Signature  ______________________________________________________Date _____________

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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: ___________________________________________ Zip: __________ State: ______ Country: __________

Home telephone: ___________________________ Work telephone: ___________________________

Charge my card in the amount of $____________

Card number: ___________________________ CVV: _______ Expiration date: ___________

Authorized Signature Required

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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.
☑ Include a copy of our current, government issued photo ID.

Mail completed application to:

NNCC
Box 56
Pitman, NJ 08071

If using a credit card for payment, you may fax your application to NNCC at 856-582-0030.