



Certified Nephrology Nurse–Nurse Practitioner

Recertification Application



Recertification Application Booklet

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Introduction

To qualify for recertification, a Certified Nephrology Nurse- Nurse Practitioner (CNN-NP) must meet the eligibility requirements set forth by the NNCC. To avoid a late fee the appropriate recertification application (contained in this booklet) must be postmarked by the last day of the month in which the certificant's certification expires.

Certification is effective for five (5) years from the first day of the month in which the certificant passed the examination. Certification must be renewed every five (5) years. The CNN-NP is a national credential that may be used in all professional activities and correspondence.

The following two options are available to meet the recertification requirements:

Continuing education and clinical experience:

This booklet contains the forms and instructions to recertify by continuing education and clinical experience. To determine eligibility to recertify as a CNN-NP, please refer to the eligibility requirements on page 9 of this booklet.

Recertification by examination:

A recertification by examination application can be found on page 17 of this booklet. When submitting the examination application for recertification, all requirements for recertification must be met except for #3, continuing education. Testing must be completed before the certification expiration date to avoid a lapse in certification status.

Verification of Recertification

If approved for recertification, individuals will receive a wallet card with expiration date within sixty (60) days of the date the National Office receives a recertification application. Replacement wallet cards and/or wall certificates are available for a fee. Verification of valid certification credentials can be made through the NNCC Certified Directory at www.nncc-exam.org.

Current Address

It is the certified nurse's responsibility to notify the NNCC National Office of any changes in name, address or e-mail address.

Inactive Status

A certified nurse may request inactive status if he/she is unable to meet the requirements for recertification. To apply for inactive status, the certificant must complete the application for inactive status (page 21 of this booklet) and submit a letter describing the reason. If approved, inactive status will be granted for one five (5) year period. During this time, the CNN-NP credential may not 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 recertification application must be submitted. Under no circumstance will the inactive period be extended beyond five years.

Emeritus Status

Nurses who have maintained an active credential, who are over 50 years of age, and who have retired from active practice may apply for emeritus status. To apply for the retired credential the certificant must complete the application for Emeritus Status (page 25 of this booklet) and submit a one-time fee. If approved, the certificant may use the emeritus credential at nephrology functions to acknowledge a previous active credential and the accomplishments it signifies. If the certificant chooses to return to active practice and wishes to again hold the active credential, he/she must meet current eligibility criteria and certify by examination.

Fee Schedule

Recertification application fees are non-refundable. Periodically fees are reevaluated and adjustments may be made. Fees can only be adjusted by a vote of the NNCC Commission. To avoid a late fee, the recertification application must be postmarked by the certification expiration date. For an additional (late) fee a certificant may submit a recertification application after the certification expiration date, provided all eligibility criteria are met during the certification period. Applications are processed in order of receipt. It may take up to eight (8) weeks from date of receipt of an application to be reviewed. Expedited applications will be processed within 14 business days from date of receipt with an additional expedited fee included.

Continuing Education Approvers and Providers

Contact hours must be accredited by one of the following to be accepted toward the continuing education requirement for recertification:

- Organizations accredited by the American Nurses' Credentialing Center — Commission on Accreditation (ANCC-COA), the credentialing body of the American Nurses' Association
- The American Association of Critical-Care Nurses (AACN)
- The Council of Continuing Education
- The American Association of Nurse Practitioners
- All State Boards of Nursing*
- Organizations accredited by the Accreditation Council for Continuing Medical Education (ACCME)

*** Please be aware that although programs meet requirements set forth by other state boards of nursing, they may not meet the Nephrology Nursing Certification Commission criteria.**

Acceptable Continuing Education

***150 hours of continuing education from approved providers during the 5 year certification period must meet the following criteria:**

A minimum of 100 hrs must be CME/CNE credits, a minimum of 50 contact hours must be specific to nephrology.

- **Nephrology programs/presentations**
 - These programs must be specific to nephrology practice. Credit will be given according to the number of contact hours awarded. Certified nurses who present nephrology programs that are awarded continuing education credit will receive credit for the number of contact hours awarded for the presentation.
- **Independent study**
 - These programs include continuing education designed for independent study such as journal articles or website articles. Credit will be given according to the number of contact hours awarded to each offering.

The additional 50 hours in nephrology may be obtained from any of the following:

- **Professional publications**

The publication of materials must be relevant to nephrology nursing. The format should be a manuscript, research paper, book, or book chapter and must be published by a recognized publishing house or professional journal. Forty-five (45) contact hours will be assigned for authorship or co-authorship of a book. Fifteen (15) contact hours will be assigned for a book chapter, manuscript, article or paper.

- **Academic credit**

Certificants enrolled in a health/science degree programs may apply all course credits toward the contact hour requirement upon successful completion of the course. Five (5) contact hours will be assigned for one (1) semester credit. Three (3) contact hours will be assigned for one (1) quarter credit.

- **Precepting**

Five (5) contact hours will be assigned for every forty (40) hours as an official preceptor in nephrology for nurse practitioners.

It is acceptable to obtain the entire 150 hours from nephrology programs/presentations and independent study.

***Effective 4/1/2023 – 75 hours of continuing education from approved providers during the prior 5 year certification period must meet the following requirements:**

A minimum of 50 hrs must be CME/CNE credits, a minimum of 25 contact hours must be specific to nephrology.

The additional 25 hours in nephrology maybe obtained from any of the following:

- Professional publications
- Academic credits
- Precepting

(see above descriptions for details)

Please retain all contact hour certificates in your personal files.

If using academic credit, please be prepared to provide an official transcript.

If acting as an official preceptor, please be prepared to submit documentation from the educational institution and program.

For multimedia development please retain documentation of the program.

Denial/Revocation of Certification

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 of professional **certifications or nursing** license by a nursing authority
- Misrepresentation of certification status
- Cheating on the examination
- Applicable state and/or federal sanctions brought against the certificant
- Failure to meet continuing education criteria
- Failure to meet work experience requirements

The NNCC reserves the right to investigate all suspected/reported violations and, if appropriate, notify the certificant's employer/State Board of Nursing.

The certificant will be notified in writing of NNCC's decision(s)/action(s).

Appeal Process

An individual who has been denied certification or had a certification credential revoked has the right of appeal. This appeal must be submitted in writing to the President of NNCC within thirty (30) days of notification. The appeal shall state specific reasons why the individual feels entitled to certification. At the individual's request, the President shall appoint a committee of three (3) NNCC Commissioners who will meet with the individual and make recommendations to the NNCC. The committee will meet in conjunction with a regularly scheduled NNCC Board of Commissioners meeting. The individual will be responsible for their own expenses. The final decision of the NNCC will be communicated in writing to the individual within thirty (30) days following the NNCC meeting. Failure of the individual to request an appeal or appear before the committee shall constitute a waiver of the individual's right of appeal.

Letters of appeal should be sent to the President at the NNCC National Office:

NNCC
PO Box 56
Pitman, NJ 08071-0056



**Recertification
By Continuing
Education
Application**



**Nephrology Nursing
Certification Commission**

CNN-NP Eligibility Criteria

1. The certificant must be a registered nurse holding a current, full and unrestricted license in the United States or its territories and hold national certification as a nurse practitioner.
2. The certificant must have at least 1,000 hours experience as a nurse practitioner in nephrology during the last five (5) years.
3. The certificant must have acquired 150 contact hours of approved continuing education credit in the previous five (5) years. See page 4 for categories of acceptable continuing education. Note criteria change effective 4/1/2023 on page 4.
 - Continuing education criteria is not required for recertification by examination.

All continuing education and defined clinical experience requirements must be met in order to recertify as a CNN-NP. The NNCC does not preapprove continuing education and the NNCC does not maintain a list of approved continuing education offerings.

No individual shall be excluded from the opportunity to participate in the NNCC certification program on the basis of race, ethnicity, national origin, religion, marital status, gender, sexual orientation, gender identity, age or disability.

CNN-NP Contact Hour Certificates

Contact hour certificates must include the following information to be acceptable for recertification:

- Name of attendee
- Date of program
- Name of program
- Number of contact hours awarded
- Accreditation statement (see *Continuing Education Approvers and Providers* on page 4)

Only submit programs where contact hour certificates have been provided and contact hours have been awarded.

It is not necessary to include copies of contact hour certificates with the recertification application, unless you have been notified that you have been selected for a random audit. Keep all certificates for your records in case they are requested upon review of your application.

CNN-NP Recertification Application Instructions

1. Make sure you meet all CNN-NP recertification requirements outlined on page 9.
2. Complete the application in its entirety.
3. Record all contact hour information on the appropriate form(s).
4. Enclose verification of your current nursing license.
5. Enclose a copy of your current, government issued photo ID (non-temporary) if recertifying by examination.
6. Enclose appropriate fee made payable to NNCC.
7. Enclose proof of membership to ANNA, ASN, NKF or NOVA.
8. Retain a copy of the recertification application and all contact hour certificates.



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

Recertification by Continuing Education Application

APPLICATION PROCESSING TIMES: Applications must be postmarked on or before certification expiration date to avoid a late fee. Applications can take up to 8 weeks from date of receipt for review, or up to 14 business days if "Expedited Review" is selected. Please clearly print or type all information requested.

Recertification application and associated fees are non-refundable.

Application Fee (check ALL that apply): \$275 ANNA / NOVA / NKF Member/ASN \$300 Non-member
 \$50 Late fee \$75 Expedited Review

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. Last 4 digits of social security number _____ E-mail _____

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

5. Home/mailling 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

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

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 _____

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 _____

Print Name and 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 Fee Schedule information found on page 3 of this 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 _____

Credit Card Authorization Form

The NNCC accepts only Visa, MasterCard or Discover credit cards. Home telephone: _____

Name: _____ Work telephone: _____

Address: (as it appears on your credit card statement) Charge my card in the amount of \$ _____

_____ Card number: _____

City: _____ CVV: _____ Expiration date: _____

State: _____ Zip: _____ Country: _____

Authorized Signature Required

Did You Remember to ✓

- Complete the recertification application in its entirety?
- Record all contact hour information on the appropriate form(s)?
- Include the appropriate fee?
- Sign and date the application?
- Keep a copy of the application and all supporting documents?
- Include documented evidence of matriculation into a baccalaureate degree in nursing program if waiving employment criteria?
- 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

Do not send copies of contact hour certificates unless requested to do so, use page 13 to report contact hours earned during the 5-year certification period.

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



Certified Nephrology Nurse–Nurse Practitioner

Recertification By Examination Application



**Nephrology Nursing
Certification Commission**



Certified Nephrology Nurse–Nurse Practitioner

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

Recertification by Examination Application

APPLICATION PROCESSING TIMES: 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 and associated 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 \$75 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/mailling 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

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

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 _____

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 _____

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 _____

Credit Card Authorization Form

The NNCC accepts only Visa, MasterCard or Discover credit cards. Home telephone: _____

Name: _____ Work telephone: _____

Address: (as it appears on your credit card statement) Charge my card in the amount of \$ _____

_____ Card number: _____

City: _____ CVV: _____ Expiration date: _____

State: _____ Zip: _____ Country: _____

Authorized Signature Required

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.



**Inactive
Status
Application**



**Nephrology Nursing
Certification Commission**



Certified Nephrology Nurse–Nurse Practitioner

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 _____

Credit Card Authorization Form

The NNCC accepts only Visa, MasterCard or Discover credit cards. Home telephone: _____

Name: _____ Work telephone: _____

Address: (as it appears on your credit card statement) _____ Charge my card in the amount of \$ _____

_____ Card number: _____

City: _____ CVV: _____ Expiration date: _____

State: _____ Zip: _____ Country: _____

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 856-582-0030.



Certified Nephrology Nurse–Nurse Practitioner emeritus

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. Home telephone: _____

Name: _____ Work telephone: _____

Address: (as it appears on your credit card statement) _____ Charge my card in the amount of \$ _____

_____ Card number: _____

City: _____ CVV: _____ Expiration date: _____

State: _____ Zip: _____ Country: _____

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 **856-582-0030**.