



Nephrology Nursing Certification Commission
Member of the American Board of Nursing Specialties

COVID19 Grace Period Acknowledgement Form

I have been impacted by the COVID19 pandemic and was not able to meet recertification requirements during my certification period. With the submission of my recertification application, I am notifying you that I have taken advantage of the 6 month grace period offered.

- I understand that by submitting this form with my application, NNCC will allow up to a six (6) month grace period without any additional approval required.
- I understand that this grace period will allow me to meet the requirements for recertification within six (6) months of my 2020 certification expiration date.
- I understand that other than the extended time frame to meet the requirements, all eligibility criteria must be met as written to be approved for recertification.
- I understand that once approved for recertification, my new certification period will begin retroactively, effective the day after my certification expiration date.
 - (For example, if my certification credential expired on 4/30/2020, and new certification period will begin 5/1/2020.)
- I understand that any requirements met during this grace period cannot also be counted towards my next certification period.

I acknowledge that I have read and understand the above written policy. I hereby submit my recertification application.

Print Name

Applicant's Signature

Date

This form must be included with the recertification application

Certification: Your Commitment to Quality Care

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