



**Recertification
By Examination
Application**



**Nephrology Nursing
Certification Commission**



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): \$300 ANNA / ASN / NOVA / NKF / ASN Member \$350 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 four (4) digits of social security number _____ E-mail _____

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

5. Home/mailling address _____
Street/P.O. Box City/Province State/Country Zip/Country Code

6. Personal phone _____ Work phone _____

7. Has your address changed in the past three (3) years? Yes No

8. RN license: State _____ Permanent number: _____ Expiration date _____

9. Have you been employed as a RN in nephrology nursing for at least 1500 hours during the last three (3) years?
 Yes No

10. Have you been pursuing a baccalaureate degree in nursing full time for at least two (2) years during the last three (3) years? Yes No
 (If answer is yes, you may be eligible for a student waiver to fulfill the employment criterion needed to recertify.)
 (See eligibility requirements on page 9 and student waiver on page 12).

11. If you answered “no” to questions 8 and are not a full time student in a nursing degree program as described in question 9, you are not eligible to recertify as a CDN. (See information on inactive status on page 23 of this booklet).

12. Verification of Employment

I hereby verify that this individual has worked as a dialysis nurse for at least 1,500 hours within the last three (3) years.

Signature of current or most recent supervisor: _____ Date: _____

Print Name and Title of supervisor: _____

Supervisor’s E-mail: _____

Institution: _____ Phone: _____

Business address: _____

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 status
- Cheating on the CNN examination

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 Clinical Hemodialysis Technicians 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 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?
- Include the appropriate fee?
- Have your employer complete his/her portion of the application in its entirety?
- Sign and date the application?
- Keep a copy of the application and all supporting documents?
- Include documentation of your ANNA, NOVA, NKFor ASN membership?
- Include a copy of our current, government issued photo ID.

Mail completed application to:

NNCC
PO Box 56
Pitman, NJ 08071-0056

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