



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.

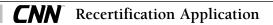
If approved, the certificant may use the Emeritus credential to acknowledge previous attainment of the active credential and the accomplishments it signifies in correspondence and in attendance at American Nephrology Nursing Association (ANNA) membership events and other nephrology nursing activities.

If the certificant chooses to return to nursing practice and wishes to reaccquire the active credential he/she 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 (pa	ayable to NNCC) 🖵 Charge m	ny credit card 🚨 Visa 📮 MC	
1. NameLast Maiden	First	Middle	
2. Expiration date of current certification			
3. Home addressStreet	City	State Zip	
4. Personal phone			
5. Fax E-Mail	Last 4 digits of social security number		
6. Has your address changed in the past three (3) years? \Box y	res 🗖 no		
7. RN license: State Permanent number:	Expiration date		
I hereby attest that I have read and understand the NN apply for Emeritus Certification Status and verify that all info	<u>*</u>	nis application booklet. I hereby	
Legal Signature	Date		
Credit Card Au	thorization Form		
The NNCC accepts only Visa and MasterCard credit cards.	Home telephone:		
Name:	Work telephone:		
Address: (as it appears on your credit card statement)	d statement) Charge my: 🗖 Visa 🗖 MasterCard the amount of 💲		
	Card number:	CVV	
City:	Expiration date:		
State: Zip: Country:	Authoris	zed Sionature	



East Holly Avenue PO Box 56 Pitman, NJ 08071-0056