



CERTIFIED DIALYSIS - LICENSED PRACTICAL NURSE



CERTIFIED DIALYSIS - LICENSED VOCATIONAL NURSE

# Recertification Application



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### ***Certified Dialysis Licensed Practical Nurse / Licensed Vocational Nurse (CD-LPN/LVN) Recertification***

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### ***Certified Dialysis Licensed Practical Nurse / Licensed Vocational Nurse (CD-LPN/LVN) Recertification by Examination***

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**Introduction**

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To qualify for recertification, a Certified Dialysis Licensed Practical Nurse/Licensed Vocational Nurse (CD-LPN/LVN) 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 three (3) years from the last day of the month in which the certificant passed the examination. Certification must then be renewed every three (3) years. The CD-LPN/LVN credential 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 requirements to recertify as a CD-LPN/LVN, please refer to the eligibility requirements on page 9 of this booklet.

**Recertification by examination:**

An examination application can be obtained by visiting the NNCC website at [www.nncc-exam.org](http://www.nncc-exam.org) or by calling 888.884.6622 and requesting one be mailed to you. When submitting the examination application for **recertification**, all requirements for recertifying as listed on page 9 must be met with the exception #3, continuing education. Testing must be completed before the certification expiration date. Please refer to the **Certification Examination Application**, pgs. 4 through 6, for information regarding computer-based and paper/pencil testing.

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**Verification of Recertification**

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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.

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**Current Address**

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It is the certified nurse's responsibility to notify the NNCC National Office of any changes in name and/or address.

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**Inactive Status**

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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 23 of this booklet) and submit a letter describing the reason. If approved, inactive status will be granted for one three (3) year period. During this time, the CD-LPN/LVN credential may not be used. In order to recertify after the three (3) year inactive period, the criteria for regular recertification must be met and a recertification application must be submitted. Under no circumstance will the inactive period be extended beyond three (3) years.

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**Emeritus Status**

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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 27 of this booklet) and submit a one time fee. If approved, the certificant may use the emeritus credential at nephrology nursing 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.

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**Fee Schedule**

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**Recertification fees are non-refundable.** Periodically fees are reevaluated and adjustments may be made. Only NNCC commissioners can authorize fee changes. To avoid a late fee, the recertification application must be postmarked by the last day of the month in which certification expires. For an additional fee a certificant may submit a recertification application after the certification expiration date, provided all eligibility criteria are met during the certification period. If an application is received less than thirty (30) days prior to expiration, it will be processed in the order received unless an expedited review is requested and an additional of \$50.00 fee is included with the application.

An incomplete or illegible application will be returned to the certificant.

### ***Continuing Education Approvers and Providers***

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It is recommended but not required that continuing education be approved by one of the following:

- Organizations accredited by the American Nurses' Credentialing Center — Commission on Accreditation (ANCC-COA), the credentialing body of the American Nurses' Association
  - For example, The American Nephrology Nurses' Association (ANNA), which is both an accredited provider and approver of continuing education in nursing
- The American Association of Critical-Care Nurses (AACN)
- The Council of Continuing Education
- California, Florida, Kansas, Ohio, and Iowa State Boards of Nursing\*

**\* 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***

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#### **Nephrology programs**

These programs must be specific to nephrology nursing 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.

#### **Academic credit**

Includes all course work in academic programs leading to a baccalaureate in nursing. It is not necessary that the course content be nephrology nursing concepts. Five (5) contact hours will be assigned for one (1) semester credit. Three (3) contact hours will be assigned for one (1) quarter credit.

Certificants enrolled full time in a baccalaureate degree in nursing program may apply all academic coursework in lieu of nephrology nursing continuing education for one recertification period.

#### **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.

**Please retain all contact hour certificates in your personal files.**

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

### ***Denial/Revocation of Certification***

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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 LPN/LVN 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***

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A certificant who has been denied certification, failed an examination, or had his/her certification revoked has the right of appeal. This appeal must be submitted in writing to the President of the NNCC within thirty (30) days of being notified. The appeal shall state specific reasons why the certificant feels entitled to certification. At the certificant's request, the President shall appoint a committee of three NNCC members who will meet with the certificant and make recommendations to the NNCC. The committee will meet in conjunction with a regularly scheduled NNCC meeting. The certificant will be responsible for his/her own expenses. The final decision of the NNCC will be communicated in writing to the certificant within thirty (30) days of the NNCC meeting. Failure of the certificant to request an appeal or appear before the committee shall constitute a waiver of the certificant's right of appeal.

### ***Commonly Asked Questions***

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**Q: I have returned to school to work on my non-nursing baccalaureate or master's degree. Will courses I take while working on my degree meet the criteria for recertification?**

A: Courses for non-nursing college degree programs *do not* qualify as continuing education in nephrology nursing. Certificants pursuing a baccalaureate degree in nursing can use academic credit toward CD-LPN/LVN.

**Q: I am able to meet the requirements for recertification but failed to submit my application by my expiration date. Can I still recertify?**

A: Yes, as long as the requirements for recertification were fulfilled before your expiration date, your application may be submitted late with a late fee.

**Q: I attended a nephrology program that offered continuing medical education (CME) credit, but not nursing contact hours. Will this meet the criteria for recertification?**

A: No, the contact hour certificate **must state** that the program is continuing education **in nursing**.

**Q: Do all nephrology nursing contact hours have to be awarded by ANNA?**

A: No, however, ANNA is an excellent resource for nephrology nursing educational programs. In addition, ANNA offers contact hours through audio-conferences and continuing education articles for independent study. ANNA is an accredited provider and approver of continuing education by the American Nurses' Credentialing Center – Commission on Accreditation (ANCC-COA).

Other nursing groups also provide quality programs. Programs approved for contact hours by any of the approvers and providers listed on page 4 of this booklet are acceptable.

**Q: I sat for the certification exam on the 15<sup>th</sup> of the month and attended a continuing education program over the next three (3) days. Now that I have passed the exam, will I be able to use the approved contact hours from that program for recertification?**

A: Yes, approved programs attended within the same month the exam was taken will be accepted for the first recertification period following initial certification.

**Q: I submitted my recertification application in April and my certification expires in June. In May I attended an educational program awarding nursing contact hours. Can I use those contact hours for my next recertification cycle in three (3) years?**

A: No, contact hours earned during the period of your certification can be used only during the current recertification period.

**Q: What will happen if I am unable to meet the continuing education requirements for recertification?**

A: In an effort to retain your credential, you may certify by retaking the examination. Another option is to apply for inactive status. See pages 19-20 of this booklet for information on inactive status.



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**Recertification  
By Continuing  
Education  
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**CD-LPN/LVN U.S. Eligibility Criteria**

1. Certificant must be a licensed practical nurse/licensed vocational nurse holding a current, full and unrestricted license in the United States or its territories and hold the credential of CD-LPN/LVN.
2. Certificant must have at least 1500 hours experience within the previous three years as a licensed practical-vocational nurse practicing in the specialty of nephrology nursing and caring for patients who require or may require dialysis, or educating/supervising staff who care for patients who require or may require dialysis.
  - Certificants pursuing a baccalaureate degree in nursing and wishing to waive the work requirement must verify full time student status. Documentation must be on letterhead, signed by a school official, verifying matriculation and must be submitted with the recertification application. This waiver may be approved for only one recertification period.
3. Must have acquired thirty (30) contact hours of nephrology nursing continuing education credit in the previous three (3) years.
  - If enrolled in a baccalaureate degree in nursing program, all coursework required for the degree can be applied toward the contact hour requirement.
    - Certificants enrolled full time in a baccalaureate degree in nursing program may apply all academic coursework in lieu of nephrology nursing continuing education for one recertification period.
  - 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 CD-LPN/LVN. 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.**

**CD-LPN/LVN 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 if applicable (see *Continuing Education Approvers and Providers* on page 4)

**It is not necessary to include copies of contact hour certificates with the recertification application unless you have been notified that your application has been selected for audit.**

***CD-LPN/LVN Recertification Application Instructions***

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1. Make sure you meet all CD-LPN/LVN recertification eligibility requirements outlined on page 9.
2. Complete the application in its entirety. Also, be sure that section 12. A, B, **or** C is completed.
3. Record all contact hour information on the appropriate form(s).
4. Enclose verification of your current nursing license.
5. Enclose appropriate fee made payable to NNCC.
6. Retain a copy of the recertification application and all contact hour certificates.
7. If waiving employment criteria, include documented evidence of matriculation into a baccalaureate degree in nursing program.



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For office use only

Number: \_\_\_\_\_ Processor: \_\_\_\_\_  
 Exam Date: \_\_\_\_\_ Postmark: \_\_\_\_\_  
 Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

## Recertification by Continuing Education Application

Application must be postmarked on or before certification expiration date to avoid a late fee. Please print or type all information requested. Incomplete or illegible applications will be returned to the certificant. Recertification fees and late fees are non-refundable.

Application Fee (check ALL that apply):       \$150                       \$50 Late fee                       \$50 Expedited Review

Payment Method (check one):  Check or money order (payable to NNCC)       Charge my credit card       Visa       MC

1. Name \_\_\_\_\_  
Last                      Maiden                      First                      Middle

2. Expiration date of current certification \_\_\_\_\_

3. Last four (4) digits of social security number \_\_\_\_\_ E-mail \_\_\_\_\_

4. Home/mailling address \_\_\_\_\_  
Street/P.O. Box                      City/Province      State/Country      Zip/Country Code

5. Personal phone  \_\_\_\_\_ Work phone  \_\_\_\_\_  
Please check preferred contact number

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

7. LPN/LVN license: State \_\_\_\_\_ Permanent number: \_\_\_\_\_ Expiration date \_\_\_\_\_

8. Have you been employed as an LPN/LVN in nephrology nursing for at least 1500 hours during the last three (3) years?  
 Yes       No

9. 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).

10. If you answered "no" to questions 8 and 9 and are not a full time student in a nursing degree program as described on page 9, you are not eligible to recertify as a CD-LPN/LVN. (See information on inactive status on page 17 of this booklet).

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

### Credit Card Authorization Form

The NNCC accepts only Visa and MasterCard credit cards.      Home telephone: \_\_\_\_\_

Name: \_\_\_\_\_      Work telephone: \_\_\_\_\_

Address: (as it appears on your credit card statement)      Charge my:       Visa       MasterCard the amount of \$ \_\_\_\_\_

\_\_\_\_\_      Card number: \_\_\_\_\_ CVV \_\_\_\_\_

City: \_\_\_\_\_      Expiration date: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

*Authorized Signature* \_\_\_\_\_

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/office and meets the eligibility requirements set forth by the NNCC for recertification.

Signature of current supervisor \_\_\_\_\_ Date \_\_\_\_\_

Title of supervisor (eg: director, manager, etc) \_\_\_\_\_

Supervisor'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/office and meets the eligibility requirements set forth by the NNCC for certification.

Signature of former supervisor \_\_\_\_\_ Date \_\_\_\_\_

Title of former supervisor (eg: director, manager, etc) \_\_\_\_\_

Institution \_\_\_\_\_ Phone \_\_\_\_\_

Business address \_\_\_\_\_

Dates of employment \_\_\_\_\_

C. STUDENT WAIVER

If certificate has been pursuing a baccalaureate degree in nursing full time for two out of the last three years and wishes to waive the employment eligibility requirement, verification of matriculation in nursing program and full time student status must be **documented by a letter on school letterhead signed by a school official**. Submit this documentation with the recertification application.

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 CD-LPN/LVN status

**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 Dialysis Licensed Practical Nurses/Licensed Vocational Nurses 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.

Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

**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.

***Did You Remember to*** ✓

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- 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?



**CD-LPN/LVN Form 1**  
**Nephrology Nursing Programs**

Title of Program	Date Completed (see requirements on page 9)	Accrediting Body or Approver (see requirements on page 4)	Provider Name (organization providing the continuing education)	Number of Contact Hours Awarded

**Please retain all contact hour certificates in your personal file in the event of an audit.**  
 You may make copies of this form if additional space is needed.

**CD-LPN/LVN Form 2  
Academic Courses**

Course Title Title of Presentation Manuscript or Book/Chapter	Institution Journal/Publisher Educational Program	Date Completed (see requirements on page 4)	Number of Credit Hours Awarded	Number of Contact Hours semester credit hours x 5 quarter credit hours x 3

**Please be prepared to provide an official transcript in the event of an audit.**  
You may make copies of this form if additional space is needed.

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9. 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).

10. If you answered “no” to questions 9 or 10 and are not a full time student in a nursing degree program as described in question 11, you are not eligible to recertify as a CD-LPN/LVN. (See information on inactive status on page 23 of this booklet).

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

12. Verification of Employment

I hereby verify that this individual has worked as a dialysis nurse for at least 1,000 hours within the last three (3) years.

Signature of current supervisor \_\_\_\_\_ Date \_\_\_\_\_

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 CD-LPN/LVN status
- Cheating on the CD-LPN/LVN 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 Dialysis Licensed Practical Nurses/Licensed Vocational Nurses 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.

Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

**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?

**Mail completed application to:**

NNCC  
East Holly Avenue Box 56  
Pitman, NJ 08071

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## Inactive Certification Status Application

A Certified Licensed Practical Nurse/Licensed Vocational Nurse 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, three (3) year period. During this time, the CD-LPN/LVN credential may not be used. In order to recertify after the three (3) year inactive period, the criteria for regular recertification must be met and a new recertification application, including the application fee, must be submitted. Under no circumstance will the inactive period be extended beyond three 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.

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  Visa  MC

1. Name \_\_\_\_\_  
Last Maiden First Middle

2. Expiration date of current certification \_\_\_\_\_

3. Home address \_\_\_\_\_  
Street/P.O. Box City/Province State/Country Zip/Country Code

4. Personal phone  \_\_\_\_\_ Work phone  \_\_\_\_\_  
Please check preferred contact number

5. Has your address changed in the past three (3) years?  yes  no

6. Fax \_\_\_\_\_ E-Mail \_\_\_\_\_ Last 4 digits of social security number \_\_\_\_\_

7. LPN/LVN 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.

Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

### Credit Card Authorization Form

The NNCC accepts only Visa and MasterCard credit cards. Home telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Address: (as it appears on your credit card statement) Charge my:  Visa  MasterCard the amount of \$ \_\_\_\_\_

\_\_\_\_\_ Card number: \_\_\_\_\_ CVV \_\_\_\_\_

City: \_\_\_\_\_ Expiration date: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

***Did You Remember to*** ✓

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- Complete inactive status application?
- Include a letter of explanation?
- Include the appropriate fee?
- Additional late fee if submitted after expiration date?
- Sign and date the application?

***Mail to NNCC:***

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East Holly Avenue Box 56  
Pitman, NJ 08071-0056

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## 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 reacquire 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 (payable to NNCC)  Charge my credit card  Visa  MC

1. Name \_\_\_\_\_  
Last Maiden First Middle

2. Expiration date of current certification \_\_\_\_\_

3. Home address \_\_\_\_\_  
Street/P.O. Box City/Province State/Country Zip/Country Code

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?  yes  no

7. LPN/LVN 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 Emeritus Certification Status and verify that all information is correct.

Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

### Credit Card Authorization Form

The NNCC accepts only Visa and MasterCard credit cards. Home telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Address: (as it appears on your credit card statement) Charge my:  Visa  MasterCard the amount of \$ \_\_\_\_\_

\_\_\_\_\_ Card number: \_\_\_\_\_ CVV \_\_\_\_\_

City: \_\_\_\_\_ Expiration date: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

*Authorized Signature*

***Did You Remember to*** ✓

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- Complete Emeritus Status Application?
- Include a copy of Government Issued Photo ID?
- Include the appropriate fee?
- Sign and date the application?

***Mail to NNCC:***

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East Holly Avenue Box 56  
Pitman, NJ 08071-0056



**Nephrology Nursing  
Certification Commission**

**East Holly Avenue, Box 56**

**Pitman, NJ 08071-0056**

**888-884-6622**

**[nncc-exam.org](http://nncc-exam.org)**