

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

## **Recertification by Examination 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.

| Choose ONLY one of the following exam options.  □ CBT (computer based testing)  • Postmark applications at least four (4) weeks prior  • If approved, you will receive a permit/letter with ir |   |                | kam by appointi | ment   |
|--|---|----------------|-----------------|--------|
| □ Paper/Pencil Exam Date • Postmarked on or before the application deadline of   |   |                |                 |        |
| Application Fee (check ALL that apply)): ☐ \$350 ANNA / NC☐ \$50 Late fee ☐ \$   | OVA / NKF Member/A<br>50 Expedited Review                               | SN □ \$375 N   | Non-member      |        |
| Payment Method (check one): 🗖 Check or money order (pay  | yable to NNCC) 🖵 C  | harge my credi | it card 🖵 Visa  | □ MC   |
| 1. NameLast Maiden   | Fir   | rst            |                 | Middle |
| Expiration date of current certification   |   |                |                 |        |
| 3. Last 4 digits of social security number   | E-mail  |                |                 |        |
| 4. Home/mailing addressStreet/P.O. Box   |   | City           | State           | Zip    |
| 5. Personal phone 🖵  | Work phone  | e 🗖            |                 |        |
| Please check 6. Has your address changed in the past five (5) years? $\Box$  | preferred contact number yes \(\begin{array}{c} \text{no} \end{array}\) |                |                 |        |
| 7. RN license: State Permanent number  | r:  | Expiration dat | e               |        |
| 8. Have you been employed as a NP in nephrology for the la   | st five (5) years? 📮 Y  | es 🖵 No        |                 |        |
| 9. During your work experience have you spent at (See eligibility requirements on page 9)  | least 1,000 hours   | in nephrolog   | y? 📮 Yes        | □ No   |
| Credit Card Au   | thorization Form  | 1              |                 |        |
| The NNCC accepts only Visa and MasterCard credit cards.  | Home telephone:   |                |                 |        |
| Name:  | Work telephone:   |                |                 |        |
| Address: (as it appears on your credit card statement)   | credit card statement) Charge my:  Uisa  MasterCard the amount of \$    |                |                 |        |
|  | Card number:  |                |                 |        |
| City:  | Expiration date:  |                |                 |        |
| State: Zip: Country:   | :   |                | <br>nature      |        |

|  | <b>CNN</b> NP Recertification   | n Application  |   |  |  |
|--|---|--|---|--|--|
| 10. Tota   | l number of contact hours submitted: Form 1   | Form 2   | Total   |  |  |
|  | fication of Employment/Matriculation<br>IF CERTIFICANT IS CURRENTLY EMPLOYED<br>I hereby verify that this certificant is currently employed in a<br>practitioner and meets the eligibility requirements set forth   |  |   |  |  |
|  | Signature of current supervisor/MD Sponsor  |  | Date  |  |  |
|  | Title of supervisor (eg: director, manager, etc)  |  |   |  |  |
|  | Supervisor/MD Sponsor's E-mail  |  |   |  |  |
|  | Institution   | Phone  |   |  |  |
|  | Business address  |  |   |  |  |
| В.   | IF CERTIFICANT IS NOT CURRENTLY EMPLOYED I hereby verify that this certificant was previously employed pendent practitioner and meets the eligibility requirements  |  |   |  |  |
|  | Signature of former supervisor/MD Sponsor   |  | Date  |  |  |
|  | Title of former supervisor (eg: director, manager, etc)   |  |   |  |  |
|  | Institution   |  | Phone   |  |  |
|  | Business address  |  |   |  |  |
|  | Dates of employment   |  |   |  |  |
| <ul><li>Fals</li><li>Any fede</li><li>Mis</li></ul>                                  | ification of the NNCC application ification of any materials or information requested by the N restrictions such as revocation, suspension, probation, or o eral, or other agency representation of CNN-NP status eating on the exam  |  | tht against the applicant by a state,   |  |  |
| of certification of their ce<br>Certification<br>Certification books<br>cation books |   | on Commission's (NNCC)<br>and all Certified Nephrolog<br>rellations, and Reschedulin<br>relations found<br>the comment on the NNCC website a | policy on denial, suspension, or revocation gy Nurse-Nurse Practitioner for the duration ng policy for retesting found on page 3 of the d on page 3 of the application booklet. I also and in the most current recertification appli- |  |  |
| obtained<br>information<br>successful<br>the NNC                                     | and that maintaining certification depends upon successful completion of a in the certification process may be used for statistical purposes and for e on from my certification records shall be held in confidence and shall not be completetion of the recertification requirements, the NNCC reserves the Complete. To the best of my knowledge, the information contained in this did that the Nephrology Nursing Certification Commission reserves the rig | evaluation of the certificate be used for any other purright to continue to publication is true, cor   | tion program. I further understand that the<br>pose without my permission; however, after<br>ish my name and expiration date by state on<br>inplete, correct, and is made in good faith. I  |  |  |
| I hereby a   | pply for renewal of certification and verify that all information is correct.   |  |   |  |  |
| Legal Sig  | gnature   | Date   |   |  |  |
| Did Yoı  | ı Remember to 🗸   | Mail completed   | application to:   |  |  |
| <ul><li>Incl</li><li>Sign</li><li>Kee</li><li>Incl</li></ul>                         | applete the recertification application in its entirety?  and the appropriate fee?  and date the application?  a copy of the application and all supporting documents?  and documentation of your current ANNA, NOVA, NKF, or ASN abership, if applicable.  | NNCC<br>East Holly Aver<br>Pitman, NJ 080  |   |  |  |