



**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 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 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? yes no

7. RN 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 ✓

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

Mail to NNCC:

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