Retired Certified Nurse Application

American Nurses Credentialing Center

Please mail this application signed and dated with payment to 8403 Colesville Road, Suite 500, Silver Spring, MD 20910.

SECTION A – BACKGROUND

First Name | **Middle Initial** | **Last Name**

Address

City | **State/Province** | **Zip/Postal** | **Country**

Phone Number | **Email Address**

Certification Number

Please list at least one ANCC certification and its expiration date. Please note: All of your ANCC certifications will be expired once this application is accepted.

Certification Specialty | **Expiration Date**

SECTION B – SHIPPING ADDRESS

☐ Same address as above

Address

City | **State/Province** | **Zip/Postal** | **Country**

SECTION C – PAYMENT

This is a onetime fee. Renewal is not required.

- ☐ $75 ANA Member
- ☐ $100 Nonmember
- ☐ Check (payable to ANCC) — Amount enclosed: $
- ☐ Credit card — Amount to be charged: $
- ☐ ATM/Debit card

Account Number

Expiration Date

Print Name on Credit Card

Signature

SECTION D – STATEMENT OF UNDERSTANDING

I hereby apply for the Retired Certified Nurse Program ("Program") offered by the American Nurses Credentialing Center (ANCC). I have read the eligibility criteria for participation in the Program. I understand that I am subject to all eligibility requirements for Program participation as described in this application and that eligibility for this Program depends on satisfying the Program requirements.

By signing below I acknowledge the following:

- I have a current, unencumbered RN license at the time of retirement.
- I am retiring and will no longer practice in my specialty.
- Once I receive my wall certificate, I will be permitted to use the word "Retired" after my ANCC Certification credentials on the following documents: business cards and curriculum vitae or resume. For example: RN-BC –Retired, PMHCNS-BC – Retired, FNP-BC – Retired.
- I cannot use the word "Retired" on the following: patient charts or records, professional name badge, and legal documents, or after my signature.
- I cannot use this credential - Retired - to satisfy licensing requirements for advanced practice nurses.
- I understand that if I decide to reenter the workforce after obtaining retired status and would like to reactivate certification in the specialty, I must meet all certification renewal eligibility requirements and follow the ANCC processes in place at that time.

By signing below, I authorize ANCC staff and the Commission on Certification to make whatever inquiries and investigations that they, in their sole discretion, deem necessary to verify my license, credentials, educational preparation, practice, professional standing, and any other information included in, submitted with, or necessary for review of this application.

I expressly acknowledge and agree that information accumulated by ANCC from participation in this Program may be used for statistical, research, and evaluation purposes and that ANCC may enter into agreements to release anonymous and aggregate data to third parties for research purposes. Otherwise, subject to the mailing list authorization, all information will be kept confidential and shall not be used for any other purposes without my permission. I hereby certify that the information provided on and with this application is true, complete, and correct. I further attest, by my signature, that I will immediately notify ANCC if I intend to return to practice. I understand that any misstatement of material fact submitted on, with, or in furtherance of this application shall be sufficient cause for ANCC to bar me from participating in this Program, prohibit me from taking future ANCC certification examinations, withhold this or other ANCC certifications, suspend or revoke this or other ANCC certifications, and take other action against me, including but not limited to notifying licensing authorities, law enforcement agencies, and employers. I further understand that if my certification record is audited, I will be required to submit documentation to support the information in my application. I further understand that if I fail to submit supporting documentation in a timely manner, ANCC can bar me from participating in this Program, prohibit me from taking future ANCC certification examinations, suspend or revoke ANCC certification(s), and take other action against me, including but not limited to notifying licensing authorities, law enforcement agencies, and employers. I hereby further agree to and will abide by all ANCC requirements for use of credentials issued by ANCC and all other Program requirements.

I understand and agree that by using an ATM/debit card, I am authorizing ANCC to debit my account for the amount specified above. Further, I understand and agree that if the ATM/debit card transaction fails or is declined, I am authorizing ANCC to complete the transaction as a credit card charge.

Signature **Date**

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