



# Certified Rehabilitation Registered Nurse Inactive Status Application

CRRN® Inactive status is available to current or recently lapsed CRRN certificants who have experienced traumatic or life-altering events that temporarily interfere with their ability to complete recertification requirements within the standard certification period. This status allows eligible certificants to delay the timeframe for completing recertification requirements.

## Eligibility Requirements

To be eligible for CRRN-Inactive status, applicants must:

- Hold a current CRRN certification or a CRRN certification that expired in the past 6 months.
- Hold a current, unrestricted RN license.
- Have experienced a qualifying life event described below during the current certification period.

## Inactive Status Terms

- Inactive status is valid for a period of 3 years.
- CRRNs may be granted Inactive status only once within a 10-year period.
- Certificants may return to active status at any time during the 3-year inactive period by meeting the points of credit recertification requirements in effect at that time.
- Certificants who do not return to active status within the 3-year inactive period must reapply for certification and successfully pass the CRRN examination to regain certification.
- Individuals in Inactive status may not use the CRRN credential or represent themselves as CRRNs.

## Fee

There is a **\$100 nonrefundable application fee** for CRRN-Inactive status. Fees cannot be refunded or applied to future certification activities if an application is incomplete, submitted outside the allowable timeframe, or determined to be ineligible.

## Instructions

**Download and save this application before filling it out.** Complete all sections and submit your application and payment during your recertification period or within 6 months of certification expiration. Applications received after this timeframe or without payment cannot be approved.

### Applicant Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Email Address \_\_\_\_\_ Primary Phone \_\_\_\_\_  
CRRN Expiration Date \_\_\_\_\_ CRRN Number \_\_\_\_\_  
RN License Number and State(s) \_\_\_\_\_

### Qualifying Life Events

I experienced the following qualifying life events during my current certification period:

(Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Birth or adoption of a child                 | <input type="checkbox"/> Serious illness (applicant or immediate family) |
| <input type="checkbox"/> Left paid employment to care for a dependent | <input type="checkbox"/> Death of an immediate family member             |
| <input type="checkbox"/> Active military duty                         | <input type="checkbox"/> Loss of primary housing due to natural disaster |
| <input type="checkbox"/> Divorce                                      |  |

### Statement of Understanding

By typing my name below, I acknowledge I have read and understand the information, eligibility requirements, and conditions described in this application. I affirm that I meet all eligibility requirements at the time of application and understand that application submission and payment does not guarantee approval. I understand the fee is nonrefundable, including if the application is determined to be ineligible.

Signature \_\_\_\_\_ ENTER YOUR FULL NAME \_\_\_\_\_ Date \_\_\_\_\_

STEP 1

STEP 2

**Submission Assistance:** If the Submit Application button is unable to open an email on your device, send your completed application as an attachment to [cert@rehabnurse.org](mailto:cert@rehabnurse.org) after submitting payment.

**Need to pay by check?** Make your check payable to the Rehabilitation Nursing Certification Board. Mail it, with this completed application, to ARN, PO Box 88019, Chicago, IL 60680-1019.