



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 US, US territories, or Canadian 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 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.