



# Certified Rehabilitation Registered Nurse Retired Status Application

The Certified Rehabilitation Registered Nurse (CRRN®)-Retired status is available to individuals who have previously held the CRRN credential and who have retired from employment in the nursing profession. This status allows eligible individuals to maintain an association with the CRRN program while clearly indicating they are no longer practicing as a certified rehabilitation nurse.

## Eligibility Requirements

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

- Hold a current CRRN certification or a CRRN certification that expired in the past 6 months.
- No longer be employed in the nursing profession.

## Retired Status Terms

Individuals who are granted CRRN-Retired status:

- May use the designation CRRN-Retired.
- May not represent themselves as a Certified Rehabilitation Registered Nurse or use the CRRN designation.
- Must immediately discontinue use of the CRRN-Retired designation if they return to employment in the nursing profession.

## Fee

There is a **\$50 nonrefundable application fee** for CRRN-Retired Status. All applications are reviewed to confirm eligibility. Fees cannot be refunded or applied toward 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) \_\_\_\_\_

### Statement of Understanding

By typing my name below, I acknowledge that 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 submission of this application and payment does not guarantee approval. I understand that the application fee is nonrefundable, including if 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.