



## DEFINITIONS

Serious illness: an acute or chronic condition, disease, or injury that required hospitalization.

Family member: spouse, parent (own or spouse), or child (own or spouse); or other individual who shares a residence with the CRRN at the time of serious illness or death.

## QUALIFYING EVENT

I have experienced one or more of the following during my current certification period:

- Birth or adoption of a child. Date of birth or adoption: \_\_\_\_\_
- Leaving paid employment to care for a child or other dependent. Date: \_\_\_\_\_
- Active military duty. Dates and location of deployment: \_\_\_\_\_
- Divorce. Date of final divorce decree: \_\_\_\_\_
- Serious illness of self or family member. Dates and relationship: \_\_\_\_\_
- Death of a family member. Date and relationship: \_\_\_\_\_
- Loss of primary housing due to natural disaster.  
Date and nature of disaster: \_\_\_\_\_

## STATEMENT OF UNDERSTANDING

I understand that I may be granted inactive status only once during a 10-year period and that there are no extensions or grace periods. In order to return my certification to active status, I must apply for renewal prior to the expiration of inactive status. I may apply for renewal either by points of credit or by examination, meeting the eligibility criteria and renewal requirements in place at that time. I understand that the \$100 inactive status fee will not be applied toward later renewal fees. I will not use the CRRN credential or represent myself as a CRRN while I am on inactive status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Mail completed application to:

ARN  
PO Box 88019  
Chicago, IL 60680-1019

(The application must be mailed. Please do not fax or email the application.)

For office use only
Approved: _____
Expiration date: _____