

Application for Certified Rehabilitation Registered Nurse – Retired Status

In order to be eligible for CRRN-Retired status, candidates must:

- have a current, unrestricted RN license as the time of retirement
- be a current CRRN[®] or CRRN-A at the time of retirement or CRRN[®] or CRRN-A certification must have expired within the 5 years prior to the date of retirement
- no longer be employed within the nursing profession.

An individual who has been granted CRRN-Retired status may use the designation CRRN-Retired. If a CRRN-Retired re-enters the nursing profession, he or she may no longer used the designation and may regain the CRRN[®] credential by meeting the eligibility criteria in effect at that time, paying the examination fee, and achieving a passing score on the CRRN[®] examination. An individual who has been granted CRRN-Retired status may not represent himself or herself as a Certified Rehabilitation Registered Nurse (CRRN[®]).

There is a one-time fee of \$50 for CRRN-Retired status.

Last name		First name		MI
Street number		City	State	Zip
E-mail		Home phone		
Date of retirement		Certification number		
RN license number & state				

STATEMENT OF UNDERSTANDING

I understand that by applying for CRRN-Retired status, I acknowledge that I am no longer employed in the nursing field. I understand that I may not represent myself as a Certified Rehabilitation Registered Nurse or use the CRRN[®] designation. If I return to employment within the nursing field, I may no longer use the CRRN-Retired designation. I understand that to regain CRRN[®] certification, I must take and pass the CRRN examination, and meet the eligibility criteria in place at the time. The one-time fee of \$50 may not be applied toward future certification activities.

Signature		Date
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PAYMENT METHOD (\$50 retired status fee)

- I have enclosed a check payable to the Rehabilitation Nursing Certification Board.
- I have provided credit card information (American Express, MasterCard, VISA).

Account number																Expiration date			
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Signature		Date
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Mail application to:
 RNCB
 8735 W. Higgins Road, Suite 300
 Chicago, IL 60631-2738

Staple check here, if applicable