

ANCB

RETIRED STATUS APPLICATION For CARN and CARN-AP Certificants

INSTRUCTIONS:

Complete all sections of this application and send it along with payment to: ANCB Application Processing, C/O C-NET, 35 Journal Square, Suite 901 Jersey City, NJ 07306

NOTE: There is no charge when RENEWING your Retired Status

RETIRED STATUS

This application is for CARN and CARN-AP certificants who wish to recertify under retired status. Once approved, if you choose to return to active certification, you will be required to successfully pass the certification examination again.

By signing below, you acknowledge and accept the following terms:

- 1) The "CARN-Retired" or "CARN-AP-Retired" is an honorary designation.
- 2) The designation is strictly honorary and as such does not indicate current licensure as a Registered Nurse or current certification as an advanced practice nurse.
- 3) The designation must be written out and may be used on a resume or on a business card, but may NOT be used with your signature or on a name badge in an employment or voluntary setting.
- 4) Renewal is required every four years.

SECTION 1: CANDIDATE INFORMATION

To avoid additional fees you must complete ALL spaces in this section

Be advised: If the name you enter below differs from the way it appears on the ANCB Certificant Directory, you must attach proof of legal name change.

NAME _____
Current Legal Last Name Maiden Legal First Name Middle Name

MAILING ADDRESS _____
Street Apt# City State Zip

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER _____ E-MAIL _____

CELL/ HOME PHONE NUMBER _____ I retired on: _____

SECTION 2: PAYMENT

Please enclose one of the following forms of payment. Make checks payable to C-NET.

RETIRED APPLICATION FEE

\$100.00 (Initial Certification Fee)

\$0 (I am renewing my Retired Status)

When paying by credit card, you have the option to email your application directly to info@cnetnurse.com for faster processing

Enclosed: Money Order/ Check Credit Card (Complete below)

APPLICANT NAME _____

CARD HOLDER NAME
(If different than above) _____

Visa or Master Card Only:

Credit Card Number _____

Expiration Date _____ Phone Number _____

PLEASE NOTE: Your signature on this form acknowledges and authorizes the Center for Nursing Education and Testing (C-NET) to charge your credit card for a total of the amount indicated. Written refund requests shall be accepted up to four (4) weeks after the application has been received by C-NET. The written request must be submitted by the purchaser and must include the applicant's full name, the last four digits of the social security number, and the name of the application being canceled or the request will not be considered. All refunds are issued minus the application processing fee and any other non-refundable fees indicated in the application brochure or websites (ancbonline.org, cnetnurse.com). Refund requests received after the deadline will not be considered, and any funds received after the deadline shall become non-refundable and non-transferable.

AUTHORIZATION

SIGNATURE: _____ DATE: _____

SECTION 3: APPLICANT SIGNATURE

To avoid additional fees you must complete ALL spaces in this section

STATEMENT OF UNDERSTANDING

I hereby attest that I have read and understand the ANCB policy on Denial, Suspension, or Revocation of Certification and the policy for applying for Retired Certification Status and I understand that its terms shall be binding on all applicants for Retired certification. I further understand that if I choose to return to practice and I wish to again hold the active credential of CARN or CARN-AP, I must meet current eligibility criteria and again certify by examination. I hereby apply for Retired Certification Status and verify that all information is correct.

Legal Signature

Date