NNCC

Nephrology Nursing Certification Commission

First-Time Retake Application for Examination

Please enter the month and year of your original exam date:

MONTH: _____ ***YEAR:*** _____

POLICY ON RE-EXAMINATION:

Candidates who do not pass the examination on their first attempt have ONE YEAR from the date of their initial exam to retest **using this simplified application**. If the candidate does not pass the examination the second time, the candidate must complete a standard application for all future attempts. This First-Time Retake application may be used only once. Applications postmarked in excess of the ONE YEAR mark shall not be considered.

Retake application and payment must be mailed together to: **NNCC Examination Processing, C/O C-NET, 35 Journal Square, Suite 901 Jersey City, NJ 07306**

SECTION 1: CANDIDATE INFORMATION — **You must complete ALL spaces in this section**

Be advised: For test security, you must enter your name as it appears on your supplied government issued photo ID.

NAME ☐ Mr. ☐ Ms. _____
Current Legal Last Name | Legal First Name | Middle Name

MAILING ADDRESS _____
Street | Apt# | City | State | Zip

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER_____ E-MAIL _____
Your exam permit will be emailed to this email address

CELL/ HOME PHONE NUMBER _____ WORK NUMBER _____

SECTION 2: RN LICENSE — **You must complete ALL spaces in this section**

STATE: _____ PERMANENT NUMBER: _____

DATE OF ORIGINAL LICENSE: _____ EXPIRATION DATE: _____

SECTION 3: PAYMENT Please enclose one of the following valid forms of payment. **Make checks payable to C-NET**

CDN ☐
- ____ Partner Member: $175.00
- ____ Late Member: $225.00
- ____ **Non- Member: $200.00**
- ____ Late Non-Mem: $250.00

CNN ☐
- ____ Partner Member: $175.00
- ____ Late Member: $225.00
- ____ **Non- Member: $200.00**
- ____ Late Non-Mem: $250.00

CNN-NP ☐
- ____ Partner Member: $225.00
- ____ Late Member: $275.00
- ____ **Non- Member: $250.00**
- ____ Late Non-Mem: $300.00

For a list of current partner organizations visit nncc-exam.org. You must include proof of membership with this application to receive the Partner Member discount

☐ **Money Order/ Check** ☐ **Credit Card**

_____
APPLICANT NAME

_____
CARD HOLDER NAME (If different from above)

Visa or Master Card Only:

CARD NUMBER _____ _____ _____ _____

EXP. DATE_____HOME/CELL #_____

By submitting this application, you acknowledge that the Signature/Statement of Understanding will be used from your original application.

AUTHORIZATION SIGNATURE: _____ DATE: _____

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. Furthermore, you agree that by not checking a membership status box above, you will be charged the "non-member" rate. Written refund requests shall be accepted by C-NET either: a) up to four (4) weeks after the application postmark date (or date received), or b) before the date the examination permit is issued (whichever comes first). 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 exam 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 (cnetnurse.com). Refund requests received after the deadline will not be considered, and any fund received after the deadline shall become non-refundable and non-transferable.**