

RETIRED STATUS APPLICATION

For CARN and CARN-AP Certificants

INSTRUCTIONS:

Complete all sections of this application and send it along with payment to: ANCB Examination

Processing, C/O C-NET, 35 Journal Square, Suite
901 Jersey City, NJ 07306

RETIRED STATUS

This application is for CARN and CARN-AP certificants wishing to recertify as retired status certificants. Once obtained, if you ever want to return to active status you will be required to again successfully pass the certification examination. By signing below, Iyou acknowldege and accept the following terms:

- a) The "CARN-Retired" or "CARN-AP-Retired" is an honorary designation
- b) 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
- c) The designation must be written out and may be used on a resume or on a business card but may NOT be used with my signature or on a name badge in an employment or voluntary setting.

SECTION 1: CANDIDATE INFORMATION				To avoid additional fees you must complete ALL spaces in this section			
Be advised: We w	vill enter your name as it appears on y	our supplied governm	nent issued	photo ID. The line below	is for application process	sing only.	
NAME							
	Current Legal Last Name	Maider	1	Legal First Name		Middle Name	
MAILING							
ADDRESS	Street	Apt#	City		State	Zip	
	Circuit	, tptii	Oit	,	Glato	Σip	
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER			E-MAIL		vill be emailed to this er		
				Your exam permit w	ill be emailed to this er	nail address	
CELL/ HOME P	HONE NUMBER		I att	est that I retired on:			
SECTION 5: F	PAYMENT Please enclo	se one of the fo	llowing f	orms of payment. I	Make checks payal	ole to C-NET	
RETIREI	D APPLICATION FEE	Enclosed:	Money	Order/ Check	Credit Card (Co	mplete below)	
		A DDI IO ANT NI	^ ^ ^ - ^ - - - - - - - - - 				
\$100.	.00	APPLICANT NAME CARD HOLDER NAME					
When naving l	by credit card, you have the	(If different than above)					
When paying by credit card, you have the option to email your application directly to		Visa or Master Card Only:					
	se.com for faster processing	Credit Card Number					
		Exporation Data	,	/ Phone Nur	mhor		
		Experation Date	/	/Priorie Nui	libei		
indicated. Written refundissued (whichever come of the exam being cand brochure or websites (c non-transferable. AUTHORIZATIO		a) up to four (4) weeks after by the purchaser and muse funds are issued minus th	r the application the application to the application in application in a sidered, and	on postmark date (or date recei applicant's full name, the last fo processing fee and any other r any fund received after the dea	ved), or b) before the date the e our digits of the social security non-refundable fees indicated it iddine shall become non-refund	examination permit is number, and the name n the application lable and	
SIGNATURE: _	DATE:						
SECTION 3: A	PPLICANT SIGNATURE		To avoid a	dditional fees you must	complete ALL spaces	in this section	
I hereby attest that Certification Status practice and I wish	JNDERSTANDING I have read and understand the ANC and I understand that its terms shall to again hold the active credential of ertification Status and verify that all in	oe binding on all appli CARN or CARN-AP, I	cants for R	etired certification. I furth	er understand that if I cho	oose to return to	

Legal Signature

Date