

Retired Status Application

Check One: CCRN PCCN

Use this application for INITIAL Retired status, not for Active status.

Retired RENEWALS may be submitted online at no cost at www.aacn.org/certification > [Renew Certification](#).

1. REGISTRATION INFORMATION Please print clearly. Processing will be delayed if incomplete or not legible.

AACN CUSTOMER #:	MEMBERSHIP EXP. DATE	CERTIFICATION or RETIRED EXP. DATE:	
<hr/>			
LEGAL NAME:	Last	First	MI
			Maiden
HOME ADDRESS:		City	State
			Zip
EMAIL:	HOME PHONE:		
<hr/>			

2. APPLICATION FEES

Check one box only	AACN Member	Nonmember	Join or renew membership now and pay member rate.		
			Includes 1-Year AACN Membership	Includes 2-Year AACN Membership	Includes 3-Year AACN Membership
Retired Status	<input type="checkbox"/> \$45	<input type="checkbox"/> \$60	<input type="checkbox"/> \$123	<input type="checkbox"/> \$193	<input type="checkbox"/> \$245

AACN membership includes nonrefundable \$12 and \$15 one-year subscriptions to *Critical Care Nurse*® and the *American Journal of Critical Care*®, respectively. AACN dues are not deductible as charitable contributions for tax purposes, but may be deducted as a business expense in keeping with Internal Revenue Service regulations.

Please do not include my name on lists sold to other organizations.

3. PAYMENT INFORMATION - application must be accompanied by payment

If applying for Retired status for more than 1 AACN credential, include only one fee payment.

Check or money order attached – payable to AACN Certification Corporation. U.S. funds only.

Bill my credit card: Visa MasterCard American Express Discover Card

Credit Card # Exp. Date (mm/yy) /

Name on Card _____ Signature _____

Amount Billed \$ _____ Address of Payor (if different than applicant) _____

4. SUBMIT APPLICATION/HONOR STATEMENT

Mail 2-page application with payment to:

AACN Certification Corporation, 27071 Aliso Creek Road, Aliso Viejo, CA 92656-3399.

Or fax to: 949-362-2020. **DO NOT mail AND fax your application - please choose only ONE method.**

Please allow 2 to 3 weeks from the date received by AACN Certification Corporation for the processing of your application.

Questions? Please visit www.aacn.org, email certcorp@aacn.org or call us at 800-899-2226.

Please complete pages 2 of application.

Retired Status Honor Statement

Use this application for INITIAL Retired status, not for Active status.

NAME:

AACN CUSTOMER #:

Last

First

MI

I hereby apply for the Retired status for the certification I previously held and have supplied my certification dates below, to the best of my knowledge. By signing below I confirm that I am retired from nursing, am not working in any type of position that requires the possession of an RN or APRN license and have no further plans to return to nursing.

I understand that I may not use the Retired designation on a name badge or after my signature, though I may use "Retired CCRN" or "Retired PCCN" below my name and credentials on a business card or resume while I maintain Retired status.

Please do not contact AACN to request the following information in order to complete your application. Simply fill in the dates to the best of your recollection. The dates provided will be used to help narrow the search for your record.

Please check one: CCRN PCCN

Years certified: From _____ To _____
(date) (date)

Applicant's Signature:

Date:

DEMOGRAPHIC INFORMATION

Check **one** box in each category. Information is used for statistical purposes.

Highest Nursing Degree

- Associate's Degree
 Bachelor's Degree
 Diploma
 Doctorate
 Master's Degree

Gender: Female Male

Ethnicity

- African American (02)
 Asian (05)
 Hispanic (03)
 Native American (04)
 Pacific Islander (06)
 White/Non-Hispanic (01)
 Other – specify below

_____ (99)