

Inactive Status Application

Inactive CRRN status is intended to allow current or recently lapsed CRRNs who have experienced traumatic or lifealtering events to delay the 5-year time frame for completing the renewal requirements. You must meet the following criteria in order to qualify for inactive status:

- Current CRRN certification or the certification has expired within the previous 6 months
- Current, unrestricted RN licensure
- Experience one or more qualifying event during the 5-year certification period:
 - * Birth or adoption of a child
 - Leaving paid employment to care for a child or other dependent
 - * Unemployment
 - * Active military duty
 - * Divorce

- * Serious illness of self or family member
- Death of a family member
- * Declared state of emergency
- * Civil unrest
- Loss of primary housing due to natural disaster (e.g. earthquake, hurricane, fire, catastrophic flood)

Inactive status does not allow additional time to complete the renewal process; however, it does shift the time frame for completing the renewal requirements to renew by points of credit or examination. Inactive status is valid for a period of 3 years. There is a \$100 application fee. When you are ready to apply to reactivate your certification, you may submit a points of credit application or apply to take the CRRN examination. Please be sure that either is completed within the three years of your inactive certification. The CRRN examination is currently given in June and December annually. The RNCB reserves the right to change this schedule.

Instructions: Complete and return the application and fee within 6 months of the certification expiration date. **Applications postmarked more than 6 months after the expiration date will not be accepted.** Please call 800.229.7530 if you have any questions about the process.

Last name	First name	MI		
Street number Ci	ty	State	Zip	
Madenhan	Hawa abasa			
Work phone	Home phone			
RN license number & state Certification number				
E-mail				
PAYMENT METHOD (\$100 inactive status fee)				
☐ I have enclosed a check payable to the Association of Rehabilitation Nurses.				
☐ I have provided credit card information (VISA, MasterCard, American Express).				
Account number	Expiration	n date		

Staple check he

Signature Date

DEFINITIONS

Serious illness: an acute or chronic condition, disease, or injury that required hospitalization.

Family member: spouse, parent (own or spouse), or child (own or spouse); or other individual who shares a residence with the CRRN at the time of serious illness or death.

QUALIFYING EVENT I have experienced one or more of the following during my current o	certification period:				
Birth or adoption of a child. Date of birth or adoption: Leaving paid employment to care for a child or other dependent. Date: Unemployment. Date (from/to): Active military duty. Dates and location of deployment: Divorce. Date of final divorce decree: Serious illness of self or family member. Dates and relationship: Death of a family member. Date and relationship: Declared state of emergency. Date and event(s): Civil unrest. Date and location: Loss of primary housing due to natural disaster. Date and nature of disaster:					
				Statement of understanding I understand that I may be granted inactive status only once during or grace periods. In order to return my certification to active status of inactive status. I may apply for renewal either by points of credit and renewal requirements in place at that time. I understand that toward later renewal fees. I will not use the CRRN credential or restatus.	s, I must apply for renewal prior to the expiration or by examination, meeting the eligibility criteriate the \$100 inactive status fee will not be applied
				Signature	Date
				Mail completed application to: RNCB	
				8735 W. Higgins Road, Suite 300 Chicago, IL 60631-2738	For office use only Approved:
				(The application must be mailed. Please do not fax or email the application.)	Expiration date: