



CRNI® Recertification by Examination Application Form

September 2017

Apply online or mail to:
 INCC
 315 Norwood Park South
 Norwood, MA 02062
Fax: (781) 440-9409

Use your legal name. Name must match photo ID used for exam entry and will be printed on your certificate.

 Last Name First Name Middle Initial

 INS Membership # Exp. Date

PREFERRED ADDRESS Home Business

 Title Company (if preferred address is business)

 Address City State Zip Code

 (International Only) Province Country Postal Code

 Phone Number Home Business Cell Email Address

 RN license # State Exp. Date

(International applicants must attach documentation of license to practice nursing in country of residency.)

Application Deadlines		
Applications received after regular deadlines are not guaranteed acceptance and will incur a \$50 late fee.	Early Bird Includes \$50 discount	Regular
September Exam	May10	July 10
Recertification by Examination† (includes \$175 recertification fee)		
INS Member	<input type="checkbox"/> \$485	<input type="checkbox"/> \$535
Re/Joining INS*	<input type="checkbox"/> \$590	<input type="checkbox"/> \$640
Nonmember	<input type="checkbox"/> \$650	<input type="checkbox"/> \$700
International Candidates		
International Site Fee	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140

* Includes 1-year INS membership. INS membership fees are nonrefundable.

† Accepted for September exam ONLY.

Registration Fee (from selection in box) \$ _____

Check if you are retaking the exam \$ _____
 (Subtract \$50 from appropriate registration fee if eligible – not valid for recertification)

Check if a Group Discount Form is included \$ _____
 (Subtract \$25 from appropriate registration fee if eligible)

Check if you are taking the exam outside of the United States
 (International site fee \$140)
 \$ _____

DISCOUNTS CANNOT BE COMBINED

TOTAL fee enclosed

METHOD OF PAYMENT

Check/money order (payable to INCC)

MasterCard VISA AMEX

Card # _____

Exp. Date _____

Signature _____

 Print cardholder's name

Recertification Clinical Practice Documentation and Affirmation

Last Name

First Name

Middle Initial

Affirmation

Affirmation: By signing and submitting this Recertification Application, I accept the conditions stated in the Infusion Nurses Certification Corporation's CRNI® *Recertification Handbook* concerning the certification and/or recertification processes and policies. I certify that the information in this application is true, complete, and correct to the best of my knowledge and is made in good faith. I understand that if any information is later determined to be false, INCC reserves the right to revoke any certification granted on the basis of that false information. INCC reserves the right to publicize certification information and may provide additional information in response to inquiries from state boards of nursing or other such entities.

I further affirm that my nursing license is current, active, and unrestricted.

Candidate Signature

Date

Clinical Practice Statement

Recertification candidates only

My signature below serves to document that as a recertification candidate, I have at least 1,000 hours of clinical experience* in infusion therapy, earned as an RN within the three-year recertification period.

Recertification candidate's signature

Date

*Clinical experience can include assessing, planning, implementing, and evaluating the care and needs of patients and clients who require infusion therapy in the course of their care. 1,000 hours of direct clinical bedside experience is not a prerequisite; registered nurses functioning as educators, administrators, or researchers in the infusion nursing specialty are also eligible.

All candidates must provide a supervisor's contact information below. INCC reserves the right to contact your supervisor to verify compliance with our clinical practice eligibility requirements.

Supervisor's Name

Title

Company

Email

Telephone

Name: _____

1. Will your employer provide any financial support or reimbursement for maintaining or renewing your credential?

Yes No

If applicable, do you authorize INCC to contact your employer to thank them for their support?

Yes No

If applicable, please provide name and address of the administrator.

Name

Title

Company Name

Address

Email

INCC does not discriminate among candidates on the basis of age, gender, race, religion, national origin, disability, sexual orientation, or marital status.