

Certified Registered Nurse Infusion-Retired (CRNI-R) Application Form

Last Name _____ First Name _____ Middle Initial _____ CRNI®
Expiration Date _____

Preferred Mailing Address

Address _____

City _____ State _____ Zip _____

Telephone Number _____ E-Mail Address _____

I hereby attest that I have read and understand the INCC policy on CRNI-R status. I accept that the terms and conditions of CRNI-R status shall be binding. I retire(d) from active clinical nursing practice on _____ (date) and have no immediate intention of returning to active clinical practice. I attest that I shall not use the CRNI-R status in active practice as an RN. If I choose to regain my CRNI® status I agree to meet the requirements currently applicable for initial certification. I hereby apply for Certified Registered Nurse Infusion-Retired (CRNI-R) status and verify that all information provided here is correct to the best of my knowledge.

Signature of Candidate _____ Date _____

I enclose the CRNI-R registration fee of \$75 payable by

Check/Money Order

MasterCard/VISA/AMEX # _____ Expiration date _____

Signature _____

Include letter of retirement from your employer

Once your application, letter of retirement, and \$75 fee has been received and approved by INCC, your CRNI-R certificate will be mailed to you. Please allow 4-6 weeks for delivery.