2019 CRNI® Recertification by Continuing Education Application Form

Mail to:
INCC
One Edgewater Drive
Suite 209
Norwood, MA 02062
Fax to: (781) 440-9409

Use your legal name on the application. This will be the name printed on your certificate.

Last Name | First Name | Middle Initial

INS Membership # | Exp. Date | ☐ Re/Joining INS ☐ Nonmember

RN license # | State | Exp. Date

Preferred Address ☐ Home ☐ Business

If preferred address is business, enter company name and title

Address | City | State | Zip Code

(International Only) Province | Country | Postal Code

Phone Number ☐ Home ☐ Business ☐ Cell | Email Address

Recertification by Continuing Education* Application Fees and Deadlines		
Received by	Regular Dec. 1st	Late Dec. 31st
INS member	☐ $175	☐ $225
Recert plus 1-year INS membership	☐ $285	☐ $335
Recert plus 2-year INS membership	☐ $385	☐ $435
Recert plus 3-year INS membership	☐ $470	☐ $520
Nonmember	☐ $300	☐ $350

Application Fee (from selection in box) $

METHOD OF PAYMENT

☐ Check/money order (payable to INCC)

☐ MasterCard ☐ VISA ☐ AMEX

Card #_____

Exp. Date _____

Signature_____

_____
Print cardholder's name

*To recertify by exam, please use the Recertification by Examination Application Forms. Examination policies, procedures, and application forms are included in the CRNI® *Exam Handbook*. Visit www.incc1.org for your copy.

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® Exam 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.