



Application for Stroke Certified Registered Nurse (SCRN[®]) – Retired Status

The American Board of Neuroscience Nursing (ABNN) developed the SCRN-Retired status to recognize SCRNs who have retired from their professional nursing career but wish to maintain their credentials. In order to be eligible for SCRN-Retired status, candidates must:

- retire from professional nursing with no plans to return or to renew certification otherwise
- be a current SCRN at the time of retirement
- have a current, unrestricted RN license at the time of retirement

An individual who has been granted SCRN-Retired status may use the designation SCRN-Retired. The SCRN-Retired designation may be used below the name but not after a signature nor on a professional name badge. An individual who has been granted SCRN-Retired status may not represent himself/herself as a Stroke Certified Registered Nurse (SCRN). If a SCRN-Retired re-enters into the workforce, he or she may no longer use the retired designation and can regain the SCRN credential by meeting the current eligibility criteria, paying the examination fee, and passing the SCRN exam.

There is a one-time fee of \$95 for SCRN-Retired Status.

SCRN-Retired Status Application

Contact Information:

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Primary E-mail Address: _____

SCRN Certificate Number (available in your ABNN Certification Center): _____

SCRN Expiration Date: _____

RN License Number: _____ State: _____ Expiration Date: _____

Date of retirement: _____

SCRN-Retired Application Fees:

\$95.00

Payment Method (please select one):

I have enclosed a check payable to the American Board of Neuroscience Nursing (ABNN).

Mail to Address for paying by check:

ABNN
PO Box 88019
Chicago, IL 60680-8019

I have provided credit card information (VISA, MasterCard, American Express).

Mail to Address for paying by credit card:

ABNN
8735 W Higgins Rd. Suite 300
Chicago, IL 60631

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ACCOUNT NUMBER

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EXP. DATE

Billing Address (if different than contact information address above)

Address: _____

City: _____ State: _____ Zip Code: _____

Statement of Understanding

I understand that by applying for SCR-N-Retired status, I acknowledge that I am no longer employed in the nursing field. I understand that I may not represent myself as a Stroke Certified Registered Nurse or use the SCR-N designation. If I return to employment within the nursing field, I may no longer use the SCR-N-Retired designation. I understand that to regain SCR-N certification, I must take and pass the SCR-N examination and meet the eligibility criteria in place at the time. The one-time fee of \$95 may not be applied toward future certification activities.

E-Signature _____ Date _____