

Alumnus Certified Neuroscience Registered Nurse (CNRN®) Status

The American Board of Neuroscience Nursing (ABNN) developed the Alumnus CNRN status to recognize CNRNs who no longer meet eligibility for active certification (i.e. no longer working directly or indirectly with neuroscience patients), but are still in the nursing profession (in some capacity) and wish to remain connected with the credential.

In order to be eligible for Alumnus CNRN status, candidates must:

- be a current CNRN in the last year of their recertification cycle (i.e. due to expire December 31st of the current year) OR currently be in Inactive CNRN status;
- have a current, unrestricted RN license
- no longer working in direct or indirect neuroscience nursing and do not plan to return to the field of neuroscience nursing;
- working in the nursing profession in some capacity;
- No submission of CEs is required.

An individual who has been granted Alumnus CNRN status may use the designation Alumnus CNRN below their name and credentials, but not after a signature nor on a professional name badge. An individual who has been granted Alumnus CNRN status may not represent himself/herself as a Certified Neuroscience Registered Nurse (CNRN). The Alumnus CNRN credential must be renewed every 5 years. If an Alumnus CNRN re-enters into the neuroscience nursing field, they may no longer use the Alumnus CNRN and can regain the CNRN credential by meeting the current eligibility criteria, paying the examination fee, and passing the CNRN exam.

The fees for Alumnus CNRN status are below:

	Fees
AANN Members	\$85.00
Non-Members	\$115.00

Please complete the Alumnus CNRN Application on the next page and mail to the appropriate address by January 31, 2023.

Alumnus CNRN Application

Contact Information:				
Full Name:				
Address:				
City:	State:		Zip Code:	
Primary Phone Number	:	_ Primary E-mail A	.ddress:	
CNRN Certificate Numb	er (available in your ABNN	Certification Cent	:er):	
CNRN Expiration Date:				
RN License Number:	State:	Expirati	ion Date:	
	tion Fees (please select o Nember (\$85.00) 1115.00)	ne):		
Mail to ABNN PO Box Oak Bro I have provided Mail to ABNN 8735 W	a check payable to the Am Address for paying by che	e ck: ISA, MasterCard, <i>F</i>		NN).
ACCOUNT NUMBER	(if different than contact i		EXP. DATE as above)	
Address:				
City:	Sta	te:	Zip Code: _	
license and am working as a Certified Neuroscie neuroscience nursing fi certification, I must me	nding plying for Alumnus CNRN so the nursing profession ence Registered Nurse or useld, I may no longer use the CNRN eligibility critical plication fee for Alumnus so the control of the	in some capacity. I se the CNRN desig se Alumnus CNRN (eria in place at the	I understand that I may r gnation. If I return to em designation. I understan time, take and pass the	not represent myself ployment within the d that to regain CNRN CNRN examination. I
E-Signature:		Date:		