



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, 2026.**

Alumnus CNRN Application

Contact Information:

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

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

CNRN Expiration Date: _____

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

Alumnus CNRN Application Fees (please select one):

- ☐ Current AANN Member (\$85.00)
☐ Non-Member (\$115.00)

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 60680-1019

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

Mail to Address for paying by credit card:

ABNN
PO Box 88019
Chicago, IL 60680-1019

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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 Alumnus CNRN status, I acknowledge that I have a current, unrestricted RN license and am working in the nursing profession in some capacity. I understand that I may not represent myself as a Certified Neuroscience Registered Nurse or use the CNRN designation. If I return to employment within the neuroscience nursing field, I may no longer use the Alumnus CNRN designation. I understand that to regain CNRN certification, I must meet the CNRN eligibility criteria in place at the time, take and pass the CNRN examination. I understand that the application fee for Alumnus status may not be applied toward future certification activities.

E-Signature: _____ Date: _____

Internal Use Only:
Cert G/L = 5630-620
LF G/L = 5630-620