



Alumnus Stroke Certified Registered Nurse (SCRN®) Status

The American Board of Neuroscience Nursing (ABNN) developed the Alumnus SCRN status to recognize SCRNs who no longer meet eligibility for active certification (i.e. no longer working directly or indirectly with stroke 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 SCRN status, candidates must:

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

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

The fees for Alumnus SCRN status are below:

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

Please complete the Alumnus SCRN Application on the next page and mail to the appropriate address by January 31, 2026.

Alumnus SCR N Application

Contact Information:

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

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

SCR N Expiration Date: _____

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

Alumnus SCR N 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 SCR N 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 Stroke Certified Registered Nurse or use the SCR N designation. If I return to employment within the stroke nursing field, I may no longer use the Alumnus SCR N designation. I understand that to regain SCR N certification, I must meet the SCR N eligibility criteria in place at the time, take and pass the SCR N 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 = 5630-621
LF G/L = 5630-621