

**Radiologic Nursing  
Certification Board, Inc.**



## CRN-RETIRED CREDENTIAL PROGRAM

The Radiologic Nursing Certification Board (RNCB) recognizes retired Certified Radiology Nurses (CRN) for their commitment to excellence throughout their professional radiology nursing career. The CRN-Retired credential is a personal and professional recognition of the nurses past excellence and commitment to nursing excellence and exemplary care of the patient.

### Benefits

The CRN-Retired credential grants limited use of certification credentials to include the addition of – Retired. The retired credential may only be used on business cards, a curriculum vitae or resume. The credential may not be used on patient charts or records, professional name badges, or after a signature.

### Eligibility

To qualify for CRN-Retired recognition, you must:

- Hold a current CRN certification
- Have a current and unencumbered RN license.
- Have no plans to return to active practice in radiology nursing.

I understand that if I decide to reenter the radiology nursing workforce after obtaining retired status , I must meet all certification renewal eligibility requirements and follow the RNCB processes in place at that time.

### Apply Now!

#### Fee

This is a one-time fee.

Regular/Nonmember	\$100
ARIN Members	\$ 75

#### Questions?

855-871-6681

[RNCB@internationalamc.com](mailto:RNCB@internationalamc.com)



Please mail this application signed and dated with payment to: RNCB, 7794 Grow Drive, Pensacola, FL 32514

**SECTION A: BACKGROUND**

\_\_\_\_\_  
 First Name Middle Initial Last Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State/Province Zip/Postal Code Country

\_\_\_\_\_  
 Phone Number  Cell  Cell Email

\_\_\_\_\_  
 CRN Certification Number Certification Expiration Date

**SECTION B: SHIPPING ADDRESS**

Same as above, if not complete the information below.

\_\_\_\_\_  
 Address:

\_\_\_\_\_  
 City State/Province Zip/Postal Code Country

**SECTION C: PAYMENT**

\$75 ARIN Member: ARIN Member # \_\_\_\_\_  \$100 Nonmember

	Check: Payable to RNCB	Amount enclosed:
	Credit Card	Amount to be charged: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express
Credit Card Number		
Expiration Date		Security Code(back of card)
Name on Card		Signature

## SECTION D: STATEMENT OF UNDERSTANDING

I hereby apply for the Retired Certified Radiology Nurse status (CRN-Retired) offered by the Radiologic Nursing Certification Board (RNCB). I understand that I am subject to all eligibility requirements as outlined below:  
By signing below I acknowledge the following:

- My RN license is current and unencumbered.
- I have no plans to return to active practice in radiology nursing.
- Once I receive confirmation of my CRN-Retired status I will be permitted to use the word "Retired" after my CRN credential on the following documents: business cards and curriculum vitae or resume.
- I cannot use CRN-Retired on the following: patient charts or records, professional name badge, and legal documents, or after my signature.
- I cannot use CRN - Retired - to satisfy licensing requirements
- I understand that if I decide to reenter the workforce after obtaining retired status and would like to reactivate certification in the specialty, I must meet all certification eligibility requirements and follow the RNCB processes in place at that time.

By signing below, I authorize RNCB staff Board of Directors to make whatever inquiries and investigations that they, in their sole discretion, deem necessary to verify my license, credentials, educational preparation, practice, professional standing, and any other information included in, submitted with, or necessary for review of this application.

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Signature

Date

**Please mail this application signed and dated with payment to: RNCB, 7794 Grow Drive, Pensacola, FL 32514**

### For RNCB Use Only

Date of Initial Certification Verified: \_\_\_\_\_

CRN Expiration Date Verified: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RNCB Staff Signature: \_\_\_\_\_

