Pediatric Nursing Certification Board
9605 Medical Center Drive, Suite 250, Rockville, MD 20850
1-888-641-2767 – FAX: 301-330-1504
www.pncb.org

Request to Retire Certification and Use the Retired Designation Credential

Please complete the below information to request retirement of your PNCB certification and use of the retired designation credential (CPNP-Retired, CPN-Retired, PMHS-Retired) *because you are permanently retiring from the profession.* This form must be signed and dated. During recertification enrollment, all certifications will be retired as of 2/28. **Email the completed form to service@pncb.org or fax to Customer Service at 301-330-1504.**

Personal Information

_____
Last Name First Name MI Last 4 of SSN or Cert #

_____
Street Address

_____ _____
City State Zip Code

_____ _____
Phone # (cell &/or home) Email

Please enter initials below *as applicable*:

_____ I currently hold an active, unencumbered RN license. ***(If your RN license status is 'Inactive,' or 'Retired,' you are not eligible to retire your PNCB credential. Your certification will expire, but please note that any future PNCB verification letters will indicate that your certification has 'expired' and will not state 'lapsed.')***

_____ I am a CPNP permanently retiring from active employment in advanced practice nursing and do not intend to use the credential again. Click the appropriate box below to confirm which CPNP certification(s) you are retiring.

☐ CPNP-PC ☐ CPNP-AC ☐ Both CPNP-PC and CPNP-AC

_____ I am a CPN or PMHS permanently retiring from active employment in nursing and do not intend to use the credential again.

_____ I understand that I may use the retired designation on business cards, resumes, CVs and signature lines for emails, speaker bios, or letters of recommendation. **I cannot use the retired designation on professional name badges, patient charts, official forms, (e.g. disability, expert testimony), or prescriptions or in any way that would misrepresent certification status**. If I hold advanced practice certification linked to APRN licensure, I understand that this designation cannot be used to meet licensure requirements for APRN licensure.

_____ I understand that if my certification is retired, and I desire to regain certification within one year, I must meet PNCB's Reinstatement Policy requirements. If I desire to regain certification after one year all current exam eligibility requirements must be met and I must successfully pass the certification exam.

_____ _____
(Signature) (Date)

Updated 10/2020, 10/2021