DNCB

DERMATOLOGY NURSING CERTIFICATION BOARD

Application for Recertification Under the Reactivation Option

_____

Printed Name

_____

Street Address

_____

City   State   Zip Code

_____

Daytime Telephone Number   Email Address

_____

Date of Expiration of Last Certification Cycle   Date of Reactivation
(must be within past two years)

Requirements for reactivation are the same as recertification. Please print and complete the appropriate recertification form and include with this reactivation application. Activities listed must have been taken within three calendar years from the date of this reactivation application.

I understand that the reactivation option for my credential can only be used <u>once</u> and failure to reactivate will result in the removal of my credential.

The reactivation fees are as follows:

DNC Reactivation Fee
       DNA member $175
       Non DNA member $250

DCNP Reactivation Fee
       DNA member $240
       Non DNA Member $315

_____   _____

Signature   Date