**THE AMERICAN HOLISTIC NURSES**

**CREDENTIALING CORPORATION**



**RETIRED STATUS PACKET**

**FOR**

 **AHNCC CERTIFIED REGISTERED NURSES**

Revised April 25, 2023

**Introduction**

In recognition of the contributions certified holistic nurses and nurse coaches have made to nursing practice, education, and research throughout their careers, AHNCC offers, at the time of retirement, the title of Retired Certified Holistic Nurse or Retired Certified Nurse Coach. Certified nurses who have achieved and maintained certification in holistic nursing or nurse coaching have demonstrated a level of excellence. At the time of retirement, the certified nurse may want to continue to use the designation of *certified* but not complete the recertification process.

This designation may be used on documents such as business cards, curriculum vitae, or a resume. Examples are HN-BC® -Retired or AHN-BC® - Retired. The designation may not be used after a signature, on patient records, or professional name badges.

**Retirement Status Requirements:**

1. Certified in good standing with AHNCC
2. Retired from nursing with **no plans to return to active nursing practice in any role or setting**
3. Held a current, unrestricted RN license at the time of retirement with **no plans to renew the license**, and
4. Submission of an application no later than three years from the expiration date on your latest AHNCC certificate.

**Submission:**

Retirement status application, a copy (or verification) of active unrestricted nursing license at time of retirement, and the application fee must be submitted (emailed or postmarked) no later than three years after the expiration date on the latest ANHCC certificate. There is no grace period. (If submission and “last date of employment” are before the expiration date, the “Active Retired” status will replace the existing “Active Certificant” status.)

All applications must be complete to be processed. Missing information will delay the processing of your retirement application. The one-time fee to obtain retired status is as follows:

**FEES:**

* AHNA/NOVA/HMA members: $75.00
* Regular/nonmember: $100.00

**AMERICAN HOLISTIC NURSES' CREDENTIALING CORPORATION:**

**RETIRED STATUS APPLICATION**

 **To ensure that your Retired Status Application is complete, please use the following checklist. An incomplete application *will not be processed*.**

**General Information and Checklist**

**I am applying for Retired Status for (choose one):**

**HN-BC**®[ ]  **HNB-BC**®[ ]  **AHN-BC**®[ ]  **APHN-BC**®[ ]  **NC-BC**® [ ]  **HWNC-BC**® [ ]

**Checklist:**

 [ ]  **Typed requested information directly into this form**

 [ ]  Completed background information

 [ ]  Enclosed all eligibility requirements including:

[ ] Photocopy of current RN license or Verification screenshot.

[ ]  Signed Letter of Agreement (name can be typed on Signature line.)

 [ ] Signed check or Paypal receipt for Retired Status fee

 [ ] Fee verification attached if paying with PayPal

 [ ] Retained a copy of all documents for your personal files

 **Background Information**

Legal Name: (Last) \_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_ (Middle) \_\_\_\_\_\_\_\_\_\_\_

Other Last Names Used \_\_\_\_\_\_\_\_\_\_\_

Social Security Number (Last four digits) \_\_\_\_\_\_\_\_\_\_\_

AHNCCCertification Number (if known) \_\_\_\_\_\_\_\_\_\_\_

Nursing license number\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_ Expiration date\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Telephone: (Home) \_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_ Secondary email \_\_\_\_\_\_\_\_\_\_\_

Last place of employment \_\_\_\_\_\_\_\_\_\_\_

One Time Fee: AHNA/NOVA/HMA Member $75.00 [ ]  Non-Member $100.00 [ ]

Retired Status fee paid by: Check #\_\_\_\_\_\_\_\_\_\_\_ [ ]  or [PayPal](http://www.ahncc.org/recertification/recertification-payment/) ($3.25 handling fee will be added) with receipt attached [ ]

|  |
| --- |
| **Retirement Candidate's *Letter of Agreement* with AHNCC** |

I hereby apply for Retired Status as a Certified Holistic Nurse or Certified Nurse Coach. I understand that Retired Status depends upon meeting all eligibility criteria. I acknowledge that I have retired from active nursing practice with **no plans to return to practice in any role or setting** and possessed an unrestricted nursing license at the time of retirement with **no plans to renew the license**.

While holding the Retired Status, it will be my responsibility to remain in compliance with all AHNCC’s ethical standards. AHNCC has the right to revoke this status if I violate the applicable rules and regulations of the organization.

I agree that, **should I resume my nursing practice**, in order to re-certify after obtaining retired status, I will be required to apply through AHNCC. All current eligibility requirements for recertification (or certification after 3 years of expiration on the latest certificate) must be met at that time. I understand that the information acquired in the application process may be used for statistical purposes and for the evaluation of the certification program.

To the best of my knowledge, the information supplied in this Application for Retired Status is true, complete, correct, and is made in good faith.

**(Type your name between the / / in the Signature line, and repeat on the Name line.)**

Signature: \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_ Date \_\_\_\_\_\_\_\_\_\_\_
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please email your application to: recertification@ahncc.org

OR

Return all application forms at the same time to:

AHNCC

Director of Retired Status Program

811 Linden Loop

Cedar Park, TX 78613

**FOR AHNCC OFFICE USE ONLY:**

HN-BC® [ ]  HNB-BC® [ ]  AHN-BC® [ ]  APHN-BC® [ ]  NC-BC® [ ]  HWNC-BC® [ ]

AHNA Member:  Yes [ ]  No [ ] , Membership #

Date received

Fee included by Check, [ ] Check #      ; OR Paypal [ ] , Receipt attached [ ]

RN License: State           , Date expires      ;

Reviewers      , Date approved .

Notes: