



Pediatric Nursing Certification Board  
2101 Gaither Road, Suite 150, 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-PC-Retired, CPNP-AC-Retired, CPNP-AC/PC-Retired, CPN-Retired, or PMHS-Retired) because you are permanently retiring from the professional. This form must be signed and dated during recertification enrollment; all certifications will be retired as of 2/28 unless otherwise notified.

**Personal Information**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Last 4 of SSN or Cert#</b>
<hr/>			
<b>Street Address</b>			
<hr/>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<hr/>	<hr/>	<hr/>	
<b>Phone</b>	<b>Email</b>		
<hr/>	<hr/>		

**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-PC, CPNP-AC, or CPNP-AC/PC 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

☐ CPNP-AC/PC

\_\_\_ 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 18 months, I must meet PNCB's Reinstatement Policy requirements. If I desire to regain certification after 18 months all current exam eligibility requirements must be met, and I must successfully pass the certification exam.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date