

2023 CCN Recertification Exam

As technology improves and research deepens, there will always be new advancements in the healthcare industry. For this reason, it is essential that you stay on top of your training in order to provide patients with the top care possible. The CCN Credential requires on-going maintenance to verify that the practitioner is continuing to update knowledge and skills.

The 2023 CCN Recertification Exam is available from August 1 – December 31, 2023. Submit this application with the \$195.00 Exam fee, indicate your desired 10 days for testing and provide an email address. All Maintenance Requirements must be met in order to qualify for CCN Recertification.

Maintenance Requirements

- *Attendance at 3 out of 4 IAACN Annual Scientific Symposiums (60 CE's earned).
- *Payment of Annual CNCB Maintenance Fee. (No refunds in part or in full).
- *Recertification in the fifth year via annual study textbooks with contracted Open Book Exam. \$195.00, see payment form enclosed. Recertification textbooks total 24 CE hours.

TEST DATES Requested: _____

Preferred email address: _____

Please check your spam or junk email accounts for the exam. Sender ddc@clinicalnutrition.com

CCN Name and Credentials: _____

Contact information for CCN Referrals: ↓

Company Name: _____

Address: _____

Address: _____

City: _____ ST _____ Zip: _____

Phone Number(s) _____

Fax Number: _____

Website: _____

Additional Notes: I.E. (Maximum 2 lines)

Compounding Pharmacy, Remote consultations available, Specializes in Fertility, Sports Nutrition, hours etc.

Signature: _____

2023 CCN Recertification Exam

CNCB

2023 Recertification Exam Payment Form

MAIL TO: IAACN 400 Chisholm Place, Suite 303 Plano, TX 75075

email: khenry@clinicalnutrition.com

Fax: 972-250-0233

2023 CREDIT CARD CHARGE AUTHORIZATION

CNCB \$195.00

CCN Recertification Exam

Cardholder's Name _____

Cardholder's Billing Address: _____

City, State, Zip: _____

Check# _____

PAYMENT OPTIONS: Master Card/Visa/AMX/Discover _____

ACCOUNT NO. _____

EXPIRATION DATE: _____ CVC Code: _____ Billing Zip Code _____

SIGNATURE: _____