

## 2024 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 2024 CCN Recertification Exam is available from August 1 – December 31, 2024. 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 (10 days) \_\_\_\_\_

Preferred email address: \_\_\_\_\_

*Please check your spam or junk email accounts for the exam. Sender debracox.CNCB@proton.me*

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: \_\_\_\_\_

2024 CCN Recertification Exam

**CNCB**

**2024 Recertification Exam Payment Form**

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

email: [khenry.IAACN.CNCB@proton.me](mailto:khenry.IAACN.CNCB@proton.me) and/or [debracox.CNCB@proton.me](mailto:debracox.CNCB@proton.me)

Fax: 972-250-0233

2024 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: \_\_\_\_\_