

2026 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 2026 CCN Recertification Exam is available from June 1st – December 31, 2026. Please submit this application with the \$195.00 Exam fee. Indicate your desired 10 days for testing and provide your preferred email address below.

All Maintenance Requirements must be met in order to qualify for CCN Recertification.

Maintenance Requirements to qualify for Recertification

- *Completion of 3 IAACN Annual Scientific Symposiums prior to Recertification.
- *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.

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: _____

CNCB

2026 Recertification Exam Payment Form

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

email: khenry.IAACN.CNCB@proton.me and/or debracox.CNCB@proton.me

2026 CREDIT CARD CHARGE AUTHORIZATION

CNCB \$195.00

If you prefer to pay online, please email the executive office for an invoice

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: _____