



## CRNFA 1-YEAR EXTENSION APPLICATION

For CRFNAs with an expiration date of December 31, 2026

An extension year will allow an additional year to accrue the necessary points activities or contact hours for recertification. Your CRNFA credential will remain active during this time. Please contact NASC at 866-681-6272 for more information. Below are some key points regarding the Extension Year process:

- The process is only available once every 10 years or 2 recertification cycles for the CRNFA certification.
- The Extension Year lasts one calendar year and there are no extensions to that time period.
- Your current recertification options remain unchanged for the extension year.

### If you apply for a 1-year extension:

- Your new expiration date will be December 31, 2027. You may apply for recertification or emeritus status at any time in 2027.
- Your new period to accrue practice hours and contact hours will be January 1, 2021 until December 31, 2026.

### To apply for a one-year extension, complete the information below and submit with payment to:

- Mail: NASC, 8547 E. Arapahoe Rd., Ste. J-262, Greenwood Village, CO 80112-1436
- Email: [application@nascertification.org](mailto:application@nascertification.org)
- Fax: 1-866-681-6272
- Questions: Email Customer Service at [info@nascertification.org](mailto:info@nascertification.org) or call 866-681-NASC (6272)

### APPLICANT INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Primary Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Primary email (to which all communications will be sent) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PAYMENT INFORMATION:

\$100 - One-year extension with online, printable certificate

\$110 - One-year extension with online, printable certificate plus a paper certificate sent by mail

If paying by check: Make payable to "NASc" and mail to the address above.

Credit Card Number (required for credit card payment) \_\_\_\_\_

Expiration Month/Year \_\_\_\_\_ Security Code \_\_\_\_\_ Amount \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ Today's Date \_\_\_\_\_