

Intent to Reinstate Application

This form must be submitted with the Recertification Application and the Recording of Earned Continuing Education (CE) Credits form.

After a period of five years or one reporting CE cycle in which a certificant fails to maintain the CNS credential, the certificant's status is listed as "inactive" for a maximum period of one year. In order to reinstate the credential, the certificant must complete the Intent to Reinstate Application, pay the reinstatement fee, and obtain the required number of CEs.

If the certificant does not comply with the restoration requirements within the maximum period of one year, the BCNS will revoke the CNS credential. Subsequent to revocation, an individual who wishes to regain active CNS status must meet current eligibility requirements and retake the examination.

Personal Contact Information

Preferred Contact (please check one)

Last name _____ First name _____

Middle Initial _____ Degree/credential _____

Phone _____ Fax _____

Address _____ City _____

State _____ Zip code _____

CNS Number: _____

Business Contact Information

Preferred Contact (please check one)

Last name _____ First name _____

Middle Initial _____ Degree/credential _____

Phone _____ Fax _____

Address _____ City _____

State _____ Zip code _____

Candidate Responsibility Statements

I understand the Recertification Application, payment and record of 75 continuing education credits must be submitted to the BCNS in order to retain my credential.

I declare all information I have provided to the BCNS is true and accurate. I understand misrepresentation or incorrect information provided to the BCNS can result in disciplinary actions, including suspension or revocation of my CNS credential.

I have paid the Reinstatement fee.

Signature _____ Date _____

Submission of Application and Documentation

Please upload this form to your portal.