



# CBT No-Show Reactivation Form

12/1/14

1. Complete ALL sections of the application. Please type or print legibly in ink.
2. Sign and date the reactivation form.
3. Mail or fax the completed, signed reactivation form, and the \$125 reactivation fee to the BONENT Executive Office.

Fees	
CBT No-Show Reactivation Fee	\$125
Incomplete Application Penalty	\$40
Insufficient Funds Fee	\$75

**Contact the BONENT Executive Office at (202) 462-1252 if you have questions about the application process.**

**Application to be filled out by Applicant ONLY!** (Please Print Clearly)

Name  Mr.  Ms. \_\_\_\_\_  
Current Legal Last Name / Surname      Maiden or Previous Legal Last Name / Surname      Legal First Name / Given      Middle Name

Home Address \_\_\_\_\_  
City      State      Zip

Facility Name \_\_\_\_\_

Work Address \_\_\_\_\_  
City      State      Zip

Work Phone (    ) \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

E-mail \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>For which BONENT certification examination are you applying?</b></p> <p><input type="checkbox"/> Certified Hemodialysis Technologist/Technician (CHT)</p> <p><input type="checkbox"/> Certified Hemodialysis BioMedical Technician (CHBT)</p> <p><input type="checkbox"/> Certified Hemodialysis Nurse (CHN)</p> <p><input type="checkbox"/> Certified Peritoneal Dialysis Nurse (CPDN)</p> <p>Date you previously attempted the examination          _____</p>	<p><b>Payment Information:</b> <input type="checkbox"/> <b>Check/Money Order:</b> Make payable to BONENT  <small>(Check one)</small></p> <p><b>Credit Card:</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX</p> <p>Credit Card Number _____ Exp. Date _____ Security Code _____</p> <p>Cardholder's Name as it appears on card (PRINT) _____</p> <p>Cardholder's Signature _____</p>
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**Deadline:**

The CBT No-Show Reactivation Form and payment must be submitted to the BONENT Executive Office, postmarked or faxed, no more than 14 days after the missed exam date.

**Your original 6-month timeframe to take the CBT exam will still apply.**

**Mail to: BONENT Executive Office, 100 South Washington St., Rockville MD 20850**

**Fax to: (202) 463-1257**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

BONENT Office Use Only: PM \_\_\_\_\_ # \_\_\_\_\_ Amt. \_\_\_\_\_ I \_\_\_\_\_