



Board of Nephrology Examiners

Nursing & Technology

1901 Pennsylvania Avenue, NW Suite 607

Washington, DC 20006

(202) 462-1252

Fax: (202) 463-1257

HOSTING A BONENT CERTIFICATION EXAMINATION

BONENT Certification Examinations may be offered at various locations throughout the country upon request. Examinations can be administered anywhere, any time five qualified people wish to convene for an examination. The candidates may be a combination of Hemodialysis Technologists/Technicians, Hemodialysis Nurses and Peritoneal Dialysis Nurses. The Host Facility may not limit the examination to those candidates from the Host Facility. All accepted candidates for certification who wish to appear at the scheduled examination must be accommodated. All examination sites are closed to further applicants 45 days prior to the examination date.

FACILITY

The Host Facility must ensure the following:

- a suitable room for the examination (e.g., appropriate lighting, ventilation and accessibility)
- spacious seating for the examination (classroom style with individual seating is ideal for test taking; however, if individual seating is not available, a standard six (6) foot table is acceptable, allowing seating for two people to each six (6) foot table)
- a three (3) hour period is allowed for completion of the Certified Hemodialysis Technologist/Technician examination, Certified Hemodialysis Nurse examination and the Certified Peritoneal Dialysis Nurse examination.

SPONSOR RESPONSIBILITIES

The Sponsor of a BONENT Certification Examination must arrange for appropriately qualified proctors to administer the BONENT examinations. No honorarium is offered to the proctor or the assistant proctor.

Supervising and Assistant Proctors must be:

- a BONENT certified nurse or technologist/technician;
- a physician;
- a dietician; or
- a renal social worker.

There are no exceptions to the qualifications. For security purposes, no facility's owner or director can be a proctor for BONENT examinations.

The supervising proctor will receive the roster of candidates who are scheduled for examination approximately seven to ten days prior to the examination date.

A detailed **Manual of Instructions** will be provided by the testing company for use by the supervising proctor when administering the examinations. Responsibilities of the proctor include:

- safeguard the security of the examinations;
- administer the examinations; and,
- return the examination materials by overnight carrier, such as Federal Express, to the testing company, Schroeder Measurement Technologies, Inc. (SMT), for scoring.

The Sponsor must agree to accommodate any and all individuals who have been accepted as candidates for certification and are scheduled by the BONENT Executive Office for examination on the date set by the Sponsor and approved by the BONENT Host Review Committee.

The Sponsor, in coordination with the Supervising Proctor, must make the following arrangements for the examination room for the approved examination date:

1. Provide tables and chairs or armchair desks with a writing surface of at least 12" x 14" in sufficient number to accommodate all examinees.
2. Provide a large enough examination room to allow a minimum of 6' between examinees.
3. Provide an environment that is quiet, well lighted, and adequately heated or cooled.
4. Provide an examination room that is located near public restrooms.
5. Provide a pencil sharpener, a clock, and blackboard/eraser board.

DOCUMENTS TO BE SUBMITTED

The following forms must be **submitted to the BONENT Executive Office at least 90 days (International exams 120 days) prior** to the proposed examination date chosen by the Sponsor and/or Host Facility. Fees, if applicable:

- Completed Host Form
- Copy of Proctor résumé or curriculum vitae
- Completed Proctor Responsibility Agreement
- Completed Assistant Proctor Responsibility Agreement
- Copy of Assistant Proctor curriculum vitae or résumé

HOST FORM ACCEPTANCE

Due to security concerns, host forms must be accompanied with **a copy of a curriculum vitae or résumé of the potential hosts/proctors and assistant proctors** for approval by the review committee.

After verification of proctor credentials and approval by the Host Review Committee, the examination date and site are added to the BONENT Examination Schedule and an acceptance letter will be mailed to the proctor.



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BONENT CERTIFICATION EXAMINATIONS HOST FORM

Please complete ALL information requested on this form and attach supporting documentation. The form **MUST BE** submitted to BONENT at least 90 days (International exams 120 days) prior to the exam date requested. Please print **CLEARLY**.

The information below will appear on the candidate's Confirmation Letter (required for admission) to contact for directions:

SPONSOR (company or organization) _____

CONTACT NAME _____ PHONE (work) _____

EXAMINATION DATE(S) #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

EXAMINATION TIME(S) #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

EXAMINATION SITE _____

ROOM NUMBER/NAME _____ BUILDING NAME _____

STREET ADDRESS (NO P.O. BOX) _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

MAXIMUM ROOM CAPACITY _____ Are you able to change rooms in case capacity is exceeded? Yes ___ No ___

EXPECTED NUMBER OF APPLICANTS FOR THIS EXAMINATION SITE:

Hemodialysis Technologists/Technicians _____ Hemodialysis Nurses _____ Peritoneal Dialysis Nurses _____

SUPERVISING PROCTOR: The following information will be used for shipment of test material.
(Test material **cannot** be shipped to a home address.)

SUPERVISING PROCTOR _____

BUSINESS NAME _____

BUSINESS ADDRESS (NO P.O. BOX) _____

CITY/STATE/ZIP _____

PHONE: WORK _____ HOME _____ FAX _____ CELL _____

E-MAIL ADDRESS _____

CREDENTIALS: Please note below and include documentation of credentials (photocopy of BONENT ID card or license) when submitting this form.

BONENT ID # _____ RENAL SOCIAL WORKER _____

DIETICIAN _____ PHYSICIAN _____

PAYMENT: (\$200)

CHECK: Please mail your check payable to BONENT with this completed form to the address above.

CREDIT CARD: Fax this form with credit card payment to 202-463-1257

Card Info: Visa MasterCard Expiration Date (mo/yr) ___/___ Card Number: _____

Cardholder's signature _____ Cardholder's name on card (print) _____