**Board of Nephrology Examiners Nursing & Technology**
1901 Pennsylvania Ave., NW, Suite 607, Washington, DC 20006
Phone (202)462-1252; Fax (202) 463-1257

# Recertification Application

This Application must be completed to fulfill requirements for recertification. It must be postmarked no later than the last day of the final year of your 4-year recertification period. There is no fee to recertify as long as your BONENT annual certification fee is current. If your certification has expired, you must submit the entire Recertification Booklet.

***Note:*** **A $30 incomplete fee will be assessed to all incomplete forms.**

**Please print**

Name _____
Last First

BONENT ID# _____ Certification Expiration Date _____

Address _____

_____ ❑ **Check if new address**
City State Zip

Email _____ SS# _____

Phone (H)_____ (W) _____ Cell _____

**Please answer both questions:**

**1. Have you met all requirements for Recertification?** ❑ Yes ❑ No

**2. Which option for Recertification have you chosen? (check one)**

❑ I have completed 40 Contact Hours (25 in Group A) and listed them in the "Contact Hours for Recertification" booklet. (Your paperwork may be randomly selected for audit by BONENT. See below)

❑ I wish to recertify by taking the BONENT exam (Exam Application must be attached with this form)

❑ I wish to use my one time waiver

## Audit & Retaining Your Continuing Education Records

Recertification applicants must keep continuing education documents for two years. If selected by BONENT for audit, the recertification applicant must submit proof of having met continuing education requirements (a completed Contact Hours for Recertification folder with certificates). If the recertification applicant is unable to submit the required information, the unverified contact hours will automatically be dismissed. If the recertification applicant fails to respond to an audit, the BONENT Board may consider this as grounds for disciplinary action.

I certify that all information contained in my Application for Recertification by the Certification Board of Nephrology Examiners and Nursing & Technology (BONENT) is true and accurate to the best of my knowledge. I authorize BONENT, its officers, directors, committee members, employees, and agents ("BONENT's designated parties") to review my application and other materials related to my recertification and to determine whether I have met BONENT's standards for recertification.

By signing the Authorization, I acknowledge that I have read and understand BONENT's rules and standards. I understand and agree to the revocation or any other limitation of my certification if any statements made on this application, other material related to recertification, or hereafter supplied to BONENT are false or inaccurate or if I violate any of the rules or standards of BONENT.

I agree to cooperate promptly and fully in any review of my certification by BONENT, including submitting such documents and information in this application and other materials related to recertification. I authorize BONENT and BONENT's designated parties to communicate my certification status to any individual, employer, or organization that requests this information. I further authorize and consent for the purpose of statistical analysis, provided I am not personally identified in information released.

I agree to indemnify and hold harmless BONENT and BONENT's designated parties for any action taken pursuant to the rules and standards of BONENT with regard to my certification and this Application for Recertification.

I understand and agree that if I am granted BONENT's recertification, it will be my responsibility to remain in compliance with all of BONENT's rectification standards including the BONENT code of Professional Practice. I understand it is my responsibility to maintain valid certification status by either performing satisfactorily in each of the major content areas of the examination during the fourth year of certification or demonstrating my successful accrual of at least 40 contact hours of continuing education credits.

By signing, I acknowledge that I have read and understand this information and agree to abide by these terms. I declare under penalty of perjury under laws of my state that the foregoing is true and correct.

Signature _____ Date _____

Please mail to: BONENT, 1901 Pennsylvania Avenue, NW, Suite 607, Washington, DC 20006

**Send Original, Signed Application Only (NO Photocopies • No Faxes)**

**Please cut along this line, complete and mail to BONENT**