



**Board of Nephrology Examiners
 Nursing & Technology**
 100 South Washington Street, Rockville, MD 20850
 Phone: (202) 462-1252
 Fax: (202) 463-1257

BONENT Exam Withdrawal Request

I would like to withdraw from my _____ BONENT exam.
 CHT or CHN or CPDN or CHBT **CBT or PPE**

PPE: Requests to withdraw from a scheduled examination must be received in writing, **20 days before the examination date.**

CBT: Requests to withdraw from a scheduled examination must be received **before the last day of the 6-month window** noted in your confirmation letter.

- If you scheduled an exam but did not attend, do not submit this form. Visit the BONENT website for more information.

Print: _____
 First Name **Last Name**

 Street **Apartment #**

 City **State** **Zip Code**

 Signature

Fax to: (202) 463-1257, or Mail to: BONENT 100 South Washington St, Rockville, MD 20850.
E-mail requests are not accepted.

A refund of the application fee, minus a **\$105 processing fee**, will be issued.