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 **$100 processing fee,** will be issued.