



CBT No-Show Reactivation Form

1/1/2018

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	\$60
Insufficient Funds Fee	\$80

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>For which BONENT certification examination are you applying?</p> <p><input type="checkbox"/> Certified Hemodialysis Technologist/Technician (CHT)</p> <p><input type="checkbox"/> CHT Spanish</p> <p><input type="checkbox"/> Certified Hemodialysis BioMedical Technician (CHBT)</p> <p><input type="checkbox"/> Certified Hemodialysis Nurse (CHN)</p> <p> Certified Peritoneal Dialysis Nurse (CPDN)</p> <p>Date you were scheduled to take the exam: _____</p>	<p>Payment Information: <input type="checkbox"/> Check/Money Order: Make payable to BONENT <small>(Check one)</small></p> <p>Credit Card: <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 _____
