

2019 BONENT RECERTIFICATION BOOKLET

Contact Hours Tracking & Application

This booklet:

- Explains the BONENT recertification process;
- Provides a form to keep track of your contact hours;
- Includes the Recertification Application for you to complete and mail to BONENT.

Visit www.BONENT.org to review all details of the recertification process and get answers to frequently asked questions.

Don't wait until the Last Minute!

It takes 4 weeks to process a recertification application
after it is received.



BONENT

Board of Nephrology Examiners Nursing & Technology

Effective: 01/01/2019

KEEP TRACK OF YOUR CONTINUING EDUCATION PROGRAMS & HOURS HERE

Group A Nephrology Programs

Seminars, Webinars, Home Study & BONENT Approved CE Programs

NOTE: Minimum of 30 hours required for Group A.

Hours listed in this section must focus on Nephrology.

- Credit is given according to the number of contact hours awarded.

| Date | Program Title | Location | # Contact Hours |
|--------------------------------------|---------------|----------|-----------------|
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| TOTAL CONTACT HOURS – GROUP A | | | |

Group B General Health

General Health programs, CPR and Health-related college courses

This group includes or accepts continuing education programs designed for General Health Education.

- Credit for these programs will be given according to the number of contact hours or continuing education units awarded to each program, including journal articles.
- Journal articles submitted for credit must be published during the four-year recertification period.
- Accepted college courses include: * Biology * Science * Nursing * Psychology

| Date | Program Title | Group/Organization | # Contact Hours |
|--|---------------|--------------------|-----------------|
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| TOTAL CONTACT HOURS – GROUP B | | | |
| TOTAL CONTACT HOURS – GROUP A & B | | | |

STEP 1 Choose 1 Recertification Option

A. Obtain 40 Contact Hours:

You must get at least 40 contact hours during the last 4 years.

- **At least 30 out of the 40 contact hours must qualify for Group A** (Nephrology-based programs - Seminars, Webinars, Home Study & BONENT Approved CE Programs).
- **The balance can be in Group B (General Health).**
- To use this option, check the box next to "Yes" on the Recertification Application.

OR

B. Retake the Examination:

Submit:

1. A completed, signed and dated Recertification Application. Check the box next to "I wish to recertify by taking the BONENT exam".
2. A completed signed and dated exam application.
3. Payment for Annual Fee(s) and the exam fee. If you pass the exam, you will receive a new BONENT wallet card in the mail.

OR

C. Use Your One-time Waiver:

- The one-time waiver allows you to automatically recertify without having to accumulate 40 contact hours.
- This option can only be used once in a lifetime.
- To use this option, check the box next to "I wish to use my one-time waiver" on the Recertification Application.

STEP 2 Make sure your Fees are paid

Current Member: There is no fee to recertify. However, we cannot process your recertification application until all fees for previous years and the current year are paid in full.

Lapsed Certification: Your certification is Lapsed if it is 1-12 months after your certification expiration date and your recertification application not been submitted or annual fees have not been paid:

- Pay the \$100 Lapsed Certification Fee + any outstanding Annual Certification Fees.

Expired Certification: Your certification is Expired if it is 1 to 10 years after your certification expiration date:

- **2019 Certification Amnesty Program:** You qualify if your Certification Expiration Date (as noted on your wallet card or in the BONENT database) is between January 1, 2009 and December 31, 2017.
- Pay the \$200 Expired Certification Fee

| TYPES OF RECERTIFICATION | SUBMIT IN 2019 | | |
|--------------------------------------|---|--|---|
| | Recertification Form Due | Fees* | Continuing Education Hours Or Other |
| Regular | By your certification expiration date | Certification Fees paid up-to-date | 40 Hours of CE OR 1-time Waiver <i>(if not used in the past)</i> |
| Lapsed Certification | 2 - 12 mo. after your certification expiration date | \$100 + Outstanding Certification Fees | OR take the exam |
| Expired Certification AMNESTY PERIOD | Jan. 1/09 – Dec 31/17 | \$200 | |

* Incomplete and returned check Fees added where applicable.

Additional Fees:

- **\$60 Incomplete Recertification Fee:** You will be charged the incomplete fee if you do not submit completed documentation.
- **\$80 Returned Check Fee:** You will be charged the returned check fee if your check is returned/bounces.

STEP 3 Complete & Mail the Application Form (page 4)

Complete the Recertification Application on the back of this page and be sure that all of your fees have been paid. Faxed or photocopied recertification applications will NOT be accepted. Your paperwork will be reviewed to determine if it meets BONENT recertification criteria. When the process is completed, certification for an additional four years will be awarded and a wallet card will be issued to you.

Do I have to submit copies of my Continuing Education certificates?
You do not have to submit certificates, unless you are audited.



Board of Nephrology Examiners Nursing & Technology

100 South Washington St., Rockville, MD 20850

Phone (202) 462-1252

2019 Recertification Application

This Application must be completed to fulfill requirements for recertification. It must be postmarked no later than your certification expiration date. There is no fee to recertify. However, we cannot process your certification application until all annual fees for previous years and the current year are paid in full. If you are audited, you must submit the entire Recertification Booklet with CE certificates.

Note: A \$60 incomplete fee will be assessed to all incomplete forms.

Please print in ink.

Name _____ Date of Birth _____
Last First Mo. Day Yr.

BONENT ID# _____ Certification Expiration Date _____

Address _____

City State Zip Check if new address

Email _____ SS# [Last 4 digits] _____

Phone (H) _____ (W) _____ Cell _____

EXPIRED APPLICANTS ONLY: Referred by (BONENT member name) _____

No referral name accepted after this form has been submitted.

Have you met all requirements for Recertification? (You **MUST** check one below):

YES I have completed 40 Contact Hours with 30 in Group A. (Your paperwork may be randomly selected for audit by BONENT. See below)

NO (a) I wish to recertify by taking the BONENT exam (Exam Application must be attached with this form)

(b) I wish to use my one time waiver (*once in a lifetime*)

Audit & Retaining Your Continuing Education Records

Recertification applicants must keep continuing education documents for two years. If you are selected by BONENT for an audit, you must submit proof of having met continuing education requirements (CE certificates). If you are unable to submit the required information, the unverified contact hours will automatically be dismissed. If you fail 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, 100 South Washington St., Rockville, MD 20850

Send This Original, Signed Application. Do Not Send Photocopies Or Faxes.

01/01/19

Please cut along this line, complete and mail to BONENT