

Continuing Education Program Accreditation APPLICATION FORM



DEADLINE: Must submit this form and materials at least 60 days prior to your program date.

Please Print clearly (ALL info below is required)

APPLICANT Check One: 1. Non-Profit Organization Non-Profit Education Consultant 12-3-14
2. BONENT Corporate Member 3. Corporation

_____/_____/_____
Organization or Company Date Submitted

Address _____ City _____ State _____ Zip _____

CONTACT: _____
First Name Last Name Credentials Title

(_____) - _____ (_____) - _____
Office Phone Cell Phone Email Address BONENT ID#

SEMINAR or CONFERENCE: Title: _____

Is this program Co-Sponsored? No; Yes; If so, by whom: _____

Registration Fee: \$ _____ Total # Minutes: _____ # CNEs requested: _____ (see chart) Will this be an annual event? No; Yes

Date of Program: ____/____/____; Add this date to the BONENT website Calendar? Yes; No

of times to be repeated within 12 months: _____ (one application covers 12 months. Fee for each additional event during that year are charged at 50% of fees below).

Purpose/Goal of the program: _____

Dialysis Target Audience (check all that apply): Nurses; Technicians; Website Link: _____

Location of Program Records Storage (post activity): Same as above

Address _____ City _____ State _____ Zip _____

COMMITTEE: Chair _____ Member 1 _____

Member 2 _____ Member 3 _____

CERTIFICATE: Choose one: Certificate layout in Word
 To purchase certificates with your logo/program name/date/CNE hrs. (@ \$15/package of 25)

FEES: Circle fee amount

Minutes	CNEs	1. Non Profit	2. BONENT Corporate Member	3. Company/ Corporation
60 - 179	1 - 2.9	\$125.	\$200.	\$250
180 - 419	3 - 6.9	\$175	\$250.	\$300
420 - 659	7 - 10.9	\$225	\$300.	\$350
660 - 899	11 - 14.9	\$275	\$350.	\$400
900 - 1139	15 - 18.9	\$325	\$400.	\$450
1140 - 1379	19 - 22.9	\$375	\$450.	\$500



Refund Policy: A \$50 cancellation fee applies for cancellations received by fax or mail within 30 days of receipt. No refunds 30 days after receipt.

Application Fee for first event (per chart) \$ _____

Additional Events: ___ @ 50% of above fee \$ _____ = \$ _____

Certificates: # of pkg.: ___ @ \$15 = \$ _____

TOTAL \$ _____

PAYMENT

CHECK: Check Number _____ **Make check payable to BONENT.**

CREDIT CARD: AMEX MasterCard VISA

Card Number _____ - _____ - _____ Expiration Date (Month/Year) ____/____ Security Code _____

Cardholder's Name on Card _____ Cardholder's Signature _____

→→ Please mail this form, payment and all materials to: BONENT, 100 South Washington St, Rockville, MD 20850

Continuing Education Program Accreditation APPLICATION CHECKLIST



Please use this list to ensure to submit a completed application.

Checklist:

- Fill in and submit Application Form.
Incomplete applications will be assessed an incomplete fee of \$75.
- Choose which option you want for Certificates:
 - Have the Word Document sent to you to fill in your attendee names, or
 - Purchase certificates (with colored border) in multiples of 25
- Payment included: Check made out to BONENT, or provide credit card info and sign.
- Provide samples of your program marketing materials.
- Provide the Speaker Agenda.
- Provide a one-page Biography (tells why presenter is qualified to speak on the subject) and Presentation Behavioral Objectives for each speaker.
- Send all materials above in one package or one email (if credit card option is used)

**Submit the Application Form and all materials
at least 60 days prior to your program date:**

Mail: BONENT, 100 South Washington St, Rockville, MD 20850

Email: Membership@BONENT.org

The approval process is 4 weeks.

For more information:

Email: Membership@BONENT.org

Call: 202-462-1252 ext. 15.

Thank you for submitting your application!

