



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

## BONENT Duplicate Certificate

*Please allow 3-4 weeks for delivery. Please type or print in ink the following information:*

I would like a replacement certificate.

*Print:*

_____	_____	_____
<b>First Name</b>	<b>Last Name</b>	<b>BONENT ID #</b>
_____	_____	_____
<b>Street</b>	<b>Apartment #</b>	
_____	_____	_____
<b>City</b>	<b>State</b>	<b>Zip Code</b>
_____		
<b>Signature</b>		

Description	Amount
Duplicate Certificate	<b>\$30.00</b>
*Annual fees must be paid up to date for this order to be processed.	

**Check/Money Order:** Make payable to **BONENT**.

**Credit Card:**  MasterCard  Visa  American Express

Credit Card Owner's Name: \_\_\_\_\_  
Print name as it appears on card

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Owner's Signature: \_\_\_\_\_

**Fax to:** 1-202-463-1257

OR

**Mail to:** BONENT 100 South Washington Street, Rockville, MD 20850

OR

**Email:** Scan signed form and email to [coordinator@bonent.org](mailto:coordinator@bonent.org)