



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

BONENT Exam Retake Request

I would like to retake the BONENT _____ exam.
_____ **CBT or CHN or CPDN or CHBT** _____ **CBT or PPE**
_____ **or CHWS or CHT Spanish**

If you selected PPE: _____
_____ **City** _____ **State** _____ **Date (m/dd/yy)**

If you wish to take the PPE exam, visit the BONENT website at www.BONENT.org to view the PPE exam schedule. You must include the specific location *and* date of the PPE exam on the retake request.

Print: _____
_____ **First Name** _____ **Last Name**
_____ **Street** _____ **Apartment #**
_____ **City** _____ **State** _____ **Zip Code**
_____ **Email Address**
_____ **Signature** _____ **Date**

Payment Options:

- Check/Money Order:** Make payable to **BONENT**.
 Credit Card: MasterCard Visa American Express

Amount to be Charged (**CIRCLE ONE**): **CBT: \$250** or **PPE: \$225**

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

Credit Card Number: _____ Exp. Date: ____ / ____ Sec. Code: _____

Credit Card Owner's Signature: _____

You must submit this *signed* Retake Request with a copy of your most recent Exam Score Report, along with payment.

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

Mail Original, Signed Application Only (NO Photocopies • NO Faxes)