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

BONENT Withdrawal Request

I would like to withdraw from my _____ _____ BONENT exam.

CHT or CHN or CPDN or CHBT or CHWS **CBT or PPE**

PPE: Requests to withdraw from a scheduled examination must be received in writing, **postmarked 20 days prior to the examination date**.

CBT: Requests to withdraw from a scheduled examination must be received ***before*** **the last day of the 6-month window** noted in your confirmation letter.

- If you scheduled an exam but did not attend, do not submit this form. Visit the BONENT website for more information.

Print: _____ _____

First Name **Last Name**

_____

Signature

Fax to: (202) 463-1257, or Mail to: BONENT 100 South Washington St, Rockville, MD 20850.
E-mail requests are not accepted.

A refund of the application fee, minus a **$110 processing fee,** will be issued.