



Application for Certification



Instructions

1-1-19


- Complete ALL sections of the application. Please type or print legibly in ink.
- Your immediate supervisor must sign and date the verification section of this application.
- Submit two signed and dated letters of recommendation that **MUST** include your full legal name and verify:
 - Length of experience.
 - Character
 - Job duties. One from your immediate supervisor (the same person who signs this application), the second from a professional in nephrology (physician, technician, nurse, or dietician).
- If the name on your high school diploma does not match your current legal name, you must indicate your previous name(s) in the space provided on the application and provide court documentation (i.e. marriage certificate or name change application) for each name change.
- Sign and date the application form.
- Mail the completed original, signed and dated application form, other materials as required and the examination fee listed below to the BONENT Executive Office.
- If you choose to pay by credit card, please complete the credit card payment information section of this application.

Exam-Specific Documents Required:

- All Technician applicants:** photocopy of your high school diploma or official high school transcript (with principal's signature and/or school seal) and/or documentation of completion of post-high school education if applicable.
 - BioMed applicants:** BioMedical (BM) dialysis training certificates.
- Nurse applicants:** photocopy of your current, valid nursing license with the expiration date clearly visible.
 - LVN/LPN applicants:** written verification of two years of experience in ESRD in a nursing capacity.

Country	 Paper & Pencil Exam	 Computer Based Testing
USA	\$220	\$250
International** <small>(locations outside the US)</small>	\$250	\$250

**US dollars only (credit card or money order)

- 
 - Application must be received no later than the published deadline date. Late applications will be returned unprocessed.
 - Indicate the date and site of the examination that you wish to take.

Additional Fees	
Incomplete Application Penalty	\$65
Exam Withdrawals & Transfers	\$105
Returned Check Fee	\$80

Application to be filled out by Applicant ONLY! (Please Print Clearly)

Name Mr. Ms. _____
Current Legal Last Name / Surname (Jr, Sr, III, etc.) Previous Legal Last Name(s) / Surname(s) Legal First Name / Given Middle Name

Home Address _____
Street Apt. #

_____ City State Zip Country

Work Phone () _____ Home Phone () _____ Cell () _____



E-mail _____ Social Security # _____ Date of Birth ____/____/____

Are you restricted from providing patient care by any state or federal agency? Yes No

Has your state medical license ever been suspended, revoked, or under investigation/restriction? Yes No N/A

Have you been convicted of a felony? Yes No

NOTE: If you have been convicted of a Felony, you are not eligible to become BONENT certified.

IMPORTANT! Examination Type (check one):		
Examination Method		
First Exam	<input type="checkbox"/>	<input type="checkbox"/>
Retake Exam	<input type="checkbox"/>	<input type="checkbox"/>
Locations Outside US**	<input type="checkbox"/>	<input type="checkbox"/>

Payment Information: **Check/Money Order:** Make payable to BONENT (Check one)

Credit/Debit Card: MasterCard Visa AMEX

Credit/Debit Card Number _____ Exp. Date _____ Security Code _____

Cardholder's Name as it appears on card (PRINT) _____

Cardholder's Signature _____

Contact Us

Contact the BONENT Executive Office at (202) 462-1252 if you have questions about the application process or the application deadline.

DO NOT FAX This Application!



BONENT Office Use Only:

PM _____ # _____ Amt. _____ I _____ D _____

For which BONENT certification examination are you applying?

- Certified Hemodialysis Technologist/Technician (CHT)
 CHT Spanish
- Certified Hemodialysis BioMedical Technician (CHBT)
- Certified Hemodialysis Nurse (CHN)
- Certified Peritoneal Dialysis Nurse (CPDN)

Exam Method

-  (You must schedule your exam and location online after receipt of a BONENT Confirmation Letter)
-  See Schedule on BONENT Website & list choice below:
 Site _____ City _____ State _____ Date _____

Professional Category

- RN LPN/LVN Patient Care Technician
- Equipment/Machine Technician Other _____

Number of Years in Nephrology:

- 6 months 6-11 months One year 2 to 3 years 4 or more

Highest Level of Education Completed (Attach a copy of your diploma/certificate of completion.)

- High School GED Bachelors Other _____

BioMedical Experience (CHBT Applicants only)

From (mo/yr) _____ to _____

Employment

You must have the minimum required work experience to take a BONENT exam.

Current Employment (Document nephrology-related employment beginning with present employment.)

From (mo/yr) _____ to _____

Company _____

Position _____ Hrs/Wk _____

Describe major duties and responsibilities.

Past Nephrology Employment

From (mo/yr) _____ to _____

Company _____

Position _____ Hrs/Wk _____

Describe major duties and responsibilities.

Employment or Approved Training Program Verification As the immediate supervisor of the dialysis unit, the following signature certifies that the above employment information has been completed and is correct. If you have completed a BONENT Approved Training Program, the main instructor or program director must complete the section below.

 **Current Supervisor*/ Instructor MUST complete this entire section & sign.**

***If you are currently unemployed** but have the minimum required experience, you must have your immediate past supervisor sign your application and write a reference letter. All other stated requirements apply.

Current Supervisor / Instructor (please print or type) _____ Title _____

Facility Name _____ Facility Address _____ City _____ State _____ Zip _____ Country _____

Phone _____ Signature _____ Date _____

Application Checklist - Please check the boxes below to ensure that you have:

- Included check, money order or credit card information
- Indicated test date and location for PPE only
- Indicated examination type
- Included photocopy of high school diploma, nursing license or equivalent, marriage certificate or court documents proving name change (if applicable)
- Both signed reference letters include your full legal name and verifies:
 1. Length of experience 2. Character 3. Job duties
- Indicated number of years of experience
- Signature of applicant and supervisor

Incomplete by Deadline: If you submit an incomplete application and fail to provide documents requested by the BONENT Executive Office by the given deadline, you will not be allowed to take the exam for which you are applying.

INCOMPLETE APPLICATION FEE

\$65

Transfers & Withdrawals

\$105

Returned Check Fee

\$80

Confidentiality

Official Board policy states that the BONENT Executive Office:

- Can only speak to exam applicants regarding application details.
- May not discuss any application with managers, supervisors educators, co-workers or family members.

I understand that the Board of Nephrology Examiners Nursing Technology, Inc., Certification Board reserves the right to verify any or all information on this application. I understand that the information accrued in the certification process may be used for statistical purposes and for evaluation of the certification program and that the information from my certification records shall be held in confidence and shall not be used for any other purpose without my permission. I hereby authorize the Board to request information concerning me from any of the persons or organizations referred to in this application. I further understand that BONENT Certification depends upon meeting the eligibility requirements stated herein as well as achieving a passing score on the appropriate BONENT examination. If I achieve certification, I agree to pay such fees and meet such standards as are prescribed by the Board of Nephrology Examiners Nursing Technology, Inc., to maintain my certification status. I understand that BONENT maintains a registry of all BONENT-certified practitioners and that, should I become BONENT certified, my name and professional category will appear in this registry as long as my certification remains current. Upon successful completion, I authorize BONENT to verify my current status regarding my certification. I hereby state that to the best of my knowledge, I meet the eligibility requirements for this examination and that the information contained in this application is true, complete, correct and is made in good faith. I understand that any falsification in this application will be grounds for rejection of my application for certification or revocation of any certification issued. By signing this application, I authorize BONENT to post my application status on the BONENT Website.

Applicant's Signature _____

Date _____

**Send Original, Signed Application Only
(NO Photocopies · NO Faxes)**



Mail to: BONENT Executive Office: 100 South Washington St., Rockville, MD 20850