Board of Nephrology Examiners Nursing and Technology

CBT Reschedule Form

7-1-14

1. Complete ALL sections of the application. Please type or print legibly in ink.
2. Sign and date the Reschedule Form.
3. Mail or fax the completed, signed Reschedule Form, and the $75 fee to the BONENT Executive Office.

Fees	
CBT Reschedule Fee	$75
Incomplete Application Penalty	$40
Insufficient Funds Fee	$75

Contact the BONENT Executive Office at (202) 462-1252 if you have questions about this form.

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

Name ☐ Mr. ☐ Ms._____
Current Legal Last Name Maiden or Previous Legal Last Name First Middle

Home Address _____
Street City State Zip

Facility Name _____

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

E-mail _____Social Security #_____ Date of Birth _____/_____/_____

Date of missed examination _____

Reason for Resechedule (Official documentation must be attached to this form)

- ☐ Death of an immediate family member (mother, father, siblings, spouse, children)
- ☐ Natural disaster (hurricane, earthquake)
- ☐ Candidate's illness or hospitalization
- ☐ Jury duty
- ☐ Military deployment

Payment Information: ☐ **Check/Money Order:** Make payable to BONENT

Credit Card: ☐ MasterCard ☐ Visa ☐ AMEX

_____
Credit Card Number Exp. Date

_____
Cardholder's Name (PRINT)

_____
Cardholder's Signature

Deadline:

The CBT Reschedule Form and payment must be submitted to the BONENT Executive Office, postmarked or faxed, less than 7 days after the missed exam date.

Your original 6-month timeframe to take the CBT exam will still apply.

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

Fax to: 202. 463.1257

_____ _____
Applicant's Signature Date

BONENT Office Use Only: PM_____ #_____ Amt._____ I_____