



Board of Nephrology Examiners Nursing & Technology

100 South Washington St., Rockville, MD 20850

Phone (202) 462-1252

2024 Recertification Application

This Application must be completed to fulfill requirements for recertification. It must be received by BONENT no later than your certification expiration date. There is no fee to recertify. However, we cannot process your certification application until all annual fees for previous years and the current year are paid in full. If you are audited, you must submit the entire Recertification Booklet with CE certificates.

Note: You will have to pay the incomplete fee if you do not complete this form correctly.

Please print in ink.

Name _____ Date of Birth _____
Last First Mo. Day Yr.

BONENT ID# _____ Certification Expiration Date _____

Address _____

City State Zip ☐ Check if new address

Email _____ SS# [Last 4 digits] _____

Phone (H) _____ (W) _____ Cell _____

AMNESTY APPLICANTS ONLY:: Referred by (BONENT member name) _____

No referral name accepted after this form has been submitted.

Have you met all requirements for Recertification? (You MUST check ONE option below):

YES ☐ I have obtained 40 total contact hours. At least 30 out of the forty contact hours qualify for Group A. (Your paperwork may be randomly selected for an audit. See details below)

NO ☐ (a) I wish to recertify by taking the BONENT exam (Exam Application must be mailed with this form)
☐ (b) I want to use my one time waiver (*once in a lifetime*)

Audit & Retaining Your Continuing Education Records

Recertification applicants must keep continuing education documents for two years. If you are selected by BONENT for an audit, you must submit proof of having met continuing education requirements (CE certificates). If you are unable to submit the required information, the unverified contact hours will automatically be dismissed. If you fail to respond to an audit, the BONENT Board may consider this as grounds for disciplinary action.

I certify that all information contained in my Application for Recertification by the Certification Board of Nephrology Examiners and Nursing & Technology (BONENT) is true and accurate to the best of my knowledge. I authorize BONENT, its officers, directors, committee members, employees, and agents ("BONENT's designated parties") to review my application and other materials related to my recertification and to determine whether I have met BONENT's standards for recertification.

By signing the Authorization, I acknowledge that I have read and understand BONENT's rules and standards. I understand and agree to the revocation or any other limitation of my certification if any statements made on this application, other material related to recertification, or hereafter supplied to BONENT are false or inaccurate or if I violate any of the rules or standards of BONENT.

I agree to cooperate promptly and fully in any review of my certification by BONENT, including submitting such documents and information in this application and other materials related to recertification. I authorize BONENT and BONENT's designated parties to communicate my certification status to any individual, employer, or organization that requests this information. I further authorize and consent for the purpose of statistical analysis, provided I am not personally identified in information released.

I agree to indemnify and hold harmless BONENT and BONENT's designated parties for any action taken pursuant to the rules and standards of BONENT with regard to my certification and this Application for Recertification.

I understand and agree that if I am granted BONENT's recertification, it will be my responsibility to remain in compliance with all of BONENT's recertification standards including the BONENT code of Professional Practice. I understand it is my responsibility to maintain valid certification status by either performing satisfactorily in each of the major content areas of the examination during the fourth year of certification or demonstrating my successful accrual of at least 40 contact hours of continuing education credits.

By signing, I acknowledge that I have read and understand this information and agree to abide by these terms. I declare under penalty of perjury under laws of my state that the foregoing is true and correct..

Signature _____ Date _____

Please mail to: BONENT, 100 South Washington St., Rockville, MD 20850

Mail This Original, Signed Application. Do Not Send Photocopies Or Faxes.

01/02/24