2024 BONENT RECERTIFICATION BOOKLET

Contact Hours Tracking & Application

This booklet:

- Explains the BONENT recertification process;
- Provides a form to keep track of your contact hours;
- Includes the Recertification Application for you to complete and mail to BONENT.

Visit www.BONENT.org to review all details of the recertification process and get answers to frequently asked questions.

Don't wait until the Last Minute!

It takes 4 to 6 weeks to process a recertification application AFTER the application and annual fees are received by BONENT.



BONENT

Board of Nephrology Examiners Nursing & Technology

Effective: 01/02/2024

KEEP TRACK OF YOUR CONTINUING EDUCATION PROGRAMS & HOURS HERE

Group A Nephrology Programs

Kidneys & Kidney-related issues, Dialysis (machines, medicines, reuse, etc.)

NOTE: You need 30 contact hours in Group A.

Hours listed in this section must focus on Nephrology.

· Credit is given according to the number of contact hours listed on the certificate you receive from the program.

Date	Program Title	Location	# Contact Hours		
	TOTAL CONTACT HOURS – GROUP A				

Group B General Health

General Health programs, CPR and Health-related college courses

This group includes or accepts continuing education programs designed for General Health Education.

- Credit for these programs will be given according to the number of contact hours or continuing education units awarded to each program, including journal articles. NOTE: CPR = 2 contact hours.
- Accepted college courses include: * Biology * Science * Nursing * Psychology

Date	Program Title	Group/Organization	# Contact Hours

STEP 1 Choose 1 Recertification Option

Obtain 40 Contact Hours:

You must get at least 40 contact hours during your 4-year certification.

- At least 30 out of the 40 contact hours must qualify for Group A (Nephrology-based programs).
- The balance can be in Group B (General Health).
- You can obtain hours from CE websites, seminars, webinars, and other resources.

OR

To use this option, check the box next to "Yes" on the Recertification Application

В.

Retake the Examination:

Mail:

- A completed, signed and dated Recertification Application. Check the box next to "I want to recertify by taking the BONENT exam".
- A completed signed and dated exam application.
- Payment for Annual Fee(s) and the exam fee. If you pass the exam, you will receive a new BONENT wallet card in the mail.

OR

Use Your One-time Waiver:

- The one-time waiver allows you to automatically recertify without having to accumulate 40 contact hours.
- This option can only be used once in a lifetime.
- To use this option, check the box next to "I want to use my one-time waiver" on the Recertification Application.

Make sure your Fees are paid

Current Member: There is no fee to recertify. However, we cannot process your recertification application until all fees for previous years and the current year are paid in full.

Lapsed Certification: Your certification is Lapsed if it is 1-12 months after your certification expiration date and your recertification application has not been submitted or annual fees have not been paid:

- Pay the Lapsed Certification Fee + any outstanding Annual Certification Fees.

Expired Certification: Your certification is Expired if it is 13 months to 10 years after your certification expiration date:

- · Pay the Expired Certification Fee
- If you choose to reinstate your certification by taking the exam, you must pay the Exam Fee. You will not have to pay the Expired Certification Fee.

2024 Certification Amnesty Program: You qualify if your Certification Expiration Date (as noted on your wallet card or in the BONENT database) is between January 1, 2014 and December 31, 2022.

· Pay the Expired Certification Fee

TYPES OF	SUBMIT IN 2024			
RECERTIFICATION	Recertification Form Due	Fees*	Continuing Education Hours Or Other	
Regular	By your certification expiration date	Certification Fees paid up-to-date	40 Hours of CE	
Lapsed Certification	2 - 12 mo. after your certification expiration date	\$100 (\$120 as of 5/1/24) + Outstanding Certification Fees	OR 1-time Waiver (if not used in the past) OR take the exam	
Expired Certification	Submit to reinstate 13 mo. to 1 year and 11 mo. after your certification expiration date.	\$200	40 Hours of CE OR take the exam (you do not qualify to use the waiver)	
AMNESTY PROGRAM	Submit to reinstate if your certification expiration date is between 1/1/2014 and 12/31/2022	(\$220 as of 5/1/24)	40 Hours of CE OR 1-time Waiver (if not used in the past) OR take the exam	

^{*} Incomplete and returned check Fees added where applicable.

Additional Fees:

- \$65 Incomplete Recertification Fee (\$70 as of 2/1/24): You will be charged the incomplete fee if you do not submit completed
- \$80 Returned Check Fee (\$85 as of 2/1/24): You will be charged the returned check fee if your check is returned/bounces.

STEP 3 **Complete & Mail the Application Form (page 4)**

Complete the Recertification Application on the back of this page and be sure that all of your fees have been paid. Faxed or photocopied recertification applications will NOT be accepted. Your paperwork will be reviewed to determine if it meets BONENT recertification criteria. When the process is completed. certification for an additional four years will be awarded and a wallet card will be mailed to you.

Do I have to submit copies of my Continuing Education certificates? You do not have to submit certificates, unless you are audited.



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	Mo		
Last	First			MO.	Day	Yr.
BONENT ID#	Certifi	cation Expiration Dat	te			
Address						
City	Stat	te Zip	Check if	new ad	dress	
Email			SS# [Last 4	l digits]		
Phone (H)	(W)		Cell			
EXPIRED APPLICANTS ONLY: No referral name accepted after thi	Referred by (BONENT member na	ame)				
·	all requirements for Recertific	cation? (You MUS	T check ONE	<u> E</u> optio	n below):
YES I have obtained 40 total forty contact hours qua	l contact hours. At least 30 out of the lify for Group A. (Your paperwork may or an audit. See details below)	NO □ (a)	wish to recertify (Exam Application want to use my	by takin n <u>must b</u>	g the BONI e mailed w	ENT exam
Recertification applicants mus you must submit proof of having	entinuing Education Records at keep continuing education document and continuing education requatact hours will automatically be defor disciplinary action.	uments for two years uirements (CE certific	ates). If you are	unable	to submi	it the required
is true and accurate to the best of my kno	ny Application for Recertification by the Cer wledge. I authorize BONENT, its officers, o er materials related to my recertification an	directors, committee memb	oers, employees, ar	nd agents	("BONENT"	's designated
, , ,	ge that I have read and understand BONEI atements made on this application, other representation or standards of BONENT.		,	_		,
other materials related to recertification. I	any review of my certification by BONENT, authorize BONENT and BONENT's design ion. I further authorize and consent for the	ated parties to communica	ate my certification	status to	any individua	al, employer,
I agree to indemnify and hold harmless B0 regard to my certification and this Applica	ONENT and BONENT's designated parties tion for Recertification.	for any action taken pursu	uant to the rules and	d standar	ds of BONE	NT with
including the BONENT code of Profession	d BONENT's recertification, it will be my re nal Practice. I understand it is my responsit amination during the fourth year of certifica	oility to maintain valid certi	fication status by ei	ither perfo	orming satisf	factorily in
By signing, I acknowledge that I have re laws of my state that the foregoing is tr	ead and understand this information and ue and correct	d agree to abide by these	e terms. I declare	under pe	nalty of perj	jury under
Signature			Date			
Pleas	se mail to: BONENT, 100 South	n Washington St., R	Rockville, MD 2	20850		