


## 2024 Application for Certification: INDIA (only)



May 2024

## Instructions

- Complete ALL sections of the application. Please type or print legibly in ink.
- Request your immediate supervisor's signature as verification of your employment.
- Submit two signed letters of recommendation that MUST include your full legal name and verify: **1.** Length of experience. **2.** Character **3.** 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). See sample reference letter on BONENT website.
- If your name has changed since high school, you must indicate your previous name in the space provided on the application and provide court documentation (i.e. marriage certificate or name change application) for each name change.
- Include a photocopy for:
  - CHT exam: High school diploma or College Dialysis Diploma
  - CHN & CPDN exam: Nursing License or Equivalent Certification
- Mail the completed original, signed application form, other materials as required and the examination fee listed to BONENT c/o Venkatraman G
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  - Application must be received no later than the published deadline date. Late applications will be

**Paper &** returned unprocessed.

**Pencil Exam** • Indicate the date and site of the examination that you wish to take.

8. **There are no withdrawals or transfers.**

9. BONENT reserves the right to cancel the exam and will return the full exam fee to the applicant.


## Exam-Specific Documents Required:

**a. 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.

**b. 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	 <b>Paper &amp; Pencil Exam</b>
India	\$130 US

Application to be filled out by **Applicant ONLY!** (Please Write Clearly in Capital Letters)

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 Postal Code Country

Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day / Month / Year

Are you restricted from providing patient care by any state or federal agency?  Yes  No  N/A (Student)

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

Contact Us: [www.bonent.org](http://www.bonent.org)

Contact BONENT if you have questions about the application process or the application deadline.

c/o venkatraman\_g@nephroplus.com


## Or Call:

G. Venkatraman: 8125125367


**DO NOT FAX This Application!**

BONENT Office Use Only:

PM \_\_\_\_\_ # \_\_\_\_\_ Amt. \_\_\_\_\_ I \_\_\_\_\_ D \_\_\_\_\_

<p><b>For which BONENT certification examination are you applying?</b></p> <p><input type="checkbox"/> Certified Hemodialysis Technologist/Technician (CHT)</p> <p><input type="checkbox"/> Certified Hemodialysis Nurse (CHN)</p> <p><b>Exam Location</b></p> <p><input type="checkbox"/>  Site: Hyderabad, Sept. 21 Deadline: July 23, 2024</p>	<p><b>Current Employment</b> (Document nephrology-related employment beginning with present employment.)</p> <p>From (mo/yr) _____ to _____</p> <p>Company _____</p> <p>Position _____ Hrs/Wk _____</p> <p><i>Describe major duties and responsibilities.</i></p> <hr/> <p><b>Past Nephrology Employment</b></p> <p>From (mo/yr) _____ to _____</p> <p>Company _____</p> <p>Position _____ Hrs/Wk _____</p> <p><i>Describe major duties and responsibilities.</i></p> <hr/>
<p><b>Professional Category</b></p> <p><input type="checkbox"/> RN <input type="checkbox"/> LPN/LVN <input type="checkbox"/> Patient Care Technician</p> <p><input type="checkbox"/> Equipment/Machine Technician <input type="checkbox"/> Other _____</p>	
<p><b>Number of Years in Nephrology:</b></p> <p><input type="checkbox"/> 6-11 months <input type="checkbox"/> One year <input type="checkbox"/> 2 to 3 years <input type="checkbox"/> 4 or more</p>	
<p><b>Highest Level of Education Completed</b> (Attach a copy of your diploma/certificate of completion.)</p> <p><input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Bachelors <input type="checkbox"/> Other _____</p>	
<p><b>BioMedical Experience</b> (CHBT Applicants only)</p> <p>From (mo/yr) _____ to _____</p>	

**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	Postal Code	Country
Phone	Signature				Date

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

Included check

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 BONENT by the given deadline, you will not be allowed to take the exam for which you are applying.

**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 DD check with application to: G. Venkatraman, # Nephrocare Health Services Pvt. Ltd., 5th Floor, D Block, ILabs Centre, Madhapur, Hyderabad - 81, India**