

# Certification Exam Application



6-4-24

## Instructions

- Complete ALL sections of the application. Please type or print legibly in blue or black ink.
- You must sign and date the application form.
- Your immediate supervisor must sign and date the verification section of this application.
- Submit two signed and dated reference letters. Both letters MUST include your full legal name and verify: **1.** Length of total nephrology experience (past and present). **2.** Character **3.** Job duties (*job descriptions attached to reference letters will not be accepted*). One letter must come from your immediate supervisor (the same person who signs the verification section of this application), the second from a professional in nephrology (physician, technician, nurse, or dietitian).
- If the name on your high school diploma or nursing license does not match your current legal name, you must list 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.
- If you choose to pay by credit card, please complete the credit card payment information section of this application.
- Mail the completed original, signed and dated application form, other paperwork as required and the examination fee to the BONENT Executive Office. (do not send cash)





**Paper & Pencil Exam**

- 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.

## Exam-Specific Documents Required:

- All Technician applicants or Water Specialist applicants (with 3 years of dialysis water experience):** 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.
  - Ohio CHT Applicants:** Must submit Form C with this application.
- 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.
- Water Specialist applicants:**
  - 1 year of dialysis water experience:** photocopy of your Bachelors/ baccalaureate degree or proof of current certification (BONENT: CHT/CHBT; NNCO: CCNT/CBNT; or NNCC: CCHT) or a healthcare credential (e.g., nursing, physician assistant, pharmacist)
  - 2 years of dialysis water experience:** photocopy of your Associates degree or official college transcript.

Country	 Paper & Pencil Exam	 Computer Based Testing
USA	\$235	\$255
International** (locations outside the US)	\$260	\$255
Expedited Application	\$100 plus above exam fee (applicant will hear from BONENT within 7 days of application received). Credit Card or Money Order only.	

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

**Application must be filled out by Applicant ONLY!** (Please print clearly to avoid a delay in processing your application)

Name ☐ Mr. ☐ Ms. \_\_\_\_\_  
Complete 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

**Payment Information:** ☐ **Check/Money Order:** Make payable to BONENT (**DO NOT SEND CASH**)

**Credit/Debit Card** (Check one): ☐ MasterCard ☐ Visa ☐ AMEX

Credit/Debit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

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

I authorize BONENT to charge my credit card \$ \_\_\_\_\_ (enter the total amount you are paying on this line)

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT FAX This Application!**

BONENT Office Use Only:

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



## Contact Us

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

**Which BONENT exam do you want to take?**

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

**How do you want to take the exam?**

- ☐  (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 \_\_\_\_\_

**Current Professional Category**

- ☐ RN ☐ LPN/LVN ☐ Patient Care Technician ☐ Water Specialist
- ☐ Equipment/Machine Technician ☐ Other \_\_\_\_\_

**Number of Years in Nephrology:**

- ☐ 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 or official transcript.)

- ☐ High School ☐ GED ☐ Bachelors ☐ Other \_\_\_\_\_

**Other Experience** ☐ BioMedical ☐ Water

From (mo/yr) \_\_\_\_\_ to \_\_\_\_\_

**Employment**

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

**Current Nephrology Employment** (List 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** Your current supervisor must complete, sign and date this section to confirm that the employment information listed above is correct. If you are applying based on completion of a BONENT Approved Training Program, the main instructor or program director must complete this section.

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

**\*If you are unemployed** but have the minimum required experience, your last facility supervisor must complete this section and write a reference letter. All other stated requirements apply.

Current Supervisor / Approved Program Instructor (please print or type) \_\_\_\_\_ Title \_\_\_\_\_

Facility Name \_\_\_\_\_ Facility Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Additional Fees**

Incomplete Application Penalty	\$70
Exam Withdrawals & Transfers	\$120
Returned Check Fee	\$85

**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.

**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.**

**Read before signing this application:** 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 \_\_\_\_\_

**Mail Original, Signed And Dated Application  
Only (NO Photocopies • NO Faxes)**



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