

2026 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: 1/1/26

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
TOTAL CONTACT HOURS – GROUP B			
TOTAL CONTACT HOURS – GROUP A & B			

STEP 1 Choose 1 Recertification Option

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

OR

B. Retake the Examination:

Mail:

1. A completed, signed and dated Recertification Application. Check the box next to "I want to recertify by taking the BONENT exam".
2. A completed signed and dated exam application.
3. 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

C. 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.

STEP 2 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 RECERTIFICATION	SUBMIT IN 2024		
	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 OR 1-time Waiver (if not used in the past) OR take the exam
Lapsed Certification	2 - 12 mo. after your certification expiration date	\$120 + Outstanding Certification Fees	
Expired Certification	Submit to reinstate 13 mo. to 1 year and 11 mo. after your certification expiration date.	\$220	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 1/1/2065 and 12/31/2024		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:

- **\$70 Incomplete Recertification Fee** You will be charged the incomplete fee if you do not submit completed documentation.
- **\$85 Returned Check Fee:** 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.

Expedited Process: For a fee of \$100 you can choose to expedite your Recertification Process, with payment by Money Order or Credit Card ONLY. You will hear from BONENT within 7 business days upon date of receipt.



Board of Nephrology Examiners Nursing & Technology

100 South Washington St., Rockville, MD 20850

Phone (202) 462-1252

2026 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 _____

Expedited Process:

☐ **YES**, I choose this, for a fee of \$100 to expedite my Recertification Process, with payment by Money Order or Credit Card ONLY (use BONENT Credit Card Charge Form). I will hear from BONENT within 7 business days upon date of receipt.

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 rectification 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, FAX OR EMAIL THIS SIGNED AND DATED APPLICATION

FAX 202-463-1257 EMAIL: membership@bonent.org

