



**Board of Nephrology Examiners
Nursing & Technology**
100 South Washington Street, Rockville, MD 20850
Phone: (202) 462-1252
Fax: (202) 463-1257

BONENT Exam Retake Request

I would like to retake the BONENT _____ exam.
_____ CHT or CHN or CPDN or CHBT or CHT Spanish or CHWS CBT or PPE

If you selected PPE: _____ / ____ / ____
City State Date

If you wish to take the PPE exam, visit the BONENT website at www.BONENT.org to view the PPE exam schedule. You must include the specific location *and* date of the PPE exam on the retake request.

Print:

First Name Last Name

Street Apartment #

City State Zip Code

Email Address

Payment

Signature

Date

Options:

- Check/Money Order:** Make payable to **BONENT**.
 Credit Card: MasterCard Visa American Express

Amount to be Charged : Exam (CIRCLE ONE): **CBT: \$255** or **PPE: \$235**

Expedited Service NON REFUNDABLE

- \$100** (plus above exam fee)
(credit card or money order only)

Credit Card Owner's Name: _____
Print name as it appears on card

Credit Card Number: _____ Exp. Date: ____ / ____ Sec. Code: _____

Credit Card Owner's Signature: _____

You must submit this *signed* Retake Request with a copy of your most recent Exam Score Report, along with payment.

Mail to: BONENT 100 South Washington Street, Rockville, MD 20850

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

