




# Application for Certification



10-5-15

## 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:
  - Length of experience.
  - Character
  - 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).
- 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.
- Sign and date the application form.
- Mail the completed original, signed application form, other materials as required and the examination fee listed below to the BONENT Executive Office.
- If you choose to pay by credit card, please complete the credit card payment information section of this application.
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  - Application must be postmarked 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:** 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.
- 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	 Paper & Pencil Exam	 Computer Based Testing
USA	\$220	\$250
International** <small>(locations outside the US)</small>	\$250	\$250

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

Additional Fees	
Incomplete Application Penalty	\$40
Exam Withdrawals & Transfers	\$75
Returned Check Fee	\$75

## Application to be filled out by Applicant ONLY! (Please Print Clearly)

Name  Mr.  Ms. \_\_\_\_\_  
Current Legal Last Name / Surname      Maiden or Previous Legal Last Name / Surname      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

Have you been convicted of a felony?  Yes  No

**NOTE:** If you have been convicted of a Felony, you are not eligible to become BONENT certified.

IMPORTANT! Examination Type (check one):		
Examination Method		
First Exam	<input type="checkbox"/>	<input type="checkbox"/>
Retake Exam	<input type="checkbox"/>	<input type="checkbox"/>
Locations Outside US**	<input type="checkbox"/>	<input type="checkbox"/>

Payment Information: <input type="checkbox"/> <b>Check/Money Order:</b> Make payable to BONENT <small>(Check one)</small>	<input type="checkbox"/> <b>Credit Card:</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX
Credit Card Number _____	Exp. Date _____ Security Code _____
Cardholder's Name as it appears on card (PRINT) _____	
Cardholder's Signature _____	

## Contact Us

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

## DO NOT FAX This Application!



BONENT Office Use Only:

PM _____ # _____	Amt. _____	I _____	D _____
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**For which BONENT certification examination are you applying?**

- Certified Hemodialysis Technologist/Technician (CHT)
  - CHT Spanish Available in the U.S. and ONLY via PPE
- Certified Hemodialysis BioMedical Technician (CHBT)
  - Available in the U.S. and ONLY via PPE
- Certified Hemodialysis Nurse (CHN)
- Certified Peritoneal Dialysis Nurse (CPDN)

**Exam Method**

-  (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 \_\_\_\_\_

**Professional Category**

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

**Number of years in nephrology:**

- One year  2 to 3 years  4 or more

**Highest Level of Education Completed** (Attach a copy of your diploma/certificate of completion.)

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

**BioMedical Experience** (CHBT Applicants only)

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

**Employment**

**You must have a minimum total of 12 months work experience to take a BONENT exam.**

**Current Employment** (Document 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** 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 a minimum of 12 months experience as a dialysis patient care technologist, you are required to 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 \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

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

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

- Included check, money order or credit card information
- 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 the BONENT Executive Office by the given deadline, you will not be allowed to take the exam for which you are applying.**

**INCOMPLETE APPLICATION FEE**  
\$40

**Transfers & Withdrawals**  
\$75

**Returned Check Fee**  
\$75

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