CCHT®

Certified Clinical Hemodialysis Technician

Recertification Application

nncc®

Nephrology Nursing Certification Commission

Recertification Application Booklet
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Revised 9/19

Introduction

To qualify for recertification, a Certified Clinical Hemodialysis Technician (CCHT) must meet the eligibility requirements set forth by the Nephrology Nursing Certification Commission (NNCC). To avoid a late fee, the appropriate recertification application (contained in this booklet) must be postmarked by the last day of the month in which the certificant's certification expires.

Certification is effective for three (3) years from the first day of the month in which the certificant passed the examination. Certification must be renewed every three (3) years. The CCHT is a national credential that may be used in all professional activities and correspondence.

The following two options are available to meet the recertification requirements:

Continuing education and clinical experience:

This booklet contains the forms and instructions to recertify by continuing education and clinical experience. To determine eligibility requirements to recertify as a CCHT, please refer to the eligibility requirements on page 7 of this booklet.

Recertification by examination:

A recertification by examination application can be found on page 15 of this booklet. When submitting the examination application for recertification, all requirements for recertification must be met except for #3, continuing education. Testing must be completed before the certification expiration date to avoid a lapse in certification status.

Verification of Recertification

If approved for recertification, individuals will receive a wallet card with expiration date within sixty (60) days of the date the National Office receives a recertification application. Replacement wallet cards and/or wall certificates are available for a fee.

Current Address

It is the certified technician's responsibility to notify the NNCC National Office of any changes in name and/or address.

Emeritus Status

Techincians who have maintained an active credential, who are over 50 years of age, and who have retired from active practice may apply for emeritus status. To apply for the retired credential the certificant must complete the application for Emeritus Status (available on the NNCC website at www.nncc-exam.org or by calling 888.884.6622) and submit a one time fee. If approved, the certificant may use the emeritus credential at nephrology nursing functions to acknowledge a previous active credential and the accomplishments it signifies. If the certificant chooses to return to active practice and wishes to again hold the active credential, he/she must meet current eligibility criteria and certify by examination.

Fee Schedule

Recertification application fees are non-refundable. Periodically fees are reevaluated and adjustments may be made. Fees can only be adjusted by a vote of the NNCC Commission. To avoid a late fee, the recertification application must be postmarked by the certification expiration date. For an additional (late) fee a certificant may submit a recertification application after the certification expiration date, provided all eligibility criteria are met during the certification period. Applications are processed in order of receipt. It may take up to eight (8) weeks from date of receipt of an application to be reviewed. Expedited applications will be processed within 14 business days from date of receipt with an additional expedited fee included.

Continuing Education Approvers and Providers

It is recommended but not mandatory that contact hours be accredited by one of the following to be accepted toward the continuing education requirement for recertification:

- Organizations accredited by the American Nurses' Credentialing Center — Commission on Accreditation (ANCC-COA), the credentialing body of the American Nurses' Association
  - For example, The American Nephrology Nurses' Association (ANNA), which is both an accredited provider and approver of continuing education in nursing
- The American Association of Critical-Care Nurses (AACN)
- The Council of Continuing Education
- California, Florida, Kansas, Ohio, and Iowa State Boards of Nursing*
  - For example, the National Association of Nephrology Technicians/Technologists (NANT) programs when approved by the California State Boards of Nursing

*** Please be aware that although programs meet requirements set forth by other state boards of nursing, they may not meet the Nephrology Nursing Certification Commission criteria.**

*** Ten (10) contact hours/continuing education credits must be relevant to nephrology.**

Acceptable Continuing Education

Nephrology programs

These programs should be relevant to the dialysis technician scope of practice. Credit will be given according to the number of contact hours awarded.

Academic credit

Includes all course work credits earned during the 3-year certification period while enrolled in the Baccalaureate in Nursing degree program. It is not necessary that the course contact be relevant to nephrology. Five (5) contact hours will be assigned for one (1) semester credit. Three (3) contact hours will be assigned for one (1) quarter credit.

*NNCC will assign a maximum of 15 contact hours for course credits earned through Anatomy & Physiology if course credits were earned during the 3-year certification period.

Denial, Suspension, or Revocation of Certification/Recertification

The occurrence of any of the following actions will result in the denial, suspension, or revocation of the certification:

- Falsification of the NNCC application
- Falsification of any materials or information requested by the NNCC
- Any restrictions such as revocation, suspension, probation, or other sanctions of professional RN license by a nursing authority
- Misrepresentation of certification status
- Cheating on the examination
- Applicable state and/or federal sanctions brought against the certificant

The NNCC reserves the right to investigate all suspected/reported violations and, if appropriate, notify the applicant/certificant's employer/State Board of Nursing.

The applicant/certificant will be notified in writing of NNCC's decision(s)/action(s).

Appeal Process

An individual who has been denied certification or had a certification credential revoked has the right of appeal. This appeal must be submitted in writing to the President of NNCC within thirty (30) days of notification. The appeal shall state specific reasons why the individual feels entitled to certification. At the individuals request, the President shall appoint a committee of three (3) NNCC Commissioners who will meet with the individual and make recommendations to the NNCC. The committee will meet in conjunction with a regularly schedule NNCC Board of Commissioners meeting. The individual will be responsible for their own expenses. The final decision of the NNCC will be communicated in writing to the individual within thirty (30) days following the NNCC meeting. Failure of the individual to request an appeal or appear before the committee shall constitute a waiver of the individual's right of appeal.

Letters of appeal should be sent to the President at the NNCC National Office:

NNCC
PO Box 56
Pitman, NJ 08071-0056

CCHT®
Certified Clinical Hemodialysis Technician

Recertification By Continuing Education Application

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Nephrology Nursing Certification Commission

CCHT Recertification Eligibility Criteria

1. Certificant must be a Certified Clinical Hemodialysis Technician (CCHT).
2. Certificant must have a minimum of 3000 hours of work experience as a dialysis technician within the three (3) year certification period.
3. Continuing education must include thirty (30) hours of education credits earned within the three (3) year certification period. A minimum of ten (10) contact hours must be nephrology specific.
   - Continuing education criteria is not required for recertification by examination.
   - If academic course credits were earned through Anatomy and Physiology during the three (3) year certification period, contact hours can be applied.
   - If enrolled in a baccalaureate in nursing degree program during the three (3) year certification period, all course work credits required for the degree can be applied toward the contact hour requirement.

CCHT Contact Hour Certificates

Contact hour certificates must include the following information to be acceptable for recertification:

- Name of attendee
- Date of program
- Name of program
- Number of contact hours awarded
- Accreditation statement if applicable (see page 3)

Only submit programs where contact hour certificates have been provided and contact hours have been awarded.

It is not necessary to include copies of contact hour certificates with the recertification application, unless you have been notified that you have been selected for a random audit. Keep all certificates for your records in case they are requested upon review of your application.

CCHT Recertification Application Instructions

1. Make sure you meet all CCHT recertification eligibility requirements.
2. Complete the application in its entirety.
3. Record all contact hour information on the appropriate form(s).
4. Enclose a copy of your current, government issued photo ID (non-temporary) if recertifying by examination.
5. Enclose appropriate fee made payable to NNCC.
6. Retain a copy of the recertification application and all contact hour certificates.

For office use only	
Number:	Processor:
Exam Date:	Postmark:
Check #:	Amount:

Recertification by Continuing Education Application

Applications must be postmarked on or before certification expiration date to avoid a late fee. Applications can take up to 8 weeks from date of receipt for review, or up to 14 business days if "Expedited Review" is selected. Please clearly print or type all information requested.

Recertification application fees are non-refundable.

Application Fee (check ALL that apply): ❑ $100 ❑ $50 Late fee ❑ $50 Expedited Review

Payment Method (check one): ❑ Check or money order (payable to NNCC) ❑ Charge my credit card ❑ Visa ❑ MC

1. Name: _____
   Last Maiden First Middle

2. Expiration date of current certification: _____

3. Last 4 digits of social security number _____ E-mail_____

4. Home/mailing address _____
   Street/P.O. Box City State Zip

5. Personal phone ❑ _____ Work phone ❑ _____
   Please check preferred contact number

6. Has your address changed in the past three (3) years? ❑ Yes ❑ No

7. Have you been employed at least 3,000 hours as a Dialysis Technician in the last three (3) years? ❑ yes ❑ no

8. Total years of experience as a dialysis technician _____

9. Highest level of education completed:
   ❑ High School Diploma/GED ❑ Associate degree ❑ Bachelor's Degree
   ❑ Master's degree ❑ Doctorate ❑ LPN/LVN

Credit Card Authorization Form

The NNCC accepts only Visa and MasterCard credit cards.

Name: _____

Address: (as it appears on your credit card statement)

_____

City: _____

State: _____ Zip: _____ Country:_____

Home telephone: _____

Work telephone: _____

Charge my: ❑ Visa ❑ MasterCard the amount of $_____

Card number:_____

CVV_____ Expiration date: _____

_____
Authorized Signature

10. Verification of Employment

I hereby verify that this individual has worked as a Dialysis patient care technician for 3,000 hours within the last three (3) years.

Signature of current or most recent supervisor_____ Date _____

Title of supervisor _____

Supervisor's E-mail _____

Institution _____ Phone _____

Business address _____

The occurrence of any of the following actions will result in the denial, suspension, or revocation of the Certification:

- Falsification of the NNCC application
- Falsification of any materials or information requested by the NNCC
- Any restrictions such as revocation, suspension, probation, or other sanctions brought against the applicant by a state, federal, or other agency
- Misrepresentation of CCHT status
- Cheating on the CCHT examination.

PLEASE READ AND SIGN THE STATEMENT OF UNDERSTANDING BELOW:

I hereby attest that I have read and understand the Nephrology Nursing Certification Commission's (NNCC) policy on denial, suspension, or revocation of certification and that its terms shall be binding on all applicants for certification and all Certified Clinical Hemodialysis Technicians for the duration of their certification. I hereby attest that I have read and agree to the Fee Schedule information found on page 3 of the application booklet. I also hereby attest that I have read, understand, and agree to abide by the policies stated on the NNCC website and in the most current recertification application booklet.

I understand that maintaining certification depends upon successful completion of the specified requirements. I further understand that the information obtained in the certification process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information from my certification records shall be held in confidence and shall not be used for any other purpose without my permission; however, after successful completetion of the recertification requirements, the NNCC reserves the right to continue to publish my name and expiration date by state on the NNCC website. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that the Nephrology Nursing Certification Commission reserves the right to verify any or all information on this application.

I hereby apply for renewal of certification and verify that all information is correct.

Legal Signature _____Date _____

Did You Remember to ✔

- ❑ Complete the recertification application in its entirety?
- ❑ Record all contact hour information on the appropriate form(s)?
- ❑ Include the appropriate fee?
- ❑ Have your employer complete his/her portion of the application?
- ❑ Sign and date the application?
- ❑ Keep a copy of the application and all supporting documents?

Mail completed application to:

NNCC
PO Box 56
Pitman, NJ 08071

Do not send copies of contact hour certificates unless requested to do so, use page 11 to report contact hours earned during the 3-year certification period.

CCHT Form 1
Continuing Education

(ALL contact hours must be earned during the three (3) year certification period)

Title of Program	Date Completed (see requirements on page 7)	Name of Provider (organization providing the continuing education)	Number of Contact Hours Awarded

This form is required if recertifying by continuing education.
Please retain all contact hour certificates in your personal file in the event of an audit.
You may make copies of this form if additional space is needed.

CCHT Form 2
Academic Credit

Course Title	Institution	Date Completed	Number of Credit Hours Awarded	Number of Contact Hours semester credit hours x 5 quarter credit hours x 3

A copy of the transcript of academic credits may be requested upon review of the application.
You may make copies of this form if additional space is needed.

CCHT®
Certified Clinical Hemodialysis Technician

Recertification By Examination Application

nncc®

Nephrology Nursing Certification Commission

Recertification by Examination Application

Applications must be postmarked on or before the certification expiration date to avoid a late fee. Applications can take up to 4 weeks from date of receipt for processing, or 1 – 3 business days if Expedited Review is selected.

Recertification fees and late fees are non-refundable.

Choose **ONLY** one of the following exam options.

❑ CBT (computer based testing)

- Postmark applications at least four (4) weeks prior to date you wish to test.
- If approved, you will receive a permit/letter with instructions on how to schedule an exam by appointment

❑ Paper/Pencil Exam Date _____ Exam city and state _____

- Postmarked on or before the application deadline date – ten (10) weeks prior to test date.

Application fee (check ALL that apply): ❑ $225 Reexamination ❑ $50 Late fee ❑ $50 Expedited Review

Payment Method (check one): ❑ Check or money order (payable to NNCC) ❑ Charge my credit card ❑ Visa ❑ MC

Be advised: We will register your name as it appears on your government issued photo ID. The line below is for application processing only.

1. Name: _____
   Last Maiden First Middle
2. Expiration date of current certification: _____
3. Last 4 digits of social security number _____ E-mail_____
4. Home/mailing address _____
   Street/P.O. Box City State Zip
5. Personal phone ❑ _____ Work phone ❑ _____
   Please check preferred contact number
6. Has your address changed in the past three (3) years? ❑ Yes ❑ No
7. Have you been employed at least 3,000 hours as a Dialysis Technician in the last three (3) years? ❑ yes ❑ no
8. Total years of experience as a dialysis technician _____
9. Highest level of education completed:
   ❑ High School Diploma/GED ❑ Associate degree ❑ Bachelor's Degree
   ❑ Master's degree ❑ Doctorate ❑ LPN/LVN

Credit Card Authorization Form

The NNCC accepts only Visa and MasterCard credit cards.

Name: _____

Address: (as it appears on your credit card statement)

_____

City: _____

State: _____ Zip: _____ Country:_____

Home telephone: _____

Work telephone: _____

Charge my: ❑ Visa ❑ MasterCard the amount of $_____

Card number:_____

CVV_____ Expiration date: _____

_____
Authorized Signature

10. Verification of Employment

I hereby verify that this individual has worked as a dialysis patient care technician for 3,000 hours within the last three (3) years.

Signature of current or most recent supervisor_____ Date _____

Title of supervisor _____

Supervisor's E-mail _____

Institution _____ Phone _____

Business address _____

The occurrence of any of the following actions will result in the denial, suspension, or revocation of the Certification:

- Falsification of the NNCC application
- Falsification of any materials or information requested by the NNCC
- Any restrictions such as revocation, suspension, probation, or other sanctions brought against the applicant by a state, federal, or other agency
- Misrepresentation of CCHT status
- Cheating on the CCHT examination
- Applicable state and/or federal sanctions

PLEASE READ AND SIGN THE STATEMENT OF UNDERSTANDING BELOW:

I hereby attest that I have read and understand the Nephrology Nursing Certification Commission's (NNCC) policy on denial, suspension, or revocation of certification and that its terms shall be binding on all applicants for certification and all Certified Clinical Hemodialysis Technicians for the duration of their certification. I hereby attest that I have read and agree to the Deadlines, Cancellations, and Rescheduling policy for retesting found on page 3 of the Certification Examination Application booklet, and have read and agree to the Fee Schedule information found on page 3 of this application booklet. I also hereby attest that I have read, understand, and agree to abide by the policies stated on the NNCC website and in the most current recertification application booklet.

I understand that maintaining certification depends upon successful completion of the specified requirements. I further understand that the information obtained in the certification process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information from my certification records shall be held in confidence and shall not be used for any other purpose without my permission; however, after successful completetion of the recertification requirements, the NNCC reserves the right to continue to publish my name and expiration date by state on the NNCC website. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that the Nephrology Nursing Certification Commission reserves the right to verify any or all information on this application.

I hereby apply for renewal of certification and verify that all information is correct.

Legal Signature _____Date _____

Did You Remember to ✔

- ❑ Complete the recertification application in its entirety?
- ❑ Include the appropriate fee?
- ❑ Have your employer complete his/her portion of the application in it's entirety?
- ❑ Sign and date the application?
- ❑ Keep a copy of the application and all supporting documents?
- ❑ Include a copy of our current, government issued photo ID.

Mail completed application to:

NNCC
PO Box 56
Pitman, NJ 08071

CCHTe®
Certified Clinical
Hemodialysis Technician emeritus

Emeritus Status Application

nncc®

Nephrology Nursing
Certification Commission

CCHTe®

Emeritus Status Application

To obtain Emeritus status, the applicant must meet the following criteria: the certificant must be older than 50 years of age, must have previously held an NNCC credential, and must not be actively practicing.

If approved, the certificant may use the Emeritus credential to acknowledge previous attainment of the active credential and the accomplishments it signifies in correspondence and in attendance at nephrology related events.

If the certificant chooses to return to practice and wishes to reaccquire the active credential he/she must meet current eligibility criteria and again certify by examination.

INSTRUCTIONS

Complete the application for Emeritus status and submit a copy of your government issued photo ID. Please print or type all information requested. The application must be completed and signed to be processed. Applications for Emeritus Certification Status must be received by the certification expiration date.

Application Fee ❑ $100

Payment Method (check one): ❑ Check or money order (payable to NNCC) ❑ Charge my credit card ❑ Visa ❑ MC

1. Name_____
Last Maiden First Middle

2. Expiration date of current certification _____

3. Home address _____
Street City State Zip

4. Personal phone _____

5. Fax _____ E-Mail_____Last 4 digits of social security number_____

6. Has your address changed in the past three (3) years? ❑ yes ❑ no

I hereby attest that I have read and understand the NNCC information provided in this application booklet. I hereby apply for Emeritus Certification Status and verify that all information is correct.

Legal Signature _____Date _____

Credit Card Authorization Form

The NNCC accepts only Visa and MasterCard credit cards.

Name: _____

Address: (as it appears on your credit card statement)

_____

City: _____

State: _____ Zip: _____ Country:_____

Home telephone: _____

Work telephone: _____

Charge my: ❑ Visa ❑ MasterCard the amount of $_____

Card number:_____

CVV_____ Expiration date: _____

_____
Authorized Signature

Did You Remember to ✔

- ❑ Complete Emeritus Status Application?
- ❑ Include a copy of Government Issued Photo ID?
- ❑ Include the appropriate fee?
- ❑ Sign and date the application?

Mail to NNCC:

PO Box 56
Pitman, NJ 08071-0056