



**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 CBT or PPE

** CHT Spanish exam is PPE only*

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

_____ Signature

Payment Options:

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

Amount to be Charged (**CIRCLE ONE**): **CBT: \$250** or **PPE: \$220**

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