






Application for Certification

1-1-12

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.
- Include two signed letters of recommendation to verify length of employment, character and 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).
- Sign and date the application form.
- Certified Hemodialysis or Peritoneal Dialysis Nurse examinations:** include a photocopy of your current, valid nurse's license with the expiration date clearly visible.
- Certified Hemodialysis Technologist/Technician:** include a 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. 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.
- LVN/LPN** applicants must provide written verification of two years experience in ESRD in a nursing capacity.
- 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 MasterCard or VISA, 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.

| Examination Fees | | |
|---|--|--|
| Country |  Paper & Pencil Exam |  Computer Based Testing |
| First-time Candidates <small>* New fees for Applications postmarked 6/1/12 or later.</small> | | |
| USA | \$200 (\$210*) | \$225 (\$240*) |
| International** | \$230 (\$240*) | \$240 (\$250*) |
| Repeat Candidates Within One Year <small>Postmarked before 6/1/12. After 6/1/12 see new fees above.</small> | | |
| USA | \$160 | \$185 |
| International** | \$230 | \$240 |

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

| Additional Fees | |
|--------------------------------|------|
| Incomplete Application Penalty | \$30 |
| Exam Withdrawals & Transfers | \$65 |
| Insufficient Funds Fee | \$50 |

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 _____ |
|------------------|------------|---------|

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



Name Mr. Ms. _____
Current Legal Last Name Maiden or Previous Legal Last Name Legal First Name Middle Name

Home Address _____
Street Apt. #

_____ City State Zip Country

Work Phone () _____ Home Phone () _____ Fax () _____

E-mail _____ Social Security # _____ Date of Birth ____/____/____

| Examination Type (check one): | | |
|------------------------------------|---|---|
| Examination Method |  |  |
| First Exam | <input type="checkbox"/> | <input type="checkbox"/> |
| Within 1 year of first BONENT exam | <input type="checkbox"/> | <input type="checkbox"/> |
| Locations Outside US* | <input type="checkbox"/> | <input type="checkbox"/> |

Payment Information: Check/Money Order: Make payable to BONENT
 Credit Card: MasterCard Visa AMEX

Credit Card Number _____ Exp. Date _____


Cardholder's Name as it appears on card (PRINT) _____


Cardholder's Signature _____

For which BONENT certification examination are you applying?

Certified Hemodialysis Technologist/Technician (CHT)
 Certified Hemodialysis Nurse (CHN)
 Certified Peritoneal Dialysis Nurse (CPDN)

Exam Method & Location (check one)

 Site _____
City _____ State _____ Date _____

 (You schedule your exam and location online only after receipt of a BONENT Confirmation Letter)

Professional Category (A copy of your current nurses license must be attached for the nursing examinations.)
 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 Diploma or Equivalent Bachelor's Degree – Other _____
 Technical/Vocational School Master's Degree – Nursing
 Associate Degree – Nursing Master's Degree – Other _____
 Associate Degree – Other _____ Doctorate
 Bachelor's Degree – Nursing

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 Verification As the immediate supervisor of the dialysis unit, the following signature certifies that the above employment information is correct.

Current Supervisor* MUST Complete this entire section and Sign.

Current Supervisor (please print or type) _____ Title _____

Facility Name _____ Facility Address _____ City _____ State _____ Zip _____ Country _____

Phone _____ Signature _____ Date _____

*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.

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, nurse's license or equivalent, marriage certificate or court documents proving name change (if applicable)
 Included two signed letters of reference that verify experience [see #3 in "Instructions"]
 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 FEE \$30
Assessed on incomplete applications.

Transfers & Withdrawals \$65

Insufficient Funds Fee \$50

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 Inc., Nursing and Technology 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 Inc., Nursing and Technology 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.

Applicant's Signature _____ Date _____

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

 **Mail to: BONENT Executive Office: 1901 Pennsylvania Ave, NW, Suite 607, Washington, DC 20006**