

CBT No-Show Reactivation Form

4-20-09

1. Complete ALL sections of the application. Please type or print legibly in ink.
2. Sign and date the reactivation form.
3. Mail or fax the completed, signed reactivation form, and the \$125 examination fee to the BONENT Executive Office.

Fees	
CBT No-Show Reactivation Fee	\$125
Incomplete Application Penalty	\$30
Insufficient Funds Fee	\$50

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

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

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

Home Address _____
City State Zip

Facility Name _____

Work Address _____
City State Zip

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

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

<p>For which BONENT certification examination are you applying?</p> <p><input type="checkbox"/> Certified Hemodialysis Technologist/Technician (CHT)</p> <p><input type="checkbox"/> Certified Hemodialysis Nurse (CHN)</p> <p><input type="checkbox"/> Certified Peritoneal Dialysis Nurse (CPDN)</p> <p>Date you previously attempted the examination <input type="text"/></p>	<p>Payment Information: <input type="checkbox"/> Check/Money Order: Make payable to BONENT</p> <p>Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa</p> <p>Credit Card Number _____ Exp. Date _____</p> <p>Cardholder's Name (PRINT) _____</p> <p>Cardholder's Signature _____</p>
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Deadline:

The CBT No-Show Reactivation Form and payment must be submitted to the BONENT Executive Office, postmarked or faxed, no more than 14 days after the missed exam date.

Your original 6-month timeframe to take the CBT exam will still apply.

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

Fax to: (202) 463-1257

Applicant's Signature _____

Date _____

BONENT Office Use Only:

PM _____	# _____	Amt. _____	I _____
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