



Recertification by Examination Application

Application must be postmarked on or before certification expiration date to avoid a late fee. Please print or type all information requested. Incomplete or illegible applications will be returned to the certificant.

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): \$250 Reexamination \$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/mailling address _____
Street/PO. Box City State Zip

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

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

7. If registered in your state, please provide the following:
 State _____ Reg # _____ Exp date _____

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

9. Total years of experience as a dialysis technician _____

10. 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. Home telephone: _____

Name: _____ Work telephone: _____

Address: (as it appears on your credit card statement) Charge my: Visa MasterCard the amount of \$ _____

_____ Card number: _____ CVV _____

City: _____ Expiration date: _____

State: _____ Zip: _____ Country: _____

Authorized Signature _____

11. 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 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 completion 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 its entirety?
- 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