



GUIDELINES FOR RECERTIFICATION THROUGH CONTINUING EDUCATION FOR CLINICAL NEPHROLOGY TECHNOLOGY, BIOMEDICAL NEPHROLOGY TECHNOLOGY, AND DIALYSIS WATER SPECIALIST

APPLICATION DEADLINES

In order to be acceptable, applications must be postmarked no later than the deadline specified for the expiration month on your reminder letter. **If you wish to receive your new certificate prior to your expiration date, then you must submit your application one month prior to your expiration date. For example, an expiration date of 1/31 would require that NNCO receive your application by 12/31.**

QUALIFICATION CRITERIA

To apply for NNCO recertification through continuing education, 30 contact hours (CH) related to the practice of nephrology technology must be submitted for consideration. A maximum of 15 CH may be from employment in the nephrology business network. All CH must have been completed during the four years prior to the candidate's certification renewal date and may be accumulated in any combination of the following:

- A. CONTINUING EDUCATION PROGRAMS.** These may include workshops, seminars, professional development offerings, home-study courses, and local, regional, state or national conferences approved or provided by an accredited organization or state nurses association. The CH provider/sponsor must be identified sufficiently to allow a reviewer to recognize the organization. Use state abbreviations, names of nursing organization, names of hospitals, colleges, etc.
- B. EMPLOYMENT.** Each year of employment in the nephrology business network will be considered as 3.75 contact hours. A maximum of 15 contact hours will be eligible.
- C. ONLINE PRACTICE TEST.** Take the Online Practice Test in Biomedical Nephrology Technology or the Online Practice Test in Clinical Nephrology Technology and submit a copy of the Test Completion Report. Go to <http://ptcny.com/test-sponsors/nnco/> for detailed information. Completion of the Online Practice Test will be considered as 2 contact hours.
- D. WRITING TEST QUESTIONS.** Write and submit with your Recertification Application multiple-choice test questions appropriate for the NNCO Certification Examinations. Submission of 5 test questions will be considered as 2 contact hours. Submission of 10 test questions will be considered as 4 contact hours. A maximum of 4 contact hours will be allowed for the submission of test questions.

All CH information must be listed on the Application for Recertification through Continuing Education for Clinical Nephrology Technology, Biomedical Nephrology Technology, and Dialysis Water Specialist and must include date, program title, CH provider or sponsor, and number of CH awarded. Candidates will be notified of application evaluation within six weeks following the anniversary of the original testing date. If criteria are deemed fulfilled, a new four year certificate, effective as of the renewal date, will be issued to the CBNT, CCNT, or CDWS.

Applications for Recertification must be postmarked prior to the deadlines specified for the expiration months shown above.

Recertification may be denied for failure to meet the criteria of 30 CH, falsification or misrepresentation of CH information, failure to apply before the deadline, or failure to verify CH information when proper documentation is requested. All applications are subject to potential audit. Applications will be randomly selected for audit. Copies of certificates will be requested. Selection of Applications for audit will be made upon their receipt, and the candidate will receive written notice of the audit at that time. It is suggested that all CH material be retained for at least one year after recertification.

The Appeals Committee of the NNCO provides the appeal mechanism for challenging the denial of recertification. It is the responsibility of the candidate to initiate the process in writing.

Any candidate who fails to achieve recertification by CH will be allowed to apply for the examination if it is within the recertification renewal date. Certification does not lapse until the examination results are determined. Once certification has lapsed or if a candidate does not meet CH renewal requirements or fails the examination, the candidate must start the certification process from the beginning by meeting current eligibility requirements.

Applications for Recertification through Continuing Education for Clinical Nephrology Technology, Biomedical Nephrology Technology, and Dialysis Water Specialist are available from NNCO c/o Professional Testing Corporation, 1350 Broadway, Suite 800, New York, New York 10018, (212) 356-0660, ptcny@ptcny.com.

COMPLETION OF APPLICATION

PAGES 1 and 2

In the **Candidate Information Box** on page 1 of the Application, print your name, complete address, telephone numbers, and certification dates in the rows of empty boxes, as shown in the marking sample.

IMPORTANT: At the bottom of the Candidate Information box, indicate the date(s) of your original NNCO certification and (if applicable) recertification.

The **Eligibility and Background Information Box** beginning on page 1 of the Application contains a series of questions identified by the letters A, B, C, D, etc. Fill in the oval that reflects your response to each question. **NOTE: All questions must be answered.**

Be certain to fill the corresponding ovals completely. Do not make x's, dots, circles, or check marks, but fill the oval completely making your marks dark.

OPTIONAL INFORMATION: The information requested on page 2 relating to race, age and gender is optional. It is requested to assist in complying with equal opportunity guidelines. It will be used only in statistical summaries and will in no way affect your recertification.

CANDIDATE SIGNATURE: Sign and date the application in the space provided on page 2.

PAGES 3 and 4

Following the directions on pages 3 and 4, complete Sections A through E in full.

Sign and date the authorizing statement in Section F on page 4. **NOTE: Unsigned applications will not be accepted.** Mail the completed application with the appropriate fee to:

**NNCO RECERTIFICATION
Professional Testing Corporation
1350 BROADWAY, SUITE 800
NEW YORK, NY 10018**

FEES

Application fee for NNCO Recertification through Continuing Education for Clinical Nephrology Technology, Biomedical Nephrology Technology, and Dialysis Water Specialist: \$160.00

MAKE CHECK OR MONEY ORDER PAYABLE TO:

PROFESSIONAL TESTING CORPORATION

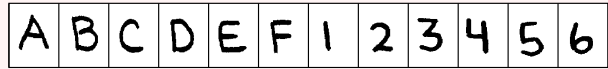
Credit cards are also accepted. Complete and sign the credit card payment form on the Application.

Note: There will be no refunds of recertification application fees.



Clinical Nephrology Technology, Biomedical Nephrology Technology, and Dialysis Water Specialist

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.



Candidate Information

Please enter your Name exactly as it appears on your current Government-Issued Photo I.D.

Mr. First Name _____ Middle Initial _____
 Mrs. _____
 Ms. _____
 Dr. _____

Last Name _____ Suffix (Jr., Sr., etc.) _____

Home Address - Number and Street _____ Apartment Number _____

City _____ State/Province _____ Zip/Postal Code _____

Daytime Phone _____ - _____ - _____ Evening Phone _____ - _____ - _____

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)

Date of Initial Certification (mm/dd/yyyy) _____ / _____ / _____ Date of Most Recent Certification (mm/dd/yyyy) _____ / _____ / _____

Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

A. FOR WHICH RECERTIFICATION ARE YOU APPLYING:

- Clinical Nephrology Technology
- Biomedical Nephrology Technology
- Dialysis Water Specialist

B. WHICH ARE YOU CURRENTLY CERTIFIED IN:

(Darken only one response.)

- Certified Clinical Nephrology Technology (CCNT)

CURRENT CCNT CERTIFICATE # _____

- Certified Biomedical Nephrology Technology (CBNT)

CURRENT CBNT CERTIFICATE # _____

- Certified Dialysis Water Specialist (CDWS)

CURRENT CDWS CERTIFICATE # _____

Enter month/year certification lapses:

CCNT: ____ / ____
 CBNT: ____ / ____
 CDWS: ____ / ____

C. EXPERIENCE IN THE FIELD OF NEPHROLOGY:

- 2 to 4 years
- 5 to 10 years
- More than 10 years

D. CURRENT PRIMARY POSITION: (Darken one response.)

- Patient Care Technician
- Equipment Technician
- Chief Technician
- Reuse Technician
- Administrator
- Student
- Field Service Technician
- Other (specify): _____

E. PRIMARY FORM OF DIALYSIS IN WHICH YOU ARE INVOLVED: (Darken only one response.)

- Chronic Hemodialysis
- Home Hemodialysis
- PD
- In-Patient Hemodialysis
- Other (specify): _____

F. PRIMARY AREAS OF DIALYSIS IN WHICH YOU ARE INVOLVED:

- Patient Care
- Administration
- Equipment Maintenance
- Transplant
- Water Treatment
- Reuse
- Other (specify below): _____

G. PERCENT OF WORKING TIME YOU CURRENTLY SPEND IN NEPHROLOGY TECHNOLOGY:

- Less than 25%
- 25 to 50%
- 51 to 75%
- Over 75%

(Continue on page 2)





Clinical Nephrology Technology, Biomedical Nephrology Technology, and Dialysis Water Specialist

Eligibility and Background Information

<p>H. EMPLOYMENT SETTING:</p> <p><input type="radio"/> Community Hospital <input type="radio"/> Manufacturer/Supplier</p> <p><input type="radio"/> University Medical Center <input type="radio"/> Other (specify below): _____</p> <p><input type="radio"/> Free Standing Unit _____</p> <p>I. HIGHEST ACADEMIC LEVEL:</p> <p><input type="radio"/> High School Diploma or Equivalent</p> <p><input type="radio"/> Certificate in Nephrology Technology</p> <p><input type="radio"/> Associate's Degree</p> <p><input type="radio"/> Bachelor's Degree</p> <p><input type="radio"/> Master's Degree</p> <p><input type="radio"/> Doctorate</p> <p>J. ARE YOU A MEMBER OF NANT?*</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes: Membership # _____</p>	<p>K. ARE YOU A MEMBER OF AAMI?*</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes: Membership # _____</p> <p>L. ARE YOU A MEMBER OF ANNA?*</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes: Membership # _____</p> <p style="text-align: center;"><i>*Note: Membership is not required.</i></p> <p>M. ARE YOU AN LPN/LVN?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>N. ARE YOU AN RN?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>O. RECORD TOTAL NUMBER OF CONTACT HOURS FROM PAGE 4.</p> <table border="1" style="float: right;"> <tr><td colspan="3">Contact Hours</td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table>	Contact Hours					
Contact Hours							

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your recertification.

Race:	Age Range:	Gender:
<input type="radio"/> African American <input type="radio"/> Native American	<input type="radio"/> Under 25 <input type="radio"/> 40 to 49	<input type="radio"/> Male
<input type="radio"/> Asian <input type="radio"/> White	<input type="radio"/> 25 to 29 <input type="radio"/> 50 to 59	<input type="radio"/> Female
<input type="radio"/> Hispanic <input type="radio"/> No Response	<input type="radio"/> 30 to 39 <input type="radio"/> 60+	

Candidate Signature

I have read the Guidelines for Recertification and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with instructions and is accurate, correct, and complete.

CANDIDATE SIGNATURE: _____ **DATE:** _____

CREDIT CARD PAYMENT *If you want to charge your application fee on your credit card provide all of the following information.*

Name (as it appears on your card): _____

Address (as it appears on your statement): _____

Charge my credit card for the total fee of: \$

Expiration date (month/year): /

Card type: Visa MasterCard American Express

Card Number:

SIGNATURE: _____

FOR OFFICE USE ONLY

Date: _____

Fee:

CC Check

