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://www.ptcny.com/clients/NNCO/index.html 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, 17th Floor, 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, 17th FLOOR
NEW YORK, NY 10018

FEES

Application fee for NNCO Recertification through Continuing Education for Clinical Nephrology Technology, Biomedical Nephrology Technology, and Dialysis Water Specialist: $150.00

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.

NATIONAL NEPHROLOGY NNCO CERTIFICATION ORGANIZATION

Application for Recertification for

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. →

A B C D E F 1 2 3 4 5 6

Candidate Information

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

◯ Mr. ◯ Mrs. ◯ Ms. ◯ Dr.

First Name

Middle Initial

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 ◯ Administrator
◯ Equipment Technician ◯ Student
◯ Chief Technician ◯ Field Service Technician
◯ Reuse Technician ◯ Other (specify): _____

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

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

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

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

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

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

(Continue on page 2)

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Application for Recertification for

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

Eligibility and Background Information

H. EMPLOYMENT SETTING:

- ○ Community Hospital
- ○ University Medical Center
- ○ Free Standing Unit
- ○ Manufacturer/Supplier
- ○ Other (specify below): _____

I. HIGHEST ACADEMIC LEVEL:

- ○ High School Diploma or Equivalent
- ○ Certificate in Nephrology Technology
- ○ Associate's Degree
- ○ Bachelor's Degree
- ○ Master's Degree
- ○ Doctorate

J. ARE YOU A MEMBER OF NANT?*

- ○ No
- ○ Yes: Membership # _____

K. ARE YOU A MEMBER OF AAMI?*

- ○ No
- ○ Yes: Membership # _____

L. ARE YOU A MEMBER OF ANNA?*

- ○ No
- ○ Yes: Membership # _____

***Note:** Membership is not required.*

M. ARE YOU AN LPN/LVN?

○ No ○ Yes

N. ARE YOU AN RN?

○ No ○ Yes

O. RECORD TOTAL NUMBER OF CONTACT HOURS FROM PAGE 4.

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:

- ○ African American
- ○ Asian
- ○ Hispanic
- ○ Native American
- ○ White
- ○ No Response

Age Range:

- ○ Under 25
- ○ 25 to 29
- ○ 30 to 39
- ○ 40 to 49
- ○ 50 to 59
- ○ 60+

Gender:

- ○ Male
- ○ Female

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

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 ALL RIGHTS RESERVED

Name_____ Certificate Number_____ Specialty: ___CBNT ___CCNT ___CDWS

Application for Recertification through Continuing Education for Clinical Nephrology Technology, Biomedical Nephrology Technology, Dialysis Water Specialist

Directions: To recertify through continuing education, the candidate must document 30 contact hours (CH) related to the practice of nephrology technology. A maximum of 15 contact hours may be from employment in the nephrology business network. All applicable contact hours must have been completed during the four years preceding the candidate's certification renewal date. Candidates are responsible for maintaining continuing education records used for this application. All applications are subject to audit and may be randomly selected for verification of the information provided. Candidates whose applications are selected for audit will be notified on receipt of application and will be requested to document all entries.

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. Candidates must have written documentation of the number of hours for each program completed. List programs in date order, beginning with the most recent. Print or type all information.

Mo/Yr of Program	Program Title	Program Code *	Program Provider	Number of Contact Hours

* Program Code: **W** = Workshop/Seminar, **C** = Conferences, **H** = Homestudy/Correspondence, **I** = Internet **O** = Other

List additional programs on a separate sheet, if needed. Enclose with, but do not staple to application.

ENTER TOTAL NUMBER OF HOURS OF CONTACT HOURS: _____

Application for Recertification through Continuing Education for Clinical Nephrology Technology, Biomedical Nephrology Technology, Dialysis Water Specialist

B. EMPLOYMENT: List employment in date order beginning with the most recent. Print or type all information. (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.)

Position/Title	Name of Institution	Address	Phone Number	Supervisor's Name	Number of Contact Hours

C. For two contact hour credits, attach a copy of the Online Practice Test Completion Report.

D. If claiming contact hour credits for writing test questions, please submit 5 multiple choice questions for every 2 contact hour credits. A maximum of 4 contact hours (10 questions) may be earned this way.

All questions must be multiple choice, with 4 options, only one of which is correct. Correct response must be identified.

Type the questions on a separate sheet of paper but do not staple to application.

TOTAL CONTACT HOURS EMPLOYMENT: _____
TOTAL CONTACT HOURS PRACTICE TEST: _____
TOTAL CONTACT HOURS EXAM QUESTIONS: _____
TOTAL CONTACT HOURS PAGE 3: _____
GRAND TOTAL: _____

E. Before signing Candidate Affirmation, PRINT your name exactly as it appears on your current NNCO Certificate:

_____
Name (PRINT)

_____
Certificate Number

F. CANDIDATE AFFIRMATION/AUTHORIZATION

I affirm that all statements given on this Application are true and correct to the best of my knowledge and that NNCO is hereby authorized to contact any organization or individual listed hereon to verify my continuing education history.

_____
SIGNATURE Date

Mail all four completed pages along with the appropriate fee to:

NNCO Recertification
Professional Testing Corporation
1350 Broadway, 17th Floor
New York, NY 10018