

# Certification Examination Application Booklet

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**Mission**

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The Nephrology Nursing Certification Commission (NNCC) exists to establish credentialing mechanisms to promote patient safety and to improve the quality of care provided to patients with kidney disease.

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**Philosophy**

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The Nephrology Nursing Certification Commission supports the philosophy that there should be a diversity of examinations that will effectively provide the opportunity for certification at various levels of education, experience, and areas of practice within nephrology nursing.

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**Purpose**

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To improve and maintain the quality of professional nephrology nursing care through the development, administration, and supervision of a certification program in nephrology nursing. To engage in any and all necessary and lawful activities to implement the foregoing purpose and to exercise all powers and authority now or hereafter conferred upon not-for-profit corporations under the laws of the state of New Jersey.

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**About NNCC**

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Formerly known as the Nephrology Nursing Certification Board (NNCB), the Nephrology Nursing Certification Commission (NNCC) was established in 1987 for the purpose of promoting the highest standards of nephrology nursing practice through the development, implementation, coordination, and evaluation of all aspects of the certification and recertification processes. The NNCC is national in scope, is separately incorporated, and is an independent organization that collaborates with the Center for Nursing Education and Testing (C-NET) in test development, test administration, and test evaluation. The Commission is comprised of registered nurses with content expertise in nephrology nursing.

The development of certification examinations for the specialty of nephrology nursing is based on the Dreyfus Model of Skill Acquisition as adapted by Patricia Benner, RN, PhD to clinical nursing practice. The model is founded on descriptive research that identifies five levels of clinical nursing practice, also referred to as levels of professional development. These levels – novice, advanced beginner, competent, proficient, and expert – were described in the words of nurses who were interviewed and observed either individually or in small groups. The levels of professional development address the scope of nursing practice not the quality of a nurse's performance. The NNCC bases the development of its examinations on practice analyses that define the scope and description of professional nursing practice in nephrology.

The Certified Nephrology Nurse (CNN) examination was created to test the broad scope of nephrology nursing practice at a proficient level. The Certified Dialysis Nurse (CDN) examination was created to test entry-level nephrology nurses practicing at a competent level in the dialysis setting. The Certified Nephrology Nurse - Nurse Practitioner (CNN-NP) Examination was created to test nurse practitioners practicing in all nephrology settings at a competent level. These examinations are endorsed by the American Nephrology Nurses' Association (ANNA). In addition,

the NNCC continues to regularly collect data through national practice surveys regarding the knowledge, skills, and abilities of nurses practicing in nephrology settings.

In 1997, a joint task force was created by ANNA and the National Association of Nephrology Technicians/Technologists (NANT) to improve the education, training, and competency assessment of unlicensed personnel working in dialysis facilities. The task force developed a standardized program for education and training of hemodialysis technicians. Following this, a special committee was created to develop an entry-level competency test. The NNCC, as an examination board, was asked to administer the test and certify hemodialysis technicians for initial competencies in knowledge, skills, and abilities. The test, known as the Certified Clinical Hemodialysis Technician (CCHT) examination, is endorsed by ANNA and NANT, and is regularly updated using national data from job surveys.

An expanded job analysis/role delineation survey conducted in 2010/2011 for non-RN staff provided data on the roles and scopes of practice for experienced technicians and licensed practical nurses/licensed vocational nurses working within the nephrology nursing workforce. Based on the results of that survey, two additional examinations were developed – the Certified Clinical Hemodialysis Technician – Advanced (CCHT-A) exam, and the Certified Dialysis – Licensed Practical Nurse/Vocational Nurse (CD-LPN/LVN) exam. Both exams were offered beginning October 2012.

The Center for Nursing Education and Testing (C-NET) was chosen by the NNCC to provide testing and evaluation services to meet nephrology nursing's assessment needs. The NNCC and C-NET conduct practice analyses of nephrology nursing practice and job analyses of hemodialysis technicians. Collaboratively, NNCC and C-NET develop and administer examinations to nephrology caregivers.

The NNCC believes that the attainment of a common knowledge base, utilization of the nursing process, and a predetermined level of skill in the practice setting are required for practice in nephrology nursing. Certification exists primarily to benefit the public, and the NNCC believes that nurses and technicians providing care to patients with kidney disease should demonstrate a minimum level of knowledge, skills, and abilities. Certification also provides professional recognition for these achievements. The Commission recognizes the value of education, administration, research, and clinical practice in fostering personal and professional growth and provides examinations to validate this performance.

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**ABNS and ABSNC Accreditation**

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The American Board of Nursing Specialties (ABNS), established in 1991, is a not-for-profit, membership organization focused on consumer protection and improving patient outcomes by promoting specialty nursing certification. The Accreditation Board for Specialty Nursing Certification (ABSNC), formerly the ABNS Accreditation Council, is the only accrediting body specifically for nursing certification. ABSNC accreditation is a peer-review mechanism that allows nursing certification organizations to obtain accreditation by demonstrating compliance with the highest quality standards in the industry.

The NNCC is a charter member of the ABNS and the Certified Nephrology Nurse (CNN) certification program was one of the first national certification programs to be recognized and accredited.

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**Deadlines, Cancellations, and Rescheduling**

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**Submissions for Computer-Based Testing (CBT)****Deadlines**

There is no submission deadline for the CBT format.

**Refunds**

Applicants requesting a refund must first cancel any scheduled exam date previously booked with the computer-based testing agency. Written refund requests must be submitted by the payee and received by C-NET no later than two (2) weeks prior to the close of the 90-day testing window printed on the permit. Refund requests received after this time will not be considered. A refund request must include the applicant's full name, the last four digits of the social security number and the name of the exam being cancelled or the request will not be considered. Refunds are issued minus an application processing fee and any other non-refundable fees.

**Reschedule Requests**

To reschedule a CBT exam, the applicant must contact the computer-based testing agency by calling the number provided on the CBT examination permit no less than 48 hours prior to the scheduled exam. Reschedule requests or cancellations made less than 48 hours prior to the scheduled exam will not be accepted, and the applicant must either test as scheduled or be considered a 'no-show.' No-show applicants may still qualify for a special permit extension, but the applicant must contact C-NET in writing before the close of their 90-day testing window. A special permit extension fee will apply.

**Special 90 Day Permit Extension**

For more information regarding special permit extension, see the section of this brochure titled, "Examination Permit"

**Submissions for Paper/Pencil Testing (P&P)****Deadlines**

The completed application and appropriate fee must be postmarked no later than the postmark deadline date specified on the examination schedule, which can be found on the NNCC website at [www.nncc-exam.org](http://www.nncc-exam.org). Applications will be accepted for an additional two weeks beyond the postmark deadline date with the addition of a late fee. **No exceptions will be made to this policy.**

**Refunds**

Written refund requests will be accepted by C-NET no later than two (2) weeks prior to the examination date and must be submitted by the payee. Refund requests received after this time will not be considered. The request must include the applicant's full name, the last four digits of the social security number, and the name of the exam being cancelled or the request will not be considered. Refunds are issued minus an application processing fee and any other non-refundable fees.

**Reschedule Requests**

Applicants applying for the paper-and-pencil format (P&P) will be allowed one reschedule into the CBT format. Written reschedule requests must be received by C-NET no later than two (2) weeks prior to the examination date and must be submitted by the applicant. Reschedule requests received after this time will not

be accepted, and the applicant must either test as scheduled or be considered a 'no-show.' No-show applicants may still qualify for a special permit extension, but the applicant must contact C-NET in writing by the scheduled exam date (or following business day). A special permit extension fee will apply.

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**Change of Name and Address**

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The applicant will not be able to request a name change after the examination permits have been issued. The name that the applicant used on the certification examination application form is the name that is submitted to the Center for Nursing Education and Testing (C-NET) for test administration.

When the applicant appears at the test site, the name on the examination permit must match the other forms of identification. The applicant will not be allowed to sit for the examination without proper identification.

If an applicant changes his or her name and/or address, the Nephrology Nursing Certification Commission (NNCC) should be notified in writing, by fax, or by email.

**Please Note:** C-NET must determine that the applicant name and the name provided in any and all supporting documentation (i.e. high school diploma, transcript etc.) does refer to one and the same person. If this is not evident, you must include proof of a legal name change when submitting the CCHT application.

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**Disability Accommodations**

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NNCC and C-NET will make special testing arrangements to accommodate applicants with the following special needs:

- Documented disabilities that interfere with test taking (e.g., reading or learning disorders)
- Documented religious convictions that preclude Saturday testing

If you wish to make such arrangements you must notify C-NET in writing. Attach the request to the front of your CCHT application. C-NET will review your request and contact you regarding the special accommodation process. Please allow up to ten weeks to accommodate your request.

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**Examination Permit**

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**Computer-Based Testing (CBT)**

Upon approval of an examination application, the applicant will receive an examination permit by mail.

The permit will include a toll-free number that the applicant must call to schedule the exam at the computer-based testing location of choice. The computer-based testing agency will send a follow-up email to the applicant confirming the exam site, date, and time that the applicant has chosen.

If the applicant does not receive an examination permit within 4 - 6 weeks of submission, notify C-NET by calling 800.463.0786.

- Applicants will not be admitted to the examination without an examination permit.
- Substitution of an applicant cannot be made and no such request will be honored.

The examination permit will remain active for a period of 90 days (from the date of issue). The applicant must test within the 90-day window printed on the permit. If the applicant does not test by the end of the 90-day window, both the examination permit

and exam application will expire. The applicant must then submit a new application and fee for the exam before being allowed to test.

### **Special Permit Extension**

C-NET will grant a special permit extension to untested applicants who require a new 90-day window. Only one special permit extension will be granted per qualifying applicant and the permit extension will only allow for testing in the CBT format. Applicants requesting a special permit extension must contact C-NET in writing before the close of the 90-day testing window. A special permit extension fee will apply.

### **Paper/Pencil Exam (P&P)**

Upon approval of an examination application, the applicant will receive an examination permit from C-NET. The permit will include the examination date, examination site address, and the time the applicant is to report to the examination site.

If an examination permit is not received within seven (7) days prior to the examination date, notify C-NET by calling 800.463.0786. If an examination permit is lost, C-NET should be notified immediately.

- Applicants will not be admitted to the examination without an examination permit.
- Substitution of applicants cannot be made and no such requests will be honored.

### ***Preparation for the Examination***

The NNCC suggests using current resources to help you study for the CCHT examination.

Please see NNCC website ([www.nncc-exam.org](http://www.nncc-exam.org)) for the current reference list found under CCHT: Prepare for the CCHT Exam.

**The NNCC does not offer contact hours or review courses.**

A variety of continuing education activities designed to prepare individuals as patient care technicians are available through:

- American Nephrology Nurses' Association at [www.anna-nurse.org](http://www.anna-nurse.org) or 888.600.2662
- National Association of Nephrology Technicians/Technologists at [www.dialysistech.net](http://www.dialysistech.net) or toll free at 877.607.6268

### ***Materials to Bring to the Examination***

Applicants arriving at the examination site must present the following when checking in:

- The original C-NET examination permit
  - Copies of the examination permit will not be accepted.
- A photo and signature bearing government issued identification card, (e.g., applicant's drivers license)
  - Applicants who appear without photo identification will not be permitted to sit for the examination.

The name appearing on the applicant's photo identification card must be the same as the name appearing on the examination permit.

Reference books, notes, or other study materials may not be brought into the examination room. Examination questions do not include calculations that require a calculator. Personal belongings must be placed away from the examinee's immediate test area. All cell phones, pagers and other communication devices must be turned off and put away.

### ***Taking the Examination***

The certification examinations are multiple-choice tests. It is important to read each question carefully and choose the one answer that you think answers the question correctly. There is no penalty for guessing, so an educated guess is appropriate if you are unsure of the answer. Three (3) hours are allotted to complete the examination.

### ***Inappropriate Behavior During the Examination***

The performance of all examinees will be monitored. Any examinee who gives or receives assistance, or otherwise engages in dishonest or improper behavior during the examination, may be required to cease taking the examination and leave the examination site. The examination manager will notify the C-NET office of any inappropriate behavior. The C-NET personnel will then notify the NNCC Executive Director.

After reviewing a reported incident, the NNCC will determine whether there is reason to allow the individual to retake the examination, refuse to release test results, or revoke the individual's eligibility to sit for future examinations.

Any individual who removes or attempts to remove materials from the examination site, or who discloses, reproduces, distributes, or otherwise misuses a test question from a certification examination, may face legal action.

### ***Examination Results and Notification***

#### **Computer-Based Test (CBT)**

Scores will be available immediately upon completion of the examination.

- A total score will be provided for examinees who successfully pass the examination.
- 74% of the test items must be answered correctly to receive a passing score.
- A total score and subscores in all the major test areas of concentration will be provided for examinees who do not pass the examination.

#### **Paper/Pencil Exam**

Applicants taking a paper/pencil exam will be notified of their scores approximately 4 – 6 weeks after test administration. C-NET will mail all examination scores to the examinee.

For both computer-based and paper/pencil test administration:

- A total score will be provided for examinees who successfully pass the examination.
- 74% of the test items must be answered correctly to receive a passing score.
- A total score and sub scores in all the major test areas of concentration will be provided for examinees who do not pass the examination.

### ***Confidentiality***

To insure the security of the examination, the test materials are confidential and will not be released to any person or agency. An applicant's individual test results will be released only upon the applicant's written request. The NNCC reserves the right to post a successful applicant's name and certification expiration date on the NNCC website. Names are posted by state of residence.

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***Recognition of Certification***

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Certification is awarded to those who successfully complete the certification process by meeting the eligibility criteria and passing a written multiple-choice examination. The designated credential is Certified Clinical Hemodialysis Technician (CCHT) and is valid for three (3) years from the last day of the month in which the certificant passed the examination. The credential may be used in all professional activities and correspondence.

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***Wall Certificate and Wallet Card***

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The NNCC will mail out to all successful examinees a packet containing a wall certificate suitable for framing and a wallet card displaying an expiration date. Only one wall certificate will be issued; however, a new wallet card will be provided after each successful recertification.

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***Denial, Suspension, or Revocation of Certification/Recertification***

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The occurrence of any of the following actions will result in the denial, suspension, or revocation of the certification:

- Failure to meet all eligibility criteria for certification/recertification
- 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 of professional RN license by a nursing authority
- Misrepresentation of certification status
- Cheating on the examination
- Applicable state and/or federal sanctions
- Failure to meet continuing education criteria
- Failure to meet work experience requirements

The NNCC reserves the right to investigate all suspected/reported violations and, if appropriate, notify the applicant/certificant's employer/State Board of Nursing.

The applicant/certificant will be notified in writing of NNCC's decision(s)/action(s).

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***Appeal Process***

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An individual who has been denied certification, failed an examination, or had certification revoked has the right of appeal. This appeal must be submitted in writing to the President of the NNCC within thirty (30) days of notification. The appeal shall state specific reasons why the individual feels entitled to certification. At the individual's request, the President shall appoint a committee of three (3) NNCC members who will meet with the individual and make recommendations to the NNCC. The committee will meet in conjunction with a regularly scheduled NNCC meeting. The individual will be responsible for his/her own expenses. The final decision of the NNCC will be communicated in writing to the individual within thirty (30) days following the NNCC meeting. Failure of the individual to request an appeal or appear before the committee shall constitute a waiver of the individual's right of appeal.

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***Reapplication Procedure***

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If an applicant does not pass the examination and wishes to take it again, he/she must submit a new examination application to C-NET along with the full fee.

**CCHT**  
Certified Clinical  
Hemodialysis Technician

**Certification  
Examination  
Application**



**Nephrology Nursing  
Certification Commission**





### ***CCHT Eligibility Criteria***

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1. The applicant must possess a minimum of a high school diploma or its equivalent, General Educational Development (GED), and must submit a copy of a **government approved** high school diploma. Diplomas issued within the United States and its territories must be in English. Diplomas not issued within the 50 United States or its territories must be accompanied by a credential evaluation report from a licensed credential evaluator, such as members of the National Association of Credential Evaluation Services (NACES). The evaluation report must show that the diploma submitted is equivalent to a high school diploma issued in the United States. The name on the diploma must match the name on the CCHT exam application. If it does not, proof of name change (e.g., marriage license) must be submitted.
2. The applicant must have successfully completed a training program for clinical hemodialysis technicians that included both classroom instruction and supervised clinical experience.
  - The applicant must obtain the signature of the educator or submit a certificate of completion to verify training.
3. If the applicant has not yet obtained a position as a clinical hemodialysis technician, he/she must provide the number of hours spent in clinical, hands-on patient care experience obtained as part of the training program, and must provide the name of the facility where the clinical training occurred.
  - The facility administrator or manager must sign to verify that the clinical, hands-on experience did occur and was supervised by an RN.
  - **Please Note:** Observation or “shadowing” alone does NOT constitute hands-on experience.
4. If the applicant has held a position as a clinical hemodialysis technician within the last eighteen (18) months he/she must provide the name of the employer.
  - The applicant must obtain the supervisor’s signature to verify employment. It is recommended, but not required, that an applicant have a minimum of six (6) months (or 1,000 hours) of clinical experience.
5. If the applicant has not been employed as a clinical hemodialysis technician with eighteen (18) months prior to submitting an exam application, he/she must provide evidence of *retraining* in both classroom and hands-on patient care experience obtained within the prior eighteen (18) months.
  - An RN educator must sign to verify retraining.
  - An RN educator/administrator/or supervisor must sign to verify clinical, hands-on experience.
6. The applicant must be in compliance with federal and state regulations of the practice of hemodialysis patient care technicians. Applicants must meet the training and experience requirements of the CMS Conditions for Coverage for End Stage Renal Disease Facilities and of the state in which they practice.

**No individual shall be excluded from the opportunity to participate in the NNCC certification program on the basis of race, ethnicity, national origin, religion, marital status, gender, sexual orientation, gender identity, age or disability.**

### ***CCHT Examination Application Instructions***

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1. Complete all sections of the application. Be sure to include the last four (4) digits of your social security number, since it will serve as your identification number.
2. Be sure that all sections of the application have been appropriately signed.
3. Attach a copy of your high school diploma or documentation to verify your General Educational Development (GED).
  - All documents **must** be in English.
4. Attach a copy of your current, government issued photo ID (non-temporary).
5. Mail the application form, a copy of your high school diploma, and a money order or cashier’s check for the appropriate fee to:

C-NET  
35 Journal Square  
Suite 901  
Jersey City, NJ 07306

**Note: If the name on any of the above documents does not match your current name, proof of name change must be submitted.**

**Examination permits will be issued only to those applicants with complete applications.**

**For information regarding your application after submission, please contact C-NET directly at [cchtapp@gmail.com](mailto:cchtapp@gmail.com) or call 800-463-0786.**

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*Sample Test Questions*

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- 1) The primary functions of the kidney tubules are
  - a) osmosis and filtration.
  - b) reabsorption and secretion.
  - c) diffusion and excretion.
  - d) urea formation and conduction.
- 2) In dialysis patients, the Kt/V typically measures the removal of
  - a) urea.
  - b) fluid.
  - c) creatinine.
  - d) potassium.
- 3) A female patient's predialysis weight is 149.6 lb (68 kg) and the prescribed target weight is 138.6 lb (63 kg). For her four-hour treatment, the priming saline amount is 240 ml and the rinseback amount is 200 ml. She is not allowed any oral fluids during her treatment. The patient's hourly ultrafiltration rate should be how many mL per hour?
  - a. 2720
  - b. 2040
  - c. 1360
  - d. 680
- 4) A male patient who has diabetes and receives hemodialysis treatments sometimes drinks juice when his blood sugar is low. Which of the following types of juice would be best for this patient, since it is lowest in potassium?
  - a) Prune juice.
  - b) Grapefruit juice.
  - c) Vegetable juice cocktail (V-8).
  - d) Cranberry juice cocktail.
- 5) On a Monday morning, a female patient arrives at the hemodialysis unit 8.8 lb (4 kg) above her target weight. Near the end of her treatment, the patient complains of severe muscle cramping in her lower extremities. Which of these actions should the technician take?
  - a. Discontinue the dialysis treatment.
  - b. Elevate the patient's legs.
  - c. Administer a bolus of normal saline per protocol.
  - d. Increase the patient's ultrafiltration rate.

Answer Key: 1. b 2. a 3. c 4. d 5. c

**Test Blueprint**
**Entry-Level Hemodialysis Technician Examination Ideal Percent of Items in Each Area**

<b>Cognitive Level</b> <b>Dialysis Practice Area</b>	<b>Knowledge</b>	<b>Comprehension</b>	<b>Application</b>	<b>Total</b>
Clinical	3 - 6% (5%)	11 - 14% (13%)	31 - 34% (32%)	48 - 52% (50%)
Technical	1 - 4% (3%)	4 - 7% (5%)	13 - 16% (15%)	21 - 25% (23%)
Environment	1 - 2% (1%)	3 - 5% (4%)	8 - 11% (10%)	13 - 17% (15%)
Role	1 - 2% (1%)	1 - 4% (3%)	6 - 9% (8%)	10 - 14% (12%)
<b>Total</b>	<b>8 - 12%</b> <b>(10%)</b>	<b>35 - 41</b> <b>(25%)</b>	<b>94 - 100</b> <b>(65%)</b>	<b>100%</b>

July 2011





# Certification Examination Application

**INSTRUCTION**

This application consists of pages 13, 14, and 15.

For current Computer Based Testing (CBT) locations or Paper & Pencil examination schedule visit:  
[www.nncc-exam.org](http://www.nncc-exam.org)

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1) After reading the attached brochure, complete each section of this application as instructed.</li> <li>2) Hand-on clinical training or work experience (as dialysis technician) must have occurred within 18 months prior to submitting the CCHT application.</li> <li>3) RN educator and/or supervisor signatures are required for employment and training validation.</li> <li>4) Attach proof of name change if applicable.</li> <li>5) No personal checks. Acceptable forms of payment include money order, credit card, cashier's check, corporate/facility check <u>made payable to: C-NET</u>.</li> <li>6) You must include a government approved high school diploma (copy). Diplomas issued within the United States &amp; its territories must be in English.</li> </ol> | <ol style="list-style-type: none"> <li>7) Diplomas NOT issued within the 50 United States or its territories must be accompanied by a credential evaluation report (from a licensed credential evaluator) showing that the diploma submitted is equivalent to a high school diploma issued in the United States.</li> <li>8) You must include a legible copy of your current government issued photo ID. No temporary IDs.</li> <li>9) Be advised, incomplete applications are subject to an incomplete application fee and shall expire <u>three months</u> from the date received by C-NET.</li> <li>10) The application must be signed and dated. All verification signatures must be from the current calendar year.</li> </ol> |
|--|---|

Information must be clearly printed. Documents and payment must be mailed together to:  
**C-NET, 35 Journal Square, Suite 901 Jersey City, NJ 07306**

**SECTION 1: CANDIDATE INFORMATION** (\*To be completed by applicant only)

**Be advised:** We will enter your name as it appears on your supplied government issued photo ID. The line below is for application processing only.

NAME  Mr.  Ms. \_\_\_\_\_

Current Legal Last Name    Maiden    Legal First Name    Middle Name

MAILING ADDRESS \_\_\_\_\_

Street    Apt#    City    State    Zip

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

CELL/ HOME PHONE NUMBER \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

**SECTION 2: EDUCATION** (Choose one)

Please check the highest level of education completed (in addition to training as a hemodialysis patient care technician):

GED/High School Diploma (government approved)     LPN/LVN     RN \_\_\_\_\_ (If yes, State of licensure?)

Post Secondary Degree? (Please indicate degree obtained): \_\_\_\_\_

**SECTION 3: WORK HISTORY**

Have you ever worked as a Hemodialysis Technician? YES  or NO

If yes, how long have you worked as a Hemodialysis Technician? Year(s) \_\_\_\_\_ Months \_\_\_\_\_



**SECTION 4: RECORD OF CLINICAL EXPERIENCE**

CHECK ONLY ONE OF THE THREE **STATUS BOXES** BELOW AND FOLLOW THE INSTRUCTION AS INDICATED:

**I AM CURRENTLY EMPLOYED AS A HEMODIALYSIS PATIENT CARE TECHNICIAN IN THE: a) CHRONIC  b) ACUTE  SETTING.**

Enter the date range for your on-the-job orientation training in **BOX A** and complete **BOX B** below. Your supervisor (from the facility where you are currently employed) must complete the signature sections beneath both BOX A and BOX B below.

**I AM NOT CURRENTLY EMPLOYED AS A HEMODIALYSIS PATIENT CARE TECHNICIAN, HOWEVER IT HAS BEEN LESS THAN 18 MONTHS SINCE I WAS LAST EMPLOYED AS A HEMODIALYSIS PATIENT CARE TECHNICIAN.**

Enter the date range from your past on-the-job orientation training in **BOX A** and complete **BOX C** below. Your supervisor (from the facility where you were last employed) must complete the signature sections beneath both BOX A and BOX C below.

**I HAVE NOT BEEN EMPLOYED AS A HEMODIALYSIS PATIENT CARE TECHNICIAN WITHIN THE PAST 18 MONTHS.**

You must complete both **BOX A** and **BOX C** below. An RN Educator from your dialysis training school must sign below BOX A. A Supervisor or Facility Administrator from the facility where you obtained hands-on clinical experience within the last 18 months must sign below BOX C. Be advised: observation (or "shadowing") alone does not constitute hands-on experience.

BOX A:	
<b>On-the-job-orientation/training under an RN:</b>	
START DATE: Month ____ Year ____	END DATE: Month ____ Year ____
Institution _____	
City _____ ST _____	
To complete BOX A, follow the instructions that pertain to the Status Box you checked at the top of this page or provide a copy of your hemodialysis technician certificate when submitting this application.	
<b>SIGNATURE SECTION</b> (Complete <u>ALL</u> fields below)	
I verify that the applicant has satisfactorily completed a hemodialysis technician training program in accordance with both state and federal regulations.	
RN Educator or Supervisor Signature _____	Date _____
Print Name _____	Facility/Institution _____
Work Phone _____	Work Email _____
<input type="checkbox"/> I did not obtain an RN signature in BOX A, but have instead attached a copy of my certificate of completion from my clinical hemodialysis technical training program.	

BOX B:	OR	BOX C:
<b>Current Employment</b> START DATE: Month ____ Year ____		<b>Past Experience</b> START DATE: Month ____ Year ____
<input type="checkbox"/> Check here to indicate that you are currently employed		END DATE: Month ____ Year ____
Facility name, city and state of current employer (or where most recent hands-on experience occurred): _____ Facility _____ City _____ ST _____		
To complete BOX B, follow the instructions that pertain to the Status Box you checked at the top of this page.		
<b>SIGNATURE SECTION</b> (Complete <u>ALL</u> fields below)		
I verify that the applicant is either currently employed as a hemodialysis technician or has received hands-on clinical experience under the direction of an RN in accordance with both state and federal regulations on the above mentioned dates. [Please note: observation (or "shadowing") alone does not constitute hands-on experience.]		
Supervisor/ Facility Administrator Signature _____	Date _____	
Print Name _____	Facility/Institution _____	
Work Phone _____	Work Email _____	

**SECTION 5: PAYMENT** Please enclose one of the following valid forms of payment. **Make checks payable to C-NET**

I am paying via:  Money Order/ Cashier's Check  Corporate/ Facility Check  Credit Card (Complete below)

Choose Exam Format: (\*P&P requires valid city/ State & Date)

**CBT** (Computer Based Test): **\$225.00**

**P&P** (Paper & Pencil) Exam: **\$225.00\***

\* \_\_\_\_\_  
P&P Exam Date                      City                                      State

**Visa or Master Card Only:**

CARD HOLDER NAME \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_ HOME/CELL # \_\_\_\_\_

AUTHORIZATION SIGNATURE \_\_\_\_\_

**PLEASE NOTE:** Your signature on this form acknowledges and authorizes the Center for Nursing Education and Testing (C-NET) to charge your credit card for a total of the amount indicated. Written refund requests will be accepted by C-NET no later than two (2) weeks prior to the examination date (or close of the testing window if no exam date has been scheduled) and must be submitted by the payee. Refund requests received after this time will not be considered. The request must include the applicant's full name, the last four digits of the social security number, and the name of the exam being cancelled or the request will not be considered. Refunds are issued minus the application processing fee and any other non-refundable fees indicated in the application brochure or websites (cnetnurse.com) or (nncc-exam.org).

**FAST TRACK \$50.00** (Optional Expedited Processing Fee): I would expedite the time it takes to process this application.

**LATE FEE (P&P only): \$50.00** I am submitting my application for a P&P exam after the postmark "On-Time" deadline. I understand I must have this submission postmarked within two (2) weeks after the original "On-Time" deadline.

**APPLICATION PROCESSING TIME**

Normal processing time for CCHT applications is approximately four weeks from the time the application is received by C-NET. C-NET is not responsible for US Postal Service delays. **If the applicant has not received the examination permit within four weeks of the postmark date, the applicant is responsible for informing C-NET immediately at info@cnetnurse.com.**

*FAST TRACK* is a service for applicants who need to test right away. Instead of your application being processed in the order in which it was received, we pull your application to the front of the line for immediate processing. *FAST TRACK* exam permits will be issued within 1 to 3 business days from the time the application is received by C-NET. **Examination permits are issued only to applicants with completed, approved applications.** Incomplete applications are subject to an Incomplete Application Fee.

**SECTION 6: APPLICANT SIGNATURE SECTION**

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
- Misrepresentation of CCHT status
- Cheating on the CCHT examination

**APPLICANT: 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 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 certification application booklet.

I understand that 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 passing the examination, the NNCC reserves the right 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.

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
Date

**IMPORTANT:**

After signing the statement of understanding, make a copy of this application and supporting documents for your records. Mail the application, a copy of your high school diploma or its equivalent, and the appropriate fee to:  
C-NET 35 Journal Square Suite 901 Jersey City, NJ 07306

## CCHT Application Checklist

### Did you remember to ✓

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- Complete the CCHT examination application in its entirety? There is an additional fee for incomplete applications submitted to C-NET. Applications submitted without payment are subject to this fee.
- Attach a clear copy of your **government approved** high school diploma or its equivalent? **Must be in English.**
- Attach a copy of your current, government issued photo ID (non-temporary)?
- Include the dates and site of your training as a hemodialysis patient care technician?
- Include dates and employer information for most recent employment as a hemodialysis patient care technician (within the last 18 months).
- Have all sections of the application appropriately signed?
- Attach proof of name change if applicable?
- Include a money order, cashier's check, corporate/facility check, or credit card authorization form for the appropriate fee?
- Sign and date the application?
- Keep a copy of the application and supporting documents for your records?

**Note: Examination permits are issued only to applicants with completed, approved applications**

### Mail completed application to:

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C-NET  
35 Journal Square  
Suite 901  
Jersey City, NJ 07306

For a current paper/pencil examination schedule or  
for a current list of computer-based testing (CBT) sites, please visit the NNCC website at:  
**[www.nncc-exam.org](http://www.nncc-exam.org)**





## Nephrology Nursing Certification Commission

*Certification: Your Commitment to Quality Care*

### **Steps Towards Recertification For The Certified Clinical Hemodialysis Technician**

#### **Notification/Expiration**

As a courtesy, the NNCC will notify certificants at 120, 90, 60, 45, and 30 days prior to the certification expiration. Ultimately it is the certificant's responsibility to obtain the necessary application form and submit it to the NNCC before the certification expiration date. The NNCC is not responsible for undelivered mail. **A recertification application can be obtained by visiting the NNCC website at [www.nncc-exam.org](http://www.nncc-exam.org) or by calling 888.884.6622 and requesting one be mailed to you.** Your completed application, appropriate forms, copies of supporting materials, and fee must be submitted at one time. **Keep a copy of your recertification application and supporting materials for your records.** Certification expires on the last day of the month, three (3) years from the original date of certification.

#### **Recertification Options**

You may meet the recertification requirements by choosing either the examination option or the continuing education option.

1. If you elect the examination option, you may test within the year prior to expiration of your current certification. You must submit a recertification application form and exam fee prior to the postmark deadline date printed on the exam schedule. Mark the box indicating intent to recertify by exam. A recertification application and examination schedule may be obtained by visiting the NNCC website at [www.nncc-exam.org](http://www.nncc-exam.org) or by calling 888.884.6622. Processing of applications received after the deadline cannot be guaranteed.

- **Please note:** Must have worked 3,000 hours if recertifying by exam.

2. If you elect the continuing education option, you must submit the recertification application with required documentation of continuing education and the recertification fee. Applications for renewal of your CCHT by continuing education must be postmarked by the last day of the month in which your certification expires.

- To avoid any inconvenience, please submit recertification applications early. Be aware that it will take up to 8 weeks for processing of a recertification application.

#### **Eligibility Criteria**

To qualify, you must be a Certified Clinical Hemodialysis Technician (CCHT) and meet all of the eligibility requirements.

1. Candidate must have a minimum of 3000 hours work experience as a patient care technician within the three year period. This is required for both options for recertification.
2. For recertification by continuing education, thirty (30) contact hours of continuing education relevant to the hemodialysis technician scope of practice in caring for patients on dialysis within three years prior to certification expiration are required. Attendance certificates are acceptable as proof of attendance. The certificate must include date, title, length of the session, your name, and the program coordinator's signature. Although it is not required that these continuing education hours be approved by a nursing continuing education approval board, it is strongly recommended.
  - Certificants enrolled in a baccalaureate degree in nursing program may apply all academic coursework in lieu of nephrology nursing continuing education for **one** recertification period.

#### **Fees**

**Recertification by continuing education application fees are non-refundable.** Periodically fees are re-evaluated and adjustments may be made. The required fees are listed on the application forms. Only NNCC Commissioners can authorize fee changes.

#### **Verification of Recertification**

If approved for recertification, certificants will receive a wallet card with expiration date within sixty (60) days of the date the National Office receives your recertification application. Replacements cards are available for a fee.

#### **Current Address**

It is the certificant's responsibility to notify the NNCC National Office of any changes in name and/or address during the three (3) year period following certification/recertification. Notification of changes on other mailing lists, such as ANNA or NANT, will not effect a change in the recertification records.







Nephrology Nursing Certification Commission (NNCC)  
PO Box 56 • Pitman, NJ 08071-0056  
888.884.6622 • 856.589.7463 (fax)  
nncc@ajj.com • www.nncc-exam.org