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):
- $225 Reexamination
- $50 Late fee
- $50 Expedited Review

Payment Method (check one):
- Check or money order (payable to NNCC)
- Charge my credit card
- Visa
- MC

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

1. Name: _________________________________________________________________________________________
   Last                                   Maiden                                First                                                   Middle

2. Expiration date of current certification: ______________________________________________________________

3. Last 4 digits of social security number _____________
   E-mail: ____________________________________________________________

4. Home/mailing address ____________________________________________________________________________
   Street/P.O. Box                                      City                        State                    Zip

5. Personal phone ☐ ___________________________ Work phone ☐ ___________________________
   Please check preferred contact number

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

7. Have you been employed at least 3,000 hours as a Dialysis Technician in the last three (3) years? ☐ Yes ☐ No

8. Total years of experience as a dialysis technician _______

9. Highest level of education completed:
- High School Diploma/GED
- Associate degree
- Bachelor’s Degree
- Master’s degree
- Doctorate
- LPN/LVN

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Credit Card Authorization Form

The NNCC accepts only Visa and MasterCard credit cards.

Name: ____________________________________________________________________________

Address: (as it appears on your credit card statement)
____________________________________________________________________________________

City: ________________________________________________________________________________

State: __________ Zip: __________ Country: _______________________

Home telephone: ____________________________

Work telephone: ____________________________

Charge my: ☐ Visa ☐ MasterCard the amount of ______

Card number: ______________________________

CVV ________ Expiration date: __________________________

Authorized Signature

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10. 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 or most recent supervisor _____________________________ Date ____________

Title of supervisor ____________________________________________________________

Supervisor’s E-mail ____________________________ Phone ______________________

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?
- Include a copy of our current, government issued photo ID.

Mail completed application to:

NNCC
PO Box 56
Pitman, NJ 08071