Recertification Application

Recertification by Examination Application

Applications must be postmarked on or before the certification expiration date to avoid a late fee. Applications can take up to 4 weeks from date of receipt for processing, or 1 – 3 business days if Expedited Review is selected.

Recertification fees and late fees are non-refundable.

- 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 by mail with instructions on how to schedule an exam by appointment.

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

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. Date of Birth _____ / _____ / _______ (month/day/year)

5. Home/mailing address _________________________________________________
   Street/P.O. Box                                                              City                        State                    Zip

6. Personal phone:  Work phone: ___________________________________________

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

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: _______
   If you have been a dialysis technician for a minimum of 5 years and have worked a minimum of 5000 hours, consider taking the CCHT-A certification examination to earn your advanced dialysis technician credential. Review eligibility requirements at www.nncc-exam.org/certification/CCHT-A.
   If you take, but do not pass the CCHT-A exam, NNCC will recertify your CCHT credential automatically.

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

11. Verification of Employment:
    I hereby verify that this individual has worked as a dialysis technician for 3,000 hours within the last three (3) years.
    Signature of current or most recent supervisor: ________________________________ Date: ______________
    Print Name and Title of supervisor: __________________________________________
    Supervisor’s E-mail: _________________________________________________________
    Institution: ________________________________________________________________ Phone: ___________________
    Business address: __________________________________________________________

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    Print Name and 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.

Applicant’s Legal Signature: ___________________________ Date: ____________

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**Credit Card Authorization Form**

The NNCC accepts only Visa, MasterCard or Discover credit cards.

Name: ___________________________

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

City: ___________________________

State: ______ Zip: _______ Country:______________

Home telephone: ___________________________

Work telephone: ___________________________

Charge my card in the amount of $_____________

Card number: ___________________________

CVV:__________ Expiration date: ____________

____________________________________________________

Authorized Signature Required

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**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 your current, government issued photo ID

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**Mail completed application to:**

NNCC
PO Box 56
Pitman, NJ 08071-0056

If using a credit card for payment, you may fax your complete application to NNCC at 856-589-7463.

Revised 1/2023