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):  
- $250 Reexamination  
- $50 Late fee  
- $50 Expedited Review

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

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. If registered in your state, please provide the following:
   State _____ Reg # ________________________  Exp date __________________

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 _______

10. 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:____________________

Charge my:  
- Visa  
- MasterCard the amount of $________
Card number:____________________________CVV__________
Expiration date: _______________________________

Authorized Signature
11. 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 supervisor______________________________________________ Date _________________

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.

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?

Mail completed application to:

NNCC
PO Box 56
Pitman, NJ 08071