# Certification Examination Application Booklet

## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission</td>
<td>3</td>
</tr>
<tr>
<td>Philosophy</td>
<td>3</td>
</tr>
<tr>
<td>Purpose</td>
<td>3</td>
</tr>
<tr>
<td>About NNCC</td>
<td>3</td>
</tr>
<tr>
<td>ABNS Accreditation</td>
<td>3-4</td>
</tr>
</tbody>
</table>

## Application Process

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deadlines, Cancellations, and Rescheduling</td>
<td>4</td>
</tr>
<tr>
<td>Change of Name and Address</td>
<td>4</td>
</tr>
<tr>
<td>Disability Accommodations</td>
<td>4</td>
</tr>
<tr>
<td>Examination Permit</td>
<td>4</td>
</tr>
</tbody>
</table>

## Examination Administration

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation for the Examination</td>
<td>4-5</td>
</tr>
<tr>
<td>Materials to Bring to the Examination</td>
<td>5</td>
</tr>
<tr>
<td>Taking the Examination</td>
<td>5</td>
</tr>
<tr>
<td>Inappropriate Behavior During the Examination</td>
<td>5</td>
</tr>
</tbody>
</table>

## Examination Results

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination Results and Notification</td>
<td>5</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>5</td>
</tr>
<tr>
<td>Recognition of Certification</td>
<td>5</td>
</tr>
<tr>
<td>Wall Certificate and Wallet Card</td>
<td>5</td>
</tr>
<tr>
<td>Denial/Revocation of Certification</td>
<td>6</td>
</tr>
<tr>
<td>Appeal Process</td>
<td>6</td>
</tr>
<tr>
<td>Reapplication Procedure</td>
<td>6</td>
</tr>
</tbody>
</table>

## Certified Clinical Hemodialysis Technician (CCHT) Examination

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCHT Eligibility Criteria</td>
<td>9</td>
</tr>
<tr>
<td>CCHT Application Instructions</td>
<td>9</td>
</tr>
<tr>
<td>CCHT Sample Test Questions</td>
<td>10</td>
</tr>
<tr>
<td>CCHT Examination Content/Test Blueprint</td>
<td>11</td>
</tr>
<tr>
<td>CCHT Application</td>
<td>13-15</td>
</tr>
<tr>
<td>CCHT Application Check List</td>
<td>16</td>
</tr>
<tr>
<td>CCHT Steps Toward Recertification</td>
<td>17</td>
</tr>
</tbody>
</table>

Revised 6/11
Mission

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.

Philosophy

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.

Purpose

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.

About NNCC

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.

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.

ABNS and ABSNC Accreditation

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 (ABNSC), formerly the ABNS Accreditation Council, is the only accrediting body specifically for nursing certification. ABSNC accreditation is a peer-review mecha-
nism 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.

**Deadlines, Cancellations, and Rescheduling**

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. 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.

**Paper/Pencil Exam**

Cancellations will be accepted until two (2) weeks prior to the examination and a refund will be sent minus an application processing fee. Cancellations after that time will not be refunded; however, the examination can be rescheduled for a date during the following twelve (12) months only. There is a fee to reschedule an examination. Requests to reschedule must be submitted in writing to C-NET, 601 Pavonia Avenue, Suite 201, Jersey City, NJ 07306.

**Computer-Based Exam**

The applicant must call the computer testing agency at least 48 hours prior to the scheduled examination. The phone number is listed on the permit letter. If cancellation is less than 48 hours prior to the scheduled examination, the applicant must call C-NET directly at 800.463.0786, and an additional fee will be charged.

Refund requests for computer-based examinations must be received by C-NET at least two (2) weeks before the original testing period ends. A refund will be sent minus the application processing fee. Cancellations after that time will not be refunded; however, the examination can be rescheduled for a date during the following twelve (12) months only.

**Change of Name and Address**

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.

**Disability Accommodations**

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 at least six (6) weeks before the scheduled test date so that documentation can be completed and special arrangements can be made.

**Examination Permit**

**Paper/Pencil Exam**

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 at 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.

**Computer-Based Exam**

Upon approval of an examination application, the applicant will receive a letter from C-NET which will serve as an examination permit. The letter will include a toll-free phone number that the applicant must call to establish a date and time to take the examination, and to locate a computer center where the exam will be held. The site, appointment date, and time will be confirmed by a follow-up email to the applicant.

If the applicant does not receive an approval letter within 6 - 8 weeks of submission, notify C-NET at 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.

**Preparation for the Examination**

The NNCC suggests the following resources to help you study for the CCHT examination:


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.annanurse.org or 888.600.2662
• National Association of Nephrology Technicians/Technologists at 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 driver’s 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
Paper/Pencil Exam
Applicants will be notified of their scores approximately 4-6 weeks after test administration. C-NET will mail all examination scores to the examinee.
• A total score will be provided for examinees who successfully pass the examination.
• Approximately 75% 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.

Computer-Based Exam
Scores will be available immediately upon completion of the examination.
• A total score will be provided for examinees who successfully pass the examination.
• Approximately 75% 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.

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.

Recognition of Certification
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.
Wall Certificate and Wallet Card

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.

Denial/Revocation of Certification

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 by a state oversight agency
- Misrepresentation of certification status
- Cheating on the examination

The NNCC reserves the right to investigate all suspected/reported violations and, if appropriate, notify the individual's employer/state agency.

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

Appeal Process

An applicant 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 applicant feels entitled to certification. At the applicant's request, the President shall appoint a committee of three (3) NNCC members who will meet with the applicant and make recommendations to the NNCC. The committee will meet in conjunction with a regularly scheduled NNCC meeting. The applicant will be responsible for his/her own expenses. The final decision of the NNCC will be communicated in writing to the applicant within thirty (30) days following the NNCC meeting. Failure of the applicant to request an appeal or appear before the committee shall constitute a waiver of the applicant's right of appeal.

Reapplication Procedure

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.
Certification Examination Application

Nephrology Nursing Certification Commission

Certification
Examination
Application
**CCHT Eligibility Criteria**

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. 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 certificate) must be submitted.

2. The applicant must obtain the signature of the educator or submit a certificate of completion to verify the training program.
   - The applicant must have successfully completed a training program for clinical hemodialysis technicians that included both classroom instruction and supervised clinical experience.

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.

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.

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, national origin, religion, sex, age or disability.

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**CCHT Examination Application Instructions**

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. 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  
   601 Pavonia Avenue  
   Suite 201  
   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 or call 800-463-0786.
Sample Test Questions

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

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

1. Choose ONLY one of the following exam options.
   a. 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

   b. Paper/Pencil Exam
      Date _______________ Exam city and state _________________________________
      • Postmarked on or before the application deadline date – ten (10) weeks prior to test date.

   C-NET accepts the following forms of payment payable to C-NET: (C-NET will NOT accept personal checks)

2. $225 Application fee $50 Late fee (paper/pencil exams only if postmarked within two (2) weeks after the deadline date)

3. Payment method (check one):
   ❑ Visa or MasterCard (see bottom of form) ❑ Money order/Cashier's check ❑ Corporate/Facility check
   (Enter name on next line EXACTLY as it appears on your government issued photo I.D.)

4. Name__________________________________________________________________________________________
   Last                               Maiden                                                             First                                                   Middle

5. Last four (4) digits of social security number _______________ E-mail_____________________________________

6. How would you like your name to appear on your certificate? _____________________________________________

7. Home/mailing address ____________________________________________________________________________
   Street/P.O. Box                                                                            City                        State                    Zip
   Work phone _____________________________________  Home phone _____________________________________

8. How long have you been a hemodialysis patient care technician? __________years __________months

9. Highest level of education completed before training as a hemodialysis patient care technician (choose one):
   ❑ High school diploma/GED (government approved)     ❑ Baccalaureate degree
   ❑ LPN/LVN                                            ❑ Master's degree
   ❑ Associate degree                                   ❑ Doctorate

10. Check here if this is a recertification by examination application. Contact hours need not be submitted.

Credit Card Authorization Form

The C-NET 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

Revised 6/11
IMPORTANT INSTRUCTIONS: Please be sure to read and complete all three (3) sections of this application page.

SECTION 1: TRAINING
All applicants MUST complete sections A and B with information regarding your hemodialysis technician classroom instruction.

- A. Dates of training
  - From: ________/_________ month/year
  - To: ________/_________ month/year

- B. Site of training (Facility/Institution Name, City, State)

An Educator of the applicant must complete the following section:
I verify that the applicant has satisfactorily completed a hemodialysis technician training program in accordance with both state and federal regulations.

- Educator signature
- Date
- Print Name/Title
- Facility/Institution
- Phone
- Fax
- E-mail

Please check the following box if applicable:
☐ I am unable to obtain the signature of my educator. I have completed the necessary information above and have attached a copy of my certificate of completion from my clinical hemodialysis technician training program.

SECTION 2: HANDS-ON CLINICAL TRAINING

- C. Dates of hands-on training
  - From: ________/_________ month/year
  - To: ________/_________ month/year
  - Total number of hours _______

- D. Employer (Hemodialysis Facility, City, State)

A Facility Administrator/Manager must complete the following section:
I verify that the applicant has satisfactorily completed the hemodialysis technician hands-on training under the direction of an RN in accordance with both state and federal regulations. *(Note: clinical training must be hands-on. Shadowing/observation is not considered hands-on training)*

- Facility Administrator/Manager
- Date
- Print Name/Title
- Facility
- Phone
- Fax
- E-mail
SECTION 3: EMPLOYMENT

Please check the following box if applicable:
☐ I am NOT currently employed and HAVE NOT held a position as a clinical hemodialysis technician within the last eighteen (18) months.

If applicant currently holds a clinical hemodialysis technician position, please complete sections E and F or check applicable box.

<table>
<thead>
<tr>
<th>E. Dates of Employment as a Hemodialysis Technician (within the last 18 months)</th>
<th>F. Employer (Facility, City, State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: <em><strong><strong>/</strong></strong></em>__ month year</td>
<td>________________________________</td>
</tr>
<tr>
<td>To: <strong><strong>/</strong></strong>___ month year</td>
<td>________________________________</td>
</tr>
<tr>
<td>Total number of hours ______</td>
<td></td>
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An immediate supervisor of the applicant must complete this section:
I verify that the applicant is or has been employed as a hemodialysis technician within the last eighteen (18) months.

<table>
<thead>
<tr>
<th>Supervisor signature</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>____________________</td>
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<table>
<thead>
<tr>
<th>Print Name/Title</th>
<th>Facility</th>
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<td>__________________</td>
<td>________________________________</td>
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<table>
<thead>
<tr>
<th>Phone</th>
<th>Fax</th>
<th>E-mail</th>
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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 CHT 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.

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IMPORTANT:
After signing the statement of understanding, attach a copy of your high school diploma or its equivalent to this application.

Mail the application, a copy of your high school diploma or its equivalent, and the appropriate fee to:
C-NET; 601 Pavonia Avenue; Suite 201; Jersey City, NJ 07306

NOTE: Examination permits are issued only to applicants with completed, approved applications.
CCHT Application Checklist

Did you remember to ✓

☐ Complete the CCHT examination application in its entirety? There is a $25 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.
☐ 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:

C-NET
601 Pavonia Ave
Suite 201
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
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 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 an examination application form and fee prior to the postmark deadline date printed on the exam schedule. An examination application and examination schedule may be obtained by visiting the NNCC website at www.nncc-exam.org or by calling 888.884.6622. Processing of applications received after the deadline cannot be guaranteed.

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 4 - 6 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.
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.

Fees
Recertification 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 forty-five (45) 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.

Revised 4/11