# Certification Examination Application 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</td>
</tr>
<tr>
<td><strong>Application Process</strong></td>
<td></td>
</tr>
<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>4-5</td>
</tr>
<tr>
<td><strong>Examination Administration</strong></td>
<td></td>
</tr>
<tr>
<td>Preparation for the Examination</td>
<td>5</td>
</tr>
<tr>
<td>Materials to Bring to the Examination</td>
<td>5</td>
</tr>
<tr>
<td>Taking the Examination</td>
<td>6</td>
</tr>
<tr>
<td>Inappropriate Behavior During the Examination</td>
<td>6</td>
</tr>
<tr>
<td><strong>Examination Results</strong></td>
<td></td>
</tr>
<tr>
<td>Examination Results and Notification</td>
<td>6</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>6</td>
</tr>
<tr>
<td>Recognition of Certification</td>
<td>6</td>
</tr>
<tr>
<td>Wall Certificate and Wallet Card</td>
<td>6</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>
<tr>
<td><strong>Certified Clinical Hemodialysis Technician-Advanced (CCHT-A) Examination</strong></td>
<td></td>
</tr>
<tr>
<td>CCHT-A Eligibility Criteria</td>
<td>9</td>
</tr>
<tr>
<td>CCHT-A Application Instructions.</td>
<td>9</td>
</tr>
<tr>
<td>CCHT-A Sample Test Questions</td>
<td>10</td>
</tr>
<tr>
<td>CCHT-A Examination Content/Test Blueprint</td>
<td>11</td>
</tr>
<tr>
<td>CCHT-A Application</td>
<td>13-14</td>
</tr>
<tr>
<td>CCHT-A Application Checklist</td>
<td>15</td>
</tr>
<tr>
<td>CCHT-A Steps Toward Recertification</td>
<td>16</td>
</tr>
</tbody>
</table>
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 (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.
Deadlines, Cancellations, and Rescheduling

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. 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 NNCC 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 90-day extension, but the applicant must contact C-NET in writing before the close of their 90-day testing window. A 90-day extension Fee will apply.

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 NNCC 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 must be submitted by the applicant. Reschedule requests received after this time will not be accepted, and the applicant must contact C-NET in writing by the scheduled exam date (or following business day). A 90-day extension Fee will apply.

90-Day Extension

For more information regarding 90-Day extension, see the section of this brochure titled, “Examination Permit”

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.

Please Note: NNCC and 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 an application.

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. Attach the request to the front of your 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.

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 by calling...
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 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 6 - 8 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.

**90-Day Extension**

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

**Preparation for the Examination**

Each exam item that is written has a supporting reference. The CDN Item Writers’ Committee relies heavily on the following references and recommends their use in exam preparation:

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 to the proctor 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 testing 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. Four (4) 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-Advanced (CCHTA) 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 of professional RN license by nursing authority
- 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 Board of Nursing.

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, he/she has one opportunity within one year to retake the examination at a reduced rate. C-NET will mail a re-examination application to those applicants who do not pass.
**CCHT-A Eligibility Criteria**

1. The applicant must hold a current, active, and national technician certification credential: CHT, CCHT or CCNT.
2. The applicant must have been employed as a dialysis technician continuously for five (5) years prior to submitting the exam application.
3. The applicant must have completed thirty (30) contact hours of continuing education related to the technician's position and scope of practice within the three (3) years prior to submitting the exam application.

It is recommended but not required that Continuing education be approved by one of the following:

- Organizations accredited by the American Nurses' Credentialing Center – Commission on Accreditation (ANCC-COA), the credentialing body of the American Nurses Association
  - For example: The American Nephrology Nurses' Association (ANNA), which is both an accredited provider and approver of continuing education in nursing
- The American Association of Critical-Care Nurses (AACN)
- The Council of Continuing Education
- California, Florida, Iowa, Kansas, or Ohio State Boards of Nursing
  - For example: The National Association of Nephrology Technicians/Technologists, which is an approved provider through the California State Board of Nursing.

* Please be aware that although programs meet requirements set forth by other state boards of nursing, they may not meet the Nephrology Nursing Certification Commission criteria.

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.

**CCHT-A Examination Application Instructions**

1. Complete all sections of the application. Be sure to include the last four (4) numbers of your social security number, since it will serve as your identification number.
2. Make certain your immediate supervisor completes the section on employment verification.
3. Attach to your application copies of contact hour certificates to total thirty (30) nephrology related contact hours related to the technician scope of practice.
4. Attach to your application a photocopy of your high school diploma/GED, and a current national certification certificate/wallet card.

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.
1. Before an AV fistula is placed, the patient should undergo which of these procedures?
   a. Angioplasty.
   b. Vessel mapping.
   c. Access flow testing.
   d. Transonic flow measurement.

2. Ten minutes after receiving a dose of IV antibiotic, a female patient appears anxious and complains of swelling in her throat and intense itching. Which of these actions by the technician would be most appropriate?
   a. Get the emergency cart.
   b. Administer normal saline.
   c. Turn off the blood pump.
   d. Reduce the dialysate flow.

3. A male patient who is usually pleasant becomes verbally abusive to the staff. The technician would expect the interdisciplinary team to take which of these actions initially?
   a. Discharge the patient and refer him to the emergency department for dialysis.
   b. Request that a sedative be prescribed to give to the patient pre-dialysis.
   c. Assign the patient a seat that is far away from all the other patients.
   d. Assess the patient and develop a plan of care to resolve the problem.

4. How often must chlorine/chloramine water testing be completed in an in-center hemodialysis facility?
   a. Once at the beginning of the treatment day.
   b. At the end of each treatment day.
   c. Minimum of every 4 hours.
   d. Maximum of every 8 hours.

5. Prior to initiating water checks, the reverse osmosis machine must be in a forced-run mode for a specific period of time. The staff understands that the rationale for this is to
   a. replace all water in the carbon beds.
   b. achieve a pH of at least 9.0 in the pre-treatment water.
   c. increase the water temperature in the water softener tank.
   d. assure all sediment is removed from the water by the multimedia filter.

Answer Key: 1. b  2. a  3. d  4. c  5. a
# Blueprint for Certified Clinical Hemodialysis Technician - Advanced (CCHT-A)  
**Ideal Distribution of 150 Items**

<table>
<thead>
<tr>
<th>Dialysis Practice Area</th>
<th>Cognitive Level</th>
<th>A Knowledge</th>
<th>B Comprehension</th>
<th>C Application</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I Clinical</td>
<td>3-5</td>
<td>15-17</td>
<td>57-59</td>
<td>77-79</td>
<td>50-54%</td>
</tr>
<tr>
<td>II Technical</td>
<td>1-3</td>
<td>7-9</td>
<td>28-30</td>
<td>37-39</td>
<td>23-27%</td>
</tr>
<tr>
<td>III Role Responsibilities</td>
<td>0-2</td>
<td>4-6</td>
<td>16-18</td>
<td>22-24</td>
<td>13-17%</td>
</tr>
<tr>
<td>IV Environment</td>
<td>0-1</td>
<td>3-4</td>
<td>8-10</td>
<td>11-13</td>
<td>6-10%</td>
</tr>
<tr>
<td>Total</td>
<td>6-8</td>
<td>29-31</td>
<td>112-114</td>
<td>150</td>
<td></td>
</tr>
</tbody>
</table>

Adopted July 2011
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.

2. Application fee (check one):
   □ $250 Application Fee
   □ $50 Late fee*
   □ $50 Expedited review
   * (paper/pencil only if postmarked within two (2) weeks after deadline date)

3. Payment method (check one):
   □ Check or money order
   □ Visa or MasterCard (see bottom of form)

4. Name __________________________________________________________________________________________
   Last                                  Maiden                                                             First                                                         Middle

5. Last 4 digits of social security number _____________   E-mail ____________________________________________

6. Home/mailing address ____________________________________________________________________________
   Street/P. O. Box                                                                            City                        State                    Zip
   Home phone ______________________________________  Work phone __________________________________

8. Years of experience as a hemodialysis patient care technician:   _________ years _______ months

9. Have you been employed as a certified hemodialysis patient care technician continuously for the past five (5) years and
   worked at least 5,000 hours in the past five (5) years?  □ Yes  □ No

10. Highest level of education completed (choose one):
    □ Diploma
    □ Associate Degree
    □ Master's Degree
    □ Doctorate
    □ Bacalaureate Degree
    □ LPN/LVN

11. Copy of high school diploma/GED attached?  □ Yes  □ No
    If no, why? ______________________________________________________________________________________

12. Copy of current national certification certificate/wallet card attached?  □ Yes  □ No
    If no, why? ______________________________________________________________________________________

Credit Card Authorization Form

The NNCC accepts only Visa and MasterCard credit cards.

Name: _______________________________________________
Address: (as it appears on your credit card statement)
City: ____________________________ Zip: __________ Country: ____________________________________________
State: __________
Home telephone: ____________________________
Work telephone: ____________________________

Charge my:  □ Visa  □ MasterCard the amount of  $________
Card number: ____________________________ CVV________
Expiration date: ____________________________

Authorized Signature

New 8/12
## Employment History

Begin with your present employer. Only **nephrology-related** positions during the past five (5) years need to be documented. Please do not send resumes. (Use a blank sheet of paper if additional space is needed).

<table>
<thead>
<tr>
<th>From Month/Year</th>
<th>To Month/Year</th>
<th>Employer name and Address</th>
<th>Position/Title</th>
<th>Supervisor</th>
<th>Hours Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**YOUR SUPERVISOR MUST COMPLETE THIS SECTION IN ITS ENTIRETY:**

As indicated above the applicant is/has been employed as a dialysis technician for the past five (5) years and worked a minimum of 5,000 hours during the past five (5) years by _______________________________________________________

Employer

_____________________________________________________     ___________________________________________

City     State     Zip

Supervisor's Signature     Date

Title

Facility/Institution

Phone     Fax     E-mail

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-A status
- Cheating on the CCHT-A 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 (NNCC) policy on denial, suspension, or revocation of certification and that its terms shall be binding on all applicants for certification and all certified dialysis 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 hereby apply for certification offered by the NNCC. 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, upon passing the examination, the NNCC reserves the right to publish my name and certification 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 NNCC reserves the right to verify any or all information on this application.

______________________________________________________

Legal Signature

Date
CCHT-A Application Checklist

Did you remember to ✓

☐ Complete the CCHT-A examination application in its entirety?
☐ Attach clear copies of contact hour certificates to total 30 contact hours specific to your position/scope of practice.
☐ Attach a copy of your high school diploma/GED?
☐ Attach a copy or a verification of your current national certification as a dialysis technician, with the expiration date clearly visible?
☐ Attach proof of name change if applicable?
☐ Include a check, money order, or credit card authorization form for the appropriate fee?
☐ Have your employer complete his/her portion of the application?
☐ 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

Contact hour certificates MUST include the following information:

☐ Name of attendee
☐ Date of program
☐ Name of program
☐ Number of contact hours awarded
☐ Accreditation statement

Programs are recommended to be accredited by one of the following:

☐ Organizations, accredited by the American Nurses’ Credentialing Center – Commission on Accreditation (ANCC-COA), the credentialing body of the American Nurses’ Association
  For example: The American Nephrology Nurses’ Association (ANNA) which is both an accredited provider and approver of continuing education in nursing
☐ The American Association of Critical Care Nurses (AACN)
☐ The Council of Continuing Education
☐ California, Florida, Iowa, Kansas, or Ohio State Boards of Nursing
  For example: The National Association of Nephrology Technicians/Technologists, which is an approved provider through the California State Board of Nursing.

Please be aware that although programs may meet requirements set forth by other state boards of nursing, they may not meet the Nephrology Nursing Certification Commission criteria.

Mail completed application to:

NNCC
East Holly Avenue Box 56
Pitman, NJ 08071-0056

For a current examination schedule, please visit the NNCC website at:

www.nncc-exam.org
Notification / Expiration
As a courtesy, the NNCC will notify certificants at 120, 90, 60, 45, and 30 days prior to 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 may 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(s) must be submitted as required. Keep a copy of your recertification application and supporting materials for your records. Certification expires on the last day of the month, three 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. For paper/pencil exam recertification you must submit an application form and fee prior to the postmark deadline date printed on the exam schedule. For the computer-based test (CBT) the recertification application form with the exam option clearly marked must be submitted at least 4 weeks prior to certification expiration. A recertification 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 date cannot be guaranteed.

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

Eligibility Criteria
To qualify you must be a Certified Clinical Hemodialysis Technician-Advanced (CCHT-A) and meet all of the eligibility requirements.

1. Must have worked at least 3000 hours as clinical dialysis technician during the last three (3) years.
2. Must have acquired 40 contact hours of continuing education relevant to your position and scope of practice in the previous three (3) years. Work areas may include but are not limited to:
   • Incenter hemodialysis
   • Incenter peritoneal dialysis
   • Acute peritoneal or hemodialysis
   • Home therapies
   • Training/precepting
   • Vascular access

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

Verification of Certification
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 a recertification application. Replacement 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, will not effect a change in your recertification records.