



**Certified Clinical  
Hemodialysis Technician**

# **Certification Examination Application**



**Nephrology Nursing  
Certification Commission**

# Certification Examination Application Booklet

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**Mission**

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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.

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**Philosophy**

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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.

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**Purpose**

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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.

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**About NNCC**

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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.

An expanded job analysis/role delineation survey conducted in 2010/2011 for non-RN staff provided data on the roles and scopes of practice for experienced technicians and licensed practical nurses/licensed vocational nurses working within the nephrology nursing workforce. Based on the results of that survey, two additional examinations were developed – the Certified Clinical Hemodialysis Technician – Advanced (CCHT-A) exam, and the Certified Dialysis – Licensed Practical Nurse/Licensed Vocational Nurse (CD-LPN/LVN) exam. Both exams were offered beginning October 2012.

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.

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**ABNS and ABSNC Accreditation**

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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.

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***Deadlines, Cancellations, and Rescheduling***

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***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 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.

C-NET  
35 Journal Square, Suite 901  
Jersey City, NJ 07306

***Special 90-Day Permit Extension***

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

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***Change of Name and Address***

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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.

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***Disability Accommodations***

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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)

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.

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***Examination Permit***

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***Computer-Based Exam (CBT)***

Upon approval of an examination application, the applicant will receive an examination permit by email.

The permit will include a link that the applicant must use 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.

- 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. 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.

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***Preparation for the Examination***

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Please see NNCC website ([www.nncc-exam.org](http://www.nncc-exam.org)) for the current reference list and a certification preparation guide found under CCHT: Prepare for the CCHT Exam.

In addition, a QR code located on page 8 of this booklet can be scanned to obtain the certification preparation guide.

**The NNCC does not offer contact hours or review courses.** Continuing education activities are available on various websites, such as:

[www.annanurse.org](http://www.annanurse.org)  
[www.kidney.org](http://www.kidney.org)  
[www.dialysistech.net](http://www.dialysistech.net)

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***Materials to Bring to the Examination***

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Applicants arriving at the examination site must present the following to the proctor when checking in:

- 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.
  - Photo ID must be current and permanent. Temporary ID cards cannot be accepted.

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.

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***Taking the Examination***

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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.

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***Inappropriate Behavior During the Examination***

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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.

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***Examination Results and Notification***

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***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 74% of the test items must be answered correctly to receive a passing score.
- A total score and sub scores in all the major test areas of concentration will be provided for examinees who do not pass the examination.

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***Confidentiality***

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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.

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***Recognition of Certification***

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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.

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***Wall Certificate and Wallet Card***

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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.

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***Denial/Revocation of Certification***

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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 of professional RN license by nursing authority
- Misrepresentation of certification status
- Cheating on the examination
- Applicable state and/or federal sanctions brought against the applicant.

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).

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***Appeal Process***

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An applicant who has been denied certification 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.

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***Reapplication Procedure***

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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**



Prepare for the CCHT Examination.



Scan this code to download the CCHT Certification Preparation Guide using your smart phone or tablet.

**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. Diplomas issued within the United States and its territories must be in English. Diplomas not issued within the 50 United States or its territories must be accompanied by a credential evaluation report from a licensed credential evaluator, such as members of the National Association of Credential Evaluation Services (NACES). The evaluation report must show that the diploma submitted is equivalent to a high school diploma issued in the United States. 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 license) must be submitted.
2. The applicant must have successfully completed a training program for clinical hemodialysis technicians that included both classroom instruction and supervised clinical experience.
  - The applicant must obtain the signature of the educator or submit a certificate of completion to verify training.
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.
  - Please Note: Observation or “shadowing” alone does NOT constitute hands-on experience.
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.
5. If the applicant has not been employed as a clinical hemodialysis technician with eighteen (18) months prior to submitting an exam application, he/she must provide evidence of retraining in both classroom and hands-on patient care experience obtained within the prior eighteen (18) months.
  - An RN educator must sign to verify retraining.
  - An RN educator/administrator/or supervisor must sign to verify clinical, hands-on experience.
6. 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, ethnicity, national origin, religion, marital status, gender, sexual orientation, gender identity, age or disability.**

**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 from within the United States must be in English.
4. Diplomas NOT issued within the United States or its territories must be accompanied by a credential evaluation report from an N.A.C.E.S. member evaluator showing that the diploma submitted is equivalent to a high school diploma issued in the United States. (See [www.naces.org](http://www.naces.org))
5. Attach a copy of your current, government issued and non-temporary photo ID.
6. 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**  
**35 Journal Square, Suite 901**  
**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.**

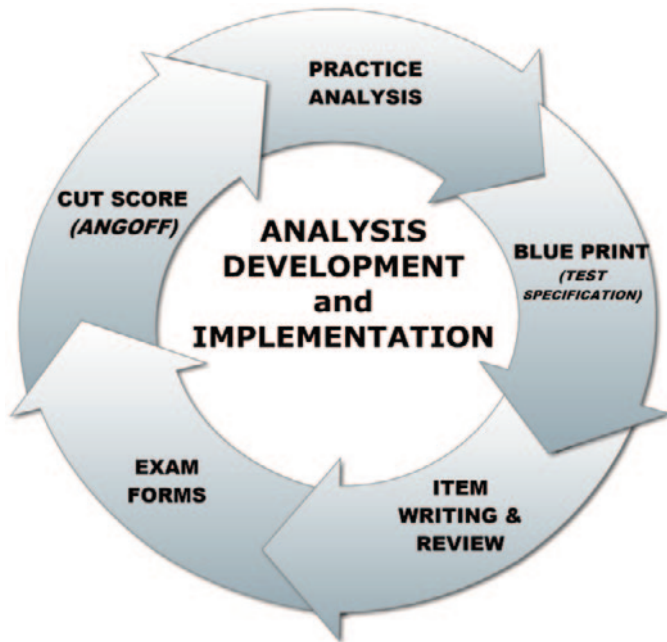
**For information regarding your application after submission, please contact C-NET directly at [info@cnetnurse.com](mailto:info@cnetnurse.com) or call 800-463-0786.**

**Test Blueprint**  
**Entry-Level Hemodialysis Technician Examination Ideal Percent of Items in Each Area**

<b>Cognitive Level</b> <b>Dialysis Practice Area</b>	<b>Knowledge</b>	<b>Comprehension</b>	<b>Application</b>	<b>Total</b>
Clinical	6-8	18-20	45-50	71-78 (40-42%)
Technical	4-5	8-10	20-23	32-38 (21-25%)
Environment	1-3	6-8	12-14	19-25 (13-17%)
Role	1-3	3-4	10-14	15-20 (10-14%)
<b>Total</b>	13-17 (8-12%)	35-39 (23-27%)	95-99 (63-67%)	150

Accepted in 2011, 2012, 2018.

### Examination Development



Valid and reliable tests do not arise spontaneously from item writers. They are carefully planned. A test has a specific blueprint, or test plan, which identifies what content needs to be included on the test. In addition, there is a list of the key content or activities performed by technicians. Both the blueprint and the key content/activities serve as item-writing guides or "test specifications" for the item writers.

Where do these test specifications come from? The content of the CCHT examination is based on a **practice analysis** survey of technicians that identifies the key tasks/activities performed by entry-level hemodialysis technicians. A national task force is brought together to plan the survey content. This task force includes technicians, as well as clinical educators and clinical managers of technicians. Following data collection, the task force reviews the survey results and makes recommendations for the CCHT test specifications, or **blueprint**. Most importantly, a job analysis is performed every five years to be sure the test reflects current practice and is kept up to date.

The group that oversees CCHT test development is the NNCC Clinical/Technical Examination Board, which is made up of technicians and nurses who work with technicians. There is also a CCHT Test Committee that writes the actual test questions. **Item writers**, who are certified technicians from a variety of geographic and practice settings, write test questions to meet the CCHT blueprint requirements. Members of both the Clinical Technical Board and the Test Committee are considered "content experts" concerning the knowledge and skills needed by hemodialysis technicians for safe practice.

Each question on the test can be linked directly to the tasks/activities in the job analysis survey. The Test Committee meets in person twice a year to review, evaluate, and write test questions. To be certain that the test content is accurate, all questions are supported, using the *Core Curriculum for the Dialysis Technician*, the regulations in the *CMS Conditions for Coverage for End-Stage Renal Disease Facilities*, and other references.

The test, now in **exam form**, consists of 150 questions that match the test blueprint. About 25 of the questions are new experimental or "pilot" questions that are not scored. Pilot testing of new questions allows for the evaluation of questions to determine if they are valid before they become scored questions.

The passing score, or **cut score**, of the test is determined by a panel of technicians who serve as subject matter experts (SMEs). Both experienced and newly certified technicians serve on this panel. This group performs a standard setting procedure (Angoff) in which each test question is reviewed to determine its level of difficulty. Finally, the passing score is determined. It is based on the SME panel's estimation of the level of difficulty required to identify individuals who have an acceptable level of knowledge and skill. Therefore, each candidate's test score is measured against a predetermined standard, not against the performance of other test takers. A score of about 74% correct is required to pass the CCHT examination.





# Certification Examination Application

Nephrology Nursing Certification Commission

## INSTRUCTION

This application consists of pages 12, 13, 14, and 15

For current Computer Based Testing (CBT) locations visit: [www.nncc-exam.org](http://www.nncc-exam.org)

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1) After reading the attached <b>Certification Examination Application Booklet</b>, complete each section of the CCHT application as instructed.</li> <li>2) Hands-on clinical training or work experience as a dialysis technician must have occurred within 18 months prior to submitting the CCHT application.</li> <li>3) Verification signatures are required for employment and training validation.</li> <li>4) All verification signatures must be signed, by hand, within the current calendar year - no digital signatures.</li> <li>5) Attach proof of name change if applicable.</li> <li>6) No personal checks. Acceptable forms of payment include money order, credit card, cashier's check, and corporate/facility check <b>made payable to C-NET</b>.</li> </ol> | <ol style="list-style-type: none"> <li>7) You must include a government-approved high school diploma (copy). Diplomas issued within the United States and its territories must be in English.</li> <li>8) Diplomas NOT issued within the United States, or its territories must be accompanied by a credential evaluation report from a N.A.C.E.S. member evaluator showing that the diploma submitted is equivalent to a high school diploma issued in the United States. (See <a href="http://www.naces.org">www.naces.org</a>)</li> <li>9) You must include a legible copy of your current government-issued photo ID. No temporary IDs.</li> <li>10) Be advised that incomplete applications are subject to an incomplete application fee and will expire <b>90 days</b> from the date received by C-NET</li> </ol> |
|--|---|

Email this application to [info@cnetnurse.com](mailto:info@cnetnurse.com) or mail it to: C-NET, 35 Journal Square, Suite 901 Jersey City, NJ 07306

## SECTION 1: CANDIDATE INFORMATION

Applicants must complete ALL fields below

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

Current Legal Last Name	Maiden Name	First Name	Middle Name
Street Address	Apt #	City	State
Zip Code			
Last four digits of Social Security Number: _____		Cell/Home Phone Number: _____	
Date of Birth: ____ / ____ / ____		Email Address: _____	

## SECTION 2: EDUCATION (Only Choose One)

Please check the highest level of education completed (in addition to training as a hemodialysis patient care technician).

☐ G.E.D./High School Diploma      ☐ LPN/LVN      ☐ Post-Secondary Degree (Please specify): \_\_\_\_\_

Have you held a professional license to practice in healthcare? Yes\_\_\_ (LIC Type \_\_\_\_\_) No\_\_\_

If so, was that license ever revoked? Yes\_\_\_ No\_\_\_

Name of agency or state licensing board that has revoked your license: \_\_\_\_\_

## SECTION 3: WORK HISTORY

Are you now or have you ever worked as a hemodialysis patient care technician?

☐ YES      ☐ NO

If yes, how long have you worked as a hemodialysis patient care technician? Years: \_\_\_\_\_ Months: \_\_\_\_\_

**SECTION 4: TRAINING**

This application consists of pages 13, 14, 15, and 16

On-the-job orientation/classroom training under an R.N.:

Start date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

End date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

If your training took place at a dialysis training school, this signature section must be completed by an R.N. Educator. In lieu of a signature, you may provide a certificate of completion from your clinical hemodialysis technical training program.

**SIGNATURE SECTION – Complete ALL fields below.**

I verify that the applicant has satisfactorily completed a hemodialysis technical training program in accordance with both state and federal regulations.

Supervisor Signature or R.N. Educator \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Facility/Institution \_\_\_\_\_

Work E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_

**SECTION 5: RECORD OF CLINICAL EXPERIENCE**

Check only one of the three status boxes below, and follow the instructions as indicated.

- ☐ I am currently employed as a hemodialysis patient care technician in the ☐ chronic or ☐ acute setting.  
Complete the date range in the **Current Employment Column** below. Your current supervisor must complete the signature portion of the **Current Employment Column** below. Be advised that all fields in this section must be completed.

- ☐ I am not currently employed as a hemodialysis patient care technician. However, I have been employed as a hemodialysis patient care technician within the last 18 months.  
Complete the date range in the **Past Experience Column** below. Your supervisor, from the facility where you were last employed, must complete the signature portion of the **Past Experience Column** below. Be advised, all fields below must be completed.

- ☐ I have not been employed as a hemodialysis patient care technician in the last 18 months.  
Complete the date range in the **Past Experience Column** below. An R.N. Educator from the facility where you obtained hands-on clinical experience within the last 18 months must complete the signature portion of the **Past Experience Column** below. Observation or shadowing alone does not constitute hands-on experience.

**CURRENT EMPLOYMENT COLUMN**

Start date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Facility: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**SIGNATURE SECTION – Complete ALL fields below.**

I verify that I am currently the supervisor of the candidate named in this application, and that the candidate is currently employed as a hemodialysis patient care technician at the above-named facility.

Supervisor/Facility Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Facility/Institution \_\_\_\_\_

Work E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_

**PAST EXPERIENCE COLUMN**

Start date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

End date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Facility: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**SIGNATURE SECTION – Complete ALL fields below.**

I verify that the candidate has been employed as a hemodialysis patient care technician or has received hands-on clinical experience under the direction of an R.N. in accordance with both state and federal regulations, at the above-named facility within the last 18 months.

R.N. Educator/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Facility/Institution \_\_\_\_\_

Work E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_

OR

**This application consists of pages 13, 14, 15 and 16**



## APPLICATION SUBMISSION & PROCESSING TIME

### Who should complete my application?

Apart from the supervisor signature sections, it is the responsibility of the **applicant** to complete all areas of the CCHT application. However, the applicant should review all fields, including the supervisor signature section, for completion before submitting to avoid incurring an incomplete application fee.

### How do I submit my application?

Applications may be submitted to C-NET using one of the following methods: Email (info@cnetnurse.com) or postal carrier (using the address at the bottom of this page). Please select only one submission method. Be sure to submit all required documents and fees together to avoid an incomplete status. We cannot return documents; therefore, it is highly recommended that you retain the original copies of all documents submitted.

### How long until I can schedule a test date?

The standard processing time for a CCHT application is approximately four weeks from when C-NET receives it. When your application has been cleared, you will be registered to test with PSI (our computer-based testing partner). Once registered, PSI will email a link to you, allowing you to schedule your examination. Please check your inbox's spam/junk folder if you do not see this link. You will have 90 days to schedule (and sit) for your exam. If you do not receive a link to schedule within four weeks, it is your responsibility to contact C-NET in writing at info@cnetnurse.com and inform them.

### Can I speed up the application process?

Yes. All applications are processed in the order in which they are received (approximately a three-week process). If you choose the "Fast Track" option, your application will be pulled to the front of the line for immediate processing. Candidates who submit complete applications will be approved and cleared to test within 3 business days. Incomplete applications may be subject to an Incomplete Application Fee.

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### **IMPORTANT NOTICE:**

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 CCHT examination

### **APPLICANT: PLEASE READ AND SIGN THE STATEMENT OF UNDERSTANDING BELOW**

I hereby attest that I have read and understood 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 the 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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Legal Signature

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Date

### **IMPORTANT**

After signing the statement of understanding, make a copy of this application and supporting documents for your records.

Email, fax or mail the application, a copy of your high school diploma or its equivalent,

a copy of your government-issued photo ID, and the appropriate Fee to:

C-NET 35 Journal Square Suite 901 Jersey City, NJ 07306

## CCHT Application Checklist

***Did you remember to ✓***

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- ☐ Complete the CCHT examination application in its entirety? There is an additional fee for incomplete applications sub-mitted 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.
- ☐ Attach a copy of your current, government issued photo ID (non-temporary)?
- ☐ 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:***

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C-NET  
35 Journal Square  
Suite 901  
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](http://www.nncc-exam.org)**



## Nephrology Nursing Certification Commission

*Certification: Your Commitment to Quality Care*

### **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 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](http://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. A recertification by examination application may be obtained by visiting the NNCC website at [www.nncc-exam.org](http://www.nncc-exam.org) or by calling 888.884.6622.
  - Must have worked 3,000 hours as a dialysis technician to be eligible for recertification.
2. If you elect the continuing education option, you must submit the recertification by continuing education application with required documentation of continuing education and the recertification application fee. Applications for renewal of your CCHT must be postmarked by the last day of the month in which your certification expires to avoid a late fee.
  - Must have worked 3,000 hours as a dialysis technician to be eligible for recertification.
  - To avoid any inconvenience, please submit recertification applications early. Be aware that it will take up to 8 weeks for processing of a recertification by continuing education 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 dialysis technician within the three year period. This is required for both options for recertification.
2. For recertification by continuing education, thirty (30) contact hours of continuing education, a minimum of ten (10) contact hours must be through nephrology education, within three years prior to certification expiration are required.
  - Certificants enrolled in a health/science degree program may apply all academic coursework in lieu of nephrology nursing continuing education for one recertification period.

#### **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 Certification**

If approved for recertification, certificants will receive a wallet card with expiration date within sixty (60) 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.