

ATTACH \$50.00
NON-REFUNDABLE
FEE

MISSISSIPPI BOARD OF NURSING
713 Pear Orchard Road, Suite 300
Ridgeland, MS 39157
(601) 957-6300

HAND-WRITTEN OR
INCOMPLETE
APPLICATIONS
WILL BE RETURNED

2015 Certified Hemodialysis Technician Renewal

INSTRUCTIONS: Form MUST be typed using the fill-in boxes supplied.

After completing the form, you must PRINT the form, sign and date it. It does NOT have to be notarized. Mail the applicaiton, proof of current certification by the by the Nephrology Nursing Certification Commission (NNCC), National Nephrology Certification Organization (NNCO), or the Board of Nephrology Examiners for Nursing and Technology (BONENT), and the \$50.00 renewal fee to the Board of Nursing. Include your phone number and Mississippi certification number on your payment.

Mississippi Certification Number:

Primary State of Residence:

*MS Certification Number may be retrieved through the On-Line Nurse Verification at www.msbn.ms.gov

NNCC/NNCO/BONENT Certification Status: **ACTIVE** **Expiration Date:**

*Submit Photocopy of Active National Certification

*No renewal will occur without proof of ACTIVE NNCC/NNCO/BONENT

NAME:

FIRST MIDDLE MAIDEN LAST

ADDRESS:

PHYSICAL ADDRESS(REQUIRED), PO BOX (IF APPLICABLE), CITY, STATE, ZIP CODE

PHONE: (Home#)

(Alternate #)

EMAIL:

COMPLETE THE FOLLOWING INFORMATION

DATE OF BIRTH	GENDER	MARITAL STATUS
ETHNIC INFORMATION	EMPLOYMENT STATUS	MAJOR FIELD OF EMPLOYMENT
Other:		Other:
HIGHEST DEGREE HELD	EMPLOYER INFORMATION	
	Name	
	City	
	State	
	County	

Since your last renewal, have you been disciplined by any disciplinary board or agency or convicted of a felony or misdemeanor in any court of law (excluding speeding tickets), or are any charges currently pending against you?? YES NO

If the answer to the above question is "YES", attach a detailed explanation and **certified** copies of all pertinent records, including but not limited to, any and all court records, expungement, fine payment, disciplinary record, etc., and/or records from another board of nursing and/or any state or jurisdiction. Allow additional time for "YES" answers to be reviewed.

Any statement made on this application which is false and known to be false by the applicant at the time of making such statement shall be deemed fraudulent and is grounds for disciplinary action.

I certify that the above information is correct.

CHT's Signature: _____

Date: _____

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