Maryland
DEPARTMENT OF HEALTH

Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Dialysis Technician Renewal Checklist

FEES ARE NON-REFUNDABLE

To ensure that the renewal application is processed, the following may assist you in performing a final check of the application prior to submitting the application to the Board.

1. **Have all data fields on the application been completed?**
2. Have you attached a copy of your certification(s) of completion demonstrating that you completed three hours of continuing education approved by the Board?
3. If applicable, have you attached your current certification as a CCHT by the NNCC, CNT by the NNCO, or CHT by BONENT?
4. **Has the fee been attached to the application?** The fee for the CDT Renewal application is $40. You can pay by money order, cashier's check, personal check, or facility check.
5. **Have you signed the renewal application?** Page 3 of the application must be signed.
6. **If this is your first renewal after April 1, 2022, have you completed the Implicit Bias Training attestation form?**
7. **If you have not practiced 16 hours for compensation as a Dialysis Technician or if you have not completed three hours of continuing education approved by the Board, have you attached a certificate of completion of a Board-approved DT training program?**
8. **If you answered "yes" to Questions 23, 23A, or 23B, have you submitted the following documentation?**

   For Questions 23 and 23A:

   a. A detailed letter of explanation, including the circumstances surrounding the crime, the date of your conviction or plea, the crime of which you were convicted or to which you pled guilty, your sentence, if and when you completed your sentence, and any other information you would like the Board to consider, such as subsequent work history, what you have learned, etc.; **AND**

   b. Court certified or true-test copies of court documents regarding the facts and circumstances of the crime, your plea(s) or the disposition of your charge(s) , the sentence imposed, and current status of your sentence (*i.e.*, all fines paid in full, completion letter from Parole/Probation Officer, etc.), or a letter/form from the court indicating that no records are available. Examples of court documents that show facts and circumstances surrounding the crime include statement of probable cause/application for statement of charges, arrest affidavit, or plea agreement.

   For Question 23B:

   a. A detailed letter of explanation; **AND**

   b. Official copies of any documentation, including disciplinary orders, issued by a regulatory body regarding the denial or discipline of any application, license, certificate, permit or other privilege to practice any health care occupation, or any documentation regarding non-disciplinary probation, monitoring, practice remediation, or other similar program.

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Interpreter Services are available upon request.

HOW TO CONTACT THE BOARD OF NURSING:

- Please send an email to **(mbon.dtrenewal@maryland.gov)**. Please include your name, social security number, and date your application was submitted to the Board.