



# Board of Nursing

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

DEPARTMENT OF HEALTH

## Renewal Application for Dialysis Technician Certification

Dialysis Technician Certification Program

Certificate Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Business Address (optional):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Gender: Male Female Other/ Unspecified (Circle One)

Social Security or Individual Tax ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Marital Status: Single Married Separated Divorced Widowed (Circle One)

Ethnicity: Are you of Hispanic or Latino origin? (Circle One) YES NO

Race: Multiracial respondents may select all applicable racial categories below:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White / Caucasian

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[www.health.maryland.gov/mbon](http://www.health.maryland.gov/mbon)

**Interpreter Services are available upon request.**

**Renewal Requirements:**

18. Have you completed 3 hours of continuing education approved by the Board?  
\_\_\_ Yes \_\_\_ No If Yes, please attach a certificate(s) of completion.

**\*\*DOCUMENTATION REQUIRED:** If you answered yes, please attach a certificate(s) of completion.

19. Have you completed 16 hours of active practice as a dialysis technician, for monetary compensation, in the last 24 months immediately preceding the date of expiration?  
\_\_\_ Yes \_\_\_ No

**Note:** If you answered “no” to question 19, you must re-take a Board- approved dialysis technician training program. If you re-take a Board -approved dialysis technician program, please attach a certificate of completion.

20. Are you currently certified as a CCHT by the NNCC, a CNT by the NNCO, or a CHT by BONENT?  
\_\_\_ Yes \_\_\_ No

**\*\*DOCUMENTATION REQUIRED:** If Yes, please attach a copy of your certification.

20A. If you answered “no” to question 20, has it been than 18 months since the date you were hired as a dialysis technician? \_\_\_\_\_ Yes \_\_\_\_\_ No

20B. Please provide your date of hire as a dialysis technician:\_\_\_\_\_

**Certification/Work Information:**

21. Please list the other states where you are certified as a dialysis technician (Active or Inactive): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

22. Please list the places where you work:

If you are employed, fill in the codes for all the places of employment, with your primary (if any) employment listed first. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Background:**

23. Have you ever been convicted of or pleaded guilty or nolo contendere (this includes a guilty plea for which probation before judgment was received) to a misdemeanor?

\_\_\_ Yes \_\_\_ No Since your last renewal? \_\_\_ Yes \_\_\_ No

23A. Have you ever been convicted of or pleaded guilty or nolo contendere (this includes a guilty plea for which probation before judgment was received) to a felony?

\_\_\_\_ Yes \_\_\_\_ No Since your last renewal? \_\_\_\_ Yes \_\_\_\_ No

23B. Has there been a disciplinary action taken against your license or certificate issued in any state, including Maryland?

\_\_\_\_ Yes \_\_\_\_ No Since your last renewal? \_\_\_\_ Yes \_\_\_\_

**If you answered “yes” to any of the above “since your last renewal” questions, you must submit the following:**

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.

**Signature:**

**I hereby apply for renewal of my certification as a dialysis technician in Maryland in accordance with the Maryland Nurse Practice Act and its accompanying regulations.**

**I affirm that the contents of this application and any documentation submitted with this application are true and complete to the best of my knowledge, information, and belief.**

**I understand that providing any false or misleading information on my application or accompanying documentation may result in disciplinary action by the Board, including reprimand, probation, suspension, revocation, and/or a monetary penalty.**

**Signature :** \_\_\_\_\_ **Date:**\_\_\_\_\_