New Mexico Board of Nursing

CERTIFIED HEMODIALYSIS TECHNICIAN
NEW MEXICO CERTIFICATION VIA NATIONAL CERTIFICATION

Applicants must meet the following prerequisites:

- Create a personal account in the nurse portal on the Board of Nursing website (https://nmbn.boardsofnursing.org/nmbn) and submit an application.

- Select the application for CHT I examination (approved national certification applicants are not required to take the examination). Applicants who hold a national certification are not required to submit proof of CPR and education and should upload copies of their certificate of national certification instead. Note: Applicants who hold an NNCC certificate must still submit a request directly to NNCC as explained below.

- Hold a hemodialysis technician certification from a national certifying body and submit proof of certification as follows:
  
  **Nephrology Nursing Certification Commission (NNCC).** Applicants complete the top section of the *Request for First-Party Verification* form and fax the request to NNCC. NNCC will complete the verification portion and transmit it to NMBON. **Do not fax the form to the Board of Nursing.**

  **National Nephrology Certification Organization (CCNT).** Applicants submit a copy of their certificates to NMBON.

  **Board of Nephrology Examiners Nursing and Technology.** Applicants submit a copy of their certificates to NMBON.

- Passed exam notices will not be accepted as evidence of national certification.

Hemodialysis Technician Rules and the online application are available on the NMBON website, [www.nmbon.sks.com](http://www.nmbon.sks.com).
REQUEST FOR NNCC FIRST-PARTY VERIFICATION

INSTRUCTIONS: CHT applicants complete the top section of this form and fax it to NNCC, (856) 589-7463. Do not fax this form to the Board of Nursing.

To: Nephrology Nursing Certification Commission
   PO Box 56
   Pitman, NJ 08071-0056
   Fx: (856) 589-7463
   Ph: (888) 884-6622

The below named practitioner has consented for the following information to be released to the New Mexico Board of Nursing - Certified Hemodialysis Technician Program, 6301 Indian School Road, Suite 710, Albuquerque, NM 87110.

PRACTITIONER NAME: ________________________________
LAST 4 DIGITS OF SSN: ________________________________
TYPE OF CERTIFICATION: ________________________________
SIGNATURE: _________________________________________
DATE: ________________________________________________
PHONE #: ___________________________ EMAIL: ____________

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This section is for NNCC use only

NNCC VERIFICATION

DATE CERTIFIED: ________________ LAST RENEWED: ________________
EXPIRATION: __________________
VERIFIED BY: ___________________ DATE: __________________
TITLE: _________________________ PHONE: __________________

NNCC: Please transmit verification to the NMBON CHT Program
   Fax (505) 841-8347
   Email: barbara.hoehne@state.nm.us