



# 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).



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## 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: \_\_\_\_\_

***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](mailto:barbara.hoehne@state.nm.us)