

STATE OF NEW MEXICO

(505) 841-8340
(505) 841-8347 Fax



Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87110

**PAYMENT SHEET
HEMODIALYSIS TECHNICIAN PROGRAM
BIENNIAL RENEWAL APPLICATION**

APPLICATION MUST BE COMPLETED IN FULL AND ATTACHED
FEES ARE NOT REFUNDABLE

PROGRAM FACILITY NAME: _____

PROGRAM FEE:

BIENNIAL PROGRAM REVIEW APPLICATION – PER AGENCY \$200.00 _____

DEBIT CARDS ARE NOT ACCEPTED AS CREDIT CARDS

IF YOU ARE USING A CREDIT CARD, PLEASE CHECK ONE OF THE FOLLOWING:

MASTERCARD _____ VISA _____

CREDIT CARD# _____ - _____ - _____ - _____

EXPIRATION DATE: Month _____ Year _____

AMOUNT: _____

SIGNATURE: _____ DATE: _____

**IF YOU ARE PAYING WITH A MONEY ORDER OR CASHIER'S CHECK
PLEASE MAKE PAYABLE TO:
THE NEW MEXICO BOARD OF NURSING**

STAPLE MONEY ORDER/CASHIER'S CHECK TO BOTTOM OF THIS SHEET. STAPLE ONCE ONLY!

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BIENNIAL RENEWAL APPLICATION
HEMODIALYSIS TECHNICIAN PROGRAM

**SUBMIT ONE (1) COPY OF REQUIRED MATERIALS ALONG WITH THE COMPLETED APPLICATION AND FEE:
(PLEASE PRINT OR TYPE)**

DATE OF APPLICATION: _____

NAME OF AGENCY PROGRAM: _____

ADDRESS: PHONE: _____ PHONE: _____

ADMINISTRATOR: _____ NURSE EDUCATOR: _____

MEDICAL DIRECTOR: _____

NEW MEXICO DEPARTMENT OF HEALTH LICENSURE: _____

Date of last survey: _____ Expiration date of current DOH license: _____

**OBJECTIVES
(ATTACH A COPY OF THE PROGRAM OBJECTIVES)**

- 1. There are written objectives which serve as a basis for the planning, implementation, and evaluation of the program:
 YES NO
- 2. Person who developed objectives: _____ Date developed: _____
- 3. The objectives are reviewed annually and revised as necessary by the nurse educator: YES NO

CURRICULUM

- 1. Is your facility using a Board Approved standardized curriculum? YES NO
- 2. The curriculum extends over a period of time sufficient to provide essential, sequenced learning experiences which enable a student to develop competence consistent with principles of learning and sound education practice.
 YES NO Number of classroom hours: _____
- 3. Does your program offer training as CHT II's? YES NO
Clinical Practice Hours: _____ Number of hours of theory: _____
- 4. Briefly describe the objectives of the clinical experience and the type of clinical experience to be offered.

- 5. What is the ratio of students to faculty in the supervised clinical experience? _____
- 6. The curriculum provides for instruction in the subject areas listed in the rules and regulations. YES NO
IF NO, please explain: _____
- 7. Is there a written systematic plan for curriculum and program evaluation? YES NO
- 8. What year was your agency first approved as a board program? _____



**BIENNIAL RENEWAL APPLICATION
HEMODIALYSIS TECHNICIAN PROGRAM (cont'd)**

Clinical Preceptor (s): Add additional sheets if needed

Name: _____	License No./Expiration date: _____
Name: _____	License No./Expiration date: _____
Name: _____	License No./Expiration date: _____
Name: _____	License No./Expiration date: _____

ATTACH COPIES OF CE CERTIFICATES OR VERIFICATION OF CNN (date of certification must be indicated).
(Nurse Educator must attach evidence of nine (9) contact hours in nephrology nursing in last year or verification of Certification as a Certified Nephrology Nurse.)

- The nurse educator is an RN licensed to practice in New Mexico or has compact license. YES NO
If yes, please give current license number: _____
- The nurse educator has at least two (2) years of recent nursing practice experience, within the last five (5) years.
 YES NO
- The nurse educator is responsible for instruction and evaluation of student achievement, grading and progression.
 YES NO

RECORDS

- The nurse educator's record includes current professional education, continuing education, and experience and data regarding maintenance of clinical and teaching experience and licensure in New Mexico. YES NO
- The students's records include admission data, evaluation data, documentation of clinical experience and final course grade. YES NO

PLEASE LIST ALL CERTIFIED HEMODIALYSIS TECHNICIANS CURRENTLY EMPLOYED BY YOUR AGENCY IN NEW MEXICO

NAME OF CERTIFIED HEMODIALYSIS TECHNICIAN/SITE	CERTIFICATE NUMBER	CERTIFICATE EXPIRATION DATE

Please duplicate this page if necessary for additional names.

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**BIENNIAL RENEWAL APPLICATION
HEMODIALYSIS TECHNICIAN PROGRAM (cont'd)**

**ATTACH APPROPRIATE FEE AS INDICATED ON PAYMENT FORM.
FEES ARE PAYABLE TO THE NEW MEXICO BOARD OF NURSING.**

ACCEPTABLE FORMS OF PAYMENT ARE:

- **MONEY ORDER, CASHIER'S CHECK, VISA OR MASTERCARD.**
- **CASH IS ACCEPTED BY WALK IN ONLY AND FOR THE EXACT AMOUNT.**
- **NO PERSONAL CHECKS, DEBIT CARDS/CHECK CARDS OR DEMAND DRAFTS ACCEPTED.**

HAVE YOU REVIEWED THE BOARD OF NURSING RULES REGARDING HEMODIALYSIS TECHNICIAN?

YES NO

SUBMITTED BY:

_____ NURSE EDUCATOR SIGNATURE	_____ NURSE EDUCATOR (PRINT)	_____ DATE
_____ ADMINISTRATOR SIGNATURE	_____ ADMINISTRATOR (PRINT)	_____ DATE
_____ DIRECTOR OF NURSING SIGNATURE	_____ DIRECTOR OF NURSING (PRINT)	_____ DATE

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CHECKLIST:

- Reviewed Board of Nursing Rules for Hemodialysis Technician
- Completed Application in its entirety and attached required documents
- Fee attached payable to the NM Board of Nursing

PROCESS:

- Mail the information to the BON with fee attached
- A letter will be mailed to you with Board approval or request for more information
- Nurse Educator or substitutes are welcome to attend and/or join the quarterly meeting of the Hemodialysis Technician Advisory Committee. For committee dates, please check the BON website www.bon.state.nm.us.