

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 EVALUATION APPLICATION – PER SATELLITE      \$100.00 \_\_\_\_\_

**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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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 SATELLITE PROGRAM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ 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 satellite 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 satellite 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 SATELLITE FACILITY IN NEW MEXICO**

NAME OF CERTIFIED HEMODIALYSIS TECHNICIAN	CERTIFICATE NUMBER	CERTIFICATE EXPIRATION DATE

**Please duplicate this page if necessary for additional names.**

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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](http://www.bon.state.nm.us).