

Hemodialysis Technician Certification Application Form

Application Type

Provisional Certification*		See page 3 for additional documentation requirements
Provisional Renewal Certification*		May only be renewed one time.
Full Initial Certification*		See page 3 for additional documentation requirements
Full Renewal Certification*		See page 3 for additional documentation requirements.
Temporary Certification for a Military Spouse*		See page 3 for additional documentation requirements.
Name/Address Change		
*Payment required, please see fee schedule on page 4		

Applicant Information (please print clearly or use the fillable PDF option)

Name: Last	First:	Middle:
Prior Names Used:		
Mailing Address: Number and Street/Apt #:		
City:	State:	Zip:
Social Security Number**:	Date of Birth:	
Email:		
Telephone:	Gender:	

****As part of your application for certification issued by Health Care Regulation and Quality Improvement (HCRQI), you are required to provide your Social Security Number to HCRQI. THIS IS MANDATORY FOR ALL INITIAL CERTIFICATIONS. The Authority for this requirement is Oregon Laws 1977, Chapter 746, Section 117 (OAR 25.785) and 42 USC 666 (a)(13)**

HCRQI Office Use Only	
Effective date of licensure:	_____
Initials:	B/C date: _____
Fee:	Late Fee: _____
Hours:	CEUs: _____

Hemodialysis Employers (Required for all certifications)

List your hemodialysis employers, starting with the most recent

Facility Name:	Location:	Dates of Employment	
		From:	To:
		From:	To:
		From:	To:

800 NE Oregon Street, Suite 465, Portland, OR, 97232

Voice: (971) 673-0540 (option 4) | Fax: (971) 673-0556 | All relay calls accepted

<http://www.healthoregon.org/hemo> | mailbox.hclc@odhsoha.oregon.gov

Please answer all the following questions. “Yes” responses to questions 2–13 require a detailed written explanation. Attach additional pages to this application with responses. Failure to attach additional pages may result in a delay in certifications. (Required for all certifications)	
1) In the last five years, have you lived in another state, have an out-of-state address, or been outside of Oregon for more than 60 consecutive days? If yes, you will need to submit fingerprints. Please see ‘Fieldprint Electronic Fingerprinting Instructions’ on our website for additional instructions.	Yes No
2) Do you have a physical, mental, or emotional condition(s) which may impair your ability to perform certified hemodialysis technician (CHDT) duties with the required skill and safety?	Yes No
3) Have you ever been arrested, charged with, entered a plea of guilty, no contest, been convicted of, or sentenced for any criminal offense, either a misdemeanor or felony in any state?	Yes No
4) Have you ever been investigated for any type of abuse in any state?	Yes No
5) Have you ever been found guilty of violating any state and/or federal law and/or rule regulating health care?	Yes No
6) Are any disciplinary actions pending against your CHDT certificate or its equivalent in any state or US jurisdiction?	Yes No
7) Have any disciplinary actions been taken against your CHDT certificate or its equivalent in any state or US jurisdiction?	Yes No
8) Has there ever been a civil judgment against you for incompetence, negligence, or malpractice in connection with the practice of health care?	Yes No
9) Do you use, or have you used in the last five (5) years any chemical substance(s) that would in any way impair or limit your ability to perform as a CHDT with the required skill and safety?	Yes No
10) Are you currently engaged in the illegal use of any controlled substance?	Yes No
11) Have you ever been found in a civil, administrative, or criminal proceeding to have: <ul style="list-style-type: none"> a) Possessed, used, prescribed for use, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or prescription drugs, violated any drug laws or prescribed controlled substances for yourself? b) Committed any act involving dishonesty or corruption? c) Violated any state or federal law or rule regulating the practice of a health care profession? 	<div>Yes No</div> <div>Yes No</div> <div>Yes No</div>
12) Have you ever had any certificate, license, registration, or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, or censured?	Yes No
13) Have you ever been placed on a probation by state, federal or foreign authority?	Yes No

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Initial Provisional Certification Documentation Requirements:

Hemodialysis Training

Documentation of training that you have received is required for initial provisional certification. This must include classroom as well as clinical training. This may be a certificate, skills checklist, or a letter from your manager. An extended training program must consist of a minimum of 80 hours of classroom study and 160 hours of supervised clinical experience.

Please check one below – Documentation of completion required for initial certifications

High School	GED
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Initial Full Certification Documentation Requirements:

National Examination/Certification:

Type of Test	Please check one of the following boxes and indicate the date the test was passed.	
BONENT	<input type="checkbox"/>	
NNCC/CCHT	<input type="checkbox"/>	

Documentation of holding a current national certification through BONENT or NNCC/CCHT is required for initial full certification.

Please check one below – Documentation of completion required for initial certifications

High School	GED
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Renewal Full Certification Documentation Requirements:

If you have maintained and have a current national certification:

Documentation of holding a current national certification through BONENT or NNCC/CCHT.

If you do NOT currently hold a national certification:

Hours Worked

Documentation of the number of hours worked during the current certification period is required. Hours worked need to be obtained during your current certification period.

Continuing Education

This can include in-service training, conference, meetings, workshops, etc. Include the date and title of the event, the event sponsor, the length of time of each even, and any Continuing Education Units (CEU's) earned by your attendance. Attach a copy of the certificate(s). CEU's need to be obtained during your current certification period.

For additional assistance on the number of CEU's required, please see our Hemodialysis Technician Fee Schedule & FAQ's online at <http://www.healthoregon.org/hemo>

Temporary Certification for a Military Spouse

Please email Mailbox.hclc@odhsoha.oregon.gov or call 971-673-0540 (option 4) for guidance to apply under this provision.

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PLEASE REVIEW YOUR APPLICATION FOR COMPLETENESS

Falsifying an application, supplying misleading information, or withholding information is ground for denial or revocation of certification.

I hereby certify that I am the above-named individual and that the information given is true and correct. **In addition, if submitting an initial certification issued by Health Care Regulation and Quality Improvement (HCRQI), you are required to provide your Social Security Number to HCRQI. THIS IS MANDATORY FOR ALL INITIAL CERTIFICATIONS.** The Authority for this requirement is Oregon Laws 1977, Chapter 746, Section 117 (OAR 25.785) and 42 USC 666 (a)(13)

The Health Care Regulation & Quality improvement (HCRQI) program will conduct a criminal record check through the Law Enforcement Data System (LEDS). Signature on this form indicated my consent for that criminal record check.

Applicant Signature

Date (mm/dd/yyyy)

Printed Name

Make check or money order payable to: Oregon Health Authority
Mail application material to: HFLC
800 NE Oregon Street
Suite 465
Portland, Oregon 97232

Initial provisional certification fee	\$37.50
Initial full certification fee (for applications submitted 07/01/2025 – 12/31/2025)	\$150.00
Initial full certification fee (for applications submitted 01/01/2026 – 06/30/2026)	\$112.50
Initial full certification fee (for applications submitted 07/01/2024 – 12/31/2024)	\$75.00
Initial full certification fee (for applications submitted 01/01/2025 – 06/30/2025)	\$37.50
Late fee (assessed for applications received less than three weeks prior to expiration)	\$25.00
Renewal provisional certification fee	\$37.50
Renewal full certification fee	\$150.00

Questions about this application?

Email: mailbox.hclc@odhsoha.oregon.gov

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PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and FBI Record Access and Amendment

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>

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