

Hemodialysis Technician Certification Application Form

Application Type	
Provisional Initial Certification*	<i>Please see page 3 for additional documentation requirements.</i>
Provisional Renewal Certification*	
Full Initial Certification*	<i>Please see page 3 for additional documentation requirements.</i>
Full Renewal Certification*	<i>Please see page 3 for additional documentation requirements.</i>
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:
		From:	To:

Please answer all the following questions. “Yes” responses require a detailed written explanation. Attach additional pages to this application with responses. Failure to attach additional pages may result in a delay in certification. (Required for All Certifications)

1. Have you lived in another state, had or currently have an out-of-state address or been outside of Oregon for more than 60 consecutive days in the last five years? <i>If yes, you will need to submit fingerprints effective July 1, 2023. Please see ‘Fieldprint Electronic Fingerprinting Instructions’ on our website for additional instructions.</i>	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: 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 dishonestly or corruption? c) Violated any state or federal law or rule regulating the practice of a health care profession?	Yes Yes Yes	No No No
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 probation by state, federal or foreign authority?	Yes	No

Initial Provisional Certification:

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

Initial Full Certification:

National Examination/Certification

Type of Test	Please check one of the following boxes and indicate the date the test was passed.	
BONENT		
NNCC/CCHT		

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

Renewal Full Certification:

Hours Worked: Documentation of the number of hours worked during the current certification period is required.

Hours worked need to be obtained during the current two-year certification period.

Example: Hours need to be obtained through years 2021-2023 for Certification Renewal Year of 2023-2025.

Continuing Education: This can include in-service trainings, conference, meetings, workshops, etc. Include the date of the event, the title of the event, the event sponsor, the length of time of each event, and any Continuing Education Units (CEU's) earned by your attendance. Attach a copy of the certificate(s) received upon completion.

CEU's need to be obtained during the current two-year certification period. Example: CEU's to be obtained through years 2021-2023 for Certification Renewal Year of 2023-2025.

For additional assistance on number of CEU's required please see our Hemodialysis Technician Fee Schedule & FAQ's online at healthoregon.org/hemo

PLEASE REVIEW YOUR APPLICATION FOR COMPLETENESS

Falsifying an application, supplying misleading information, or withholding information is grounds 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 indicates my consent for that criminal record check.

Applicant Signature

Date (mm/dd/yyyy)

Printed Name

Make check payable to: Oregon Health Authority
Mail payment to: HFLC
800 NE Oregon Street
Suite 465
Portland, OR 97232

Initial provisional certification fee	\$37.50
Renewal provisional certification fee (only one provisional renewal allowed)	\$37.50
Initial full certification fee (07/01/2023 – 12/31/2023)	\$150.00
Initial full certification fee (01/01/2024 – 06/30/2024)	\$112.50
Initial full certification fee (07/01/2024 – 12/31/2024)	\$75.00
Initial full certification fee (01/01/2025 – 06/30/2025)	\$37.50
Full certification renewal fee	\$150.00
Late fee (assessed for applications received less than three weeks prior to expiration)	\$25.00

Questions about this application?

Phone: 971-673-0540 (option 4)

Email: mailbox.hclc@odhsoha.oregon.gov