

BONENT Exam Application

BONENT Approved Training Program - Reference Letter Form

Dear BONENT Executive Office,

_____ **has successfully completed the**
Applicant's Full Legal Name

_____ **course at the BONENT Approved Training**
Type of Course (Dialysis Technician, Dialysis Nurse, etc.)

Program: _____ **on** _____
Name of Approved Training Program Month

_____, _____
Day Year

_____ **is** _____
He/She Characteristics of Student (hard working, passionate, etc.)

Instructor/Externship Supervisor/Program Director: Print Full Legal Name

Instructor/Externship Supervisor/Program Director: Signature

Today's Date

***To be used by graduates of BONENT Approved Training Programs ONLY within 2 years of completing program.**