



Continuous Educational Unit Booklet for Recertification

This booklet will explain the NZBDP recertification process and will help you to track your continuous Education Units (CEU's).

NZBDP Certification is achieved by completing the Board of Nephrology Examiners Nursing and Technology (BONENT) examination and is valid for **three years**.

To Recertify:

You will need to complete the recertification booklet and the application on page 1. The booklet must be accompanied by copies of CEU's duly obtained. The information submitted will be reviewed for proper documentation and to determine if it meets NZBDP recertification criteria. When this process is successfully completed, you will be recertified for a further three years.

Fee:

There is no fee to recertify as long as you maintain your NZBDP annual practicing certification is current.

Note: A \$25 fee may be applicable for incomplete documentation

Application Form

Complete this APPLICATION using block letters. All fields must be completed

I have completed 60 Continuing Educational Units as listed in the booklet for recertification

I wish to take resit Exam

Family Name		Given Name
Postal Address		
Type Here		
Home Phone Number	Email Address	
Work Address	Work Phone	Work Email Address
NZBDP ID#	Recertification Due Date	Submission Date
Candidate Signature		

Continuing Education Units for Recertification

Recertification

Initial certification is accomplished by successfully completing NZBDP approved examination and is valid for three years from the date of passing the examination. In order to continue certification beyond this period, one of the two options must be followed:

1. Accumulation of Contact educational units

Recertification for NZBDP using this option means that at least sixty (60) CEUs must be attained during the three year period. This is accomplished by,

- Attaining a minimum of Forty (40) CEUs from any combination of Division I, II, III and IV.
- Attaining the balance of Twenty (20) CEUs from among any combination of Divisions I, II, III, IV, & V.

OR

2. Re – Examination

This option must be completed during the third year of the certification.

Payment

Each Certified Clinical Dialysis Technician will be invoiced an annual practicing certificate fee.

The fee may be paid by personal cheques or draft payable to New Zealand Board of Dialysis Practice.

All annual practicing certificate fees **must** be paid prior to recertification process.

There is no fee for recertification as long as NZBDP annual practicing certificate is current.

DOCUMENTATION OF CONTINUING EDUCATIONAL UNITS

All credits submitted for consideration as CEUs towards recertification **must** be listed in the booklet.

The booklet must also be accompanied by copies of certificates, official transcripts, or other documentation indicating proof of CEUs claimed. Copies of certificates and other documents must be verified and duly signed by NZBDP approved personnel and must include the following information.

- Name of the Presenter / Facilitator
- Category
- Title
- Date and Venue
- Session Hours
- Name of the approver of the programme or verifier

CALCULATION OF CONTINUING EDUCATIONAL UNITS

60 minutes of class room instruction = 1 CEU

30 minutes of class room instruction = 0.5 CEU

NZBDP APPROVED NEPHROLOGY PROGRAMMES

<p>Academic Courses</p> <p>Example</p> <p>Post Graduate Papers Certificate in Nephrology Nursing Course</p>	<p>Non – Renal study Days by DHBs</p> <p>Example</p> <p>Basic Life Support / CPR Study Days Preceptor/Supervision and Delegation Diabetes study Days Delivering on the job training Cultural study Days Acute care training Management Study Days Cultural Competency Courses –CALD Pacific Cultural Perspectives Te Pumaomao—Maori Cultural Perspectives</p>
<p>Renal In service / Training by Internal Staff and External agencies</p> <p>Example</p> <p>Gambro/Fresenius/ Baxter and others Train the Trainer Programmes DHB Journal Club Workshops Case Studies</p>	<p>Conference Feed – Back</p> <p>Example</p> <p>NZBDP Dialysis Technology Symposium RSA Federal Conferences National conferences International Conferences and workshops</p>
<p>Internal Courses or Training Modules</p> <p>Example</p> <p>Acute Haemodialysis Module for adults & paediatrics Therapeutic Plasma Exchange Module Charcoal Hemoperfusion Module High Cut Off dialysis module CAPD module Blood Transfusion Module Introduction to speciality practice module Management and Leadership Modules IV Credentialing Water quality assessment</p>	<p>Self Study / Internet / Distant Learning</p> <p>Example</p> <p>Fresenius Journal Club Gambro College Renal Cross Word Puzzle Unit Policies and Protocols Nephrology – Article Critique Case Study – Written Case Study – Presentation NEN e- learning Modules</p>
<p>Renal Study Days by DHBs</p>	

SELF DIRECTED LEARNING ASSESSMENT FORM

To earn credit for self directed learning, articles must be carefully read and the following evaluation form completed. This should be kept in your PDP portfolio.

Article details:
Title:
Authors:
Reference:

Educational value (Please circle your choice 5=definitely, 1=no)

I learned something new that was important
I verified some important information
I plan to discuss the information with colleagues
I plan to seek more information on this topic
My attitude about this topic has changed in some way
This information is likely to impact my practice
I understood what the authors were trying to say
I was able to interpret the tables/figures (if applicable)

Readability Feedback

I understood what the author/s were trying to say
I was able to interpret the tables/figures(If applicable)

Summary of the article

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Statement of completion

I attest to having completed the PDP activity

Name

Date

Signed

Summary Sheet

To be Completed by the candidates	
Total for Division I	
Total for Division II	
Total for Division III	
Total for Division IV	
Total for Division V	
Total CEUs claimed:	

To be completed by the Verifier:

I hereby verify the information provided by

Is true and accurate.

Name: _____ Date: _____

Designation: _____ Signature: _____

NZBDP USE ONLY

DATE LAST RECERTIFIED:	DATE OF SUBMISSION:
TOTAL CEUs CLAIMED	TOTAL CEUs GRANTED:
ASSESSMENT DATE:	
ASSESSOR 1 NAME:	ASSESSOR2 NAME:
ASSESSOR 1 SIGNATURE:	ASSESSOR2 SIGNATURE:
ASSESSOR 3 NAME:	ASSESSOR4 NAME:
ASSESSOR 3 SIGNATURE:	ASSESSOR4 SIGNATURE:
COMMENTS:	
RECERTIFIED: YES NO	DATE OF NEXT RECERTIFICATION: