

**SECTION 4: TRAINING**

This application consists of pages 13, 14, and 15

On-the-job orientation/classroom training under an RN:

Start date: Month: OCT Year: 2018End date: Month: NOV Year: 2018Institution: FRESENIUS MEDICAL CARECity: ALBANY State: NY

If your training took place at a dialysis training school, this signature section must be completed by an RN Educator. In lieu of a signature, you may provide a certificate of completion from your clinical hemodialysis technical training program.

SIGNATURE SECTION – Complete ALL fields below.

I verify that the applicant has satisfactorily completed a hemodialysis technical training program in accordance with both state and federal regulations.

RN Educator/Supervisor Signature _____ Date _____

Print Name _____ Facility/Institution _____

Work E-mail _____ Work Phone _____

SECTION 5: RECORD OF CLINICAL EXPERIENCECheck only one of the three status boxes below and follow the instructions as indicated.

- ☐ I am currently employed as a hemodialysis patient care technician in the ☐ chronic or ☐ acute setting.

Complete the date range in the Current Employment Column below. Your current supervisor must complete the signature portion of the Current Employment Column below. Be advised, all fields in this section must be completed.

- ☒ I am not currently employed as a hemodialysis patient care technician. However, I have been employed as a hemodialysis patient care technician within the last 18 months.

Complete the date range in the Past Experience Column below. Your supervisor, from the facility where you were last employed, must complete the signature portion of the Past Experience Column below. Be advised, all fields must be completed.

- ☐ I have not been employed as a hemodialysis patient care technician in the last 18 months.

Complete the date range in the Past Experience Column below. An RN Educator from the facility where you obtained hands-on clinical experience within the last 18 months must complete the signature portion of the Past Experience Column below. Observation or shadowing alone does not constitute hands-on experience.

CURRENT EMPLOYMENT COLUMN

Start date: Month: _____ Year: _____

Facility: _____

City: _____ State: _____

SIGNATURE SECTION – Complete ALL fields below.

I verify that I am currently the supervisor of the candidate named in this application, and that the candidate is currently employed as a hemodialysis patient care technician at the above-named facility.

Supervisor/Facility Administrator Signature _____ Date _____

Print Name _____ Facility/Institution _____

Work E-mail _____ Work Phone _____

PAST EXPERIENCE COLUMN

Start date: Month: _____ Year: _____

End date: Month: _____ Year: _____

Facility: _____

City: _____ State: _____

SIGNATURE SECTION – Complete ALL fields below.

I verify that the candidate has been employed as a hemodialysis patient care technician or has received hands-on clinical experience under the direction of an RN in accordance with both state and federal regulations, at the above named facility within the last 18 months.

RN Educator/Supervisor Signature _____ Date _____

Print Name _____ Facility/Institution _____

Work E-mail _____ Work Phone _____

OR