



MISSISSIPPI STATE DEPARTMENT OF HEALTH

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Dear Applicant:

Enclosed you will find the forms necessary for you to apply for registration as a hemodialysis technician. It is strongly suggested that you read the regulations prior to filling out the application, and then examine the directions entitled "**STEPS TO REGISTRATION**" to see which forms are appropriate for you. Please note the following:

- (a) Applications not completed in their entirety will be returned, minus the applicable fees, which are non-refundable.
- (b) The names on the application and the licensure requirements must be the same or a copy of the legal document(s) effecting the name change(s) must be included with your application. The name on the driver's license must be the same as the name on the application. We will not accept nicknames, abbreviations, or alterations.
- (e) The home address on the application is the address where this office will mail ALL correspondence. Written notice signed by the applicant is required for an address change.
- (f) All money orders for fees are to be made payable to the Mississippi State Department of Health.
- (g) The review process regarding an application for licensure starts only after all applicable licensure requirements are on file. The review process is usually completed within two weeks.
- (h) Our overnight mail address (see "**OVERNIGHT MAIL**") is as follows:

Mississippi State Department of Health  
Professional Licensure - HT  
570 E. Woodrow Wilson Blvd  
Jackson, MS 39216

If you have any questions regarding the above, please contact the licensure office.

Sincerely,

Division of Professional Licensure



**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

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**STEPS TO REGISTRATION**

Applicants may apply for a registration in the following way. Please submit the completed, applicable form as indicated:

1. Completed application
2. Fees (non-refundable)
  - 1) Application/Registration fee - \$50.00
3. Verification of dialysis technician certification reported directly to this office;
4. Copy of driver's license or state identification card



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Hemodialysis Technician Application for Registration

For Office Use Only

M.O. or Check #: _____
Amount: \$ _____
Date: _____
Registration #: _____
Date Mailed: _____

1. Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

2. Home Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code) (County)

3. E-mail Address: \_\_\_\_\_

4. Home Telephone Number: (\_\_\_\_) \_\_\_\_\_

5. Place of Employment: \_\_\_\_\_

6. Employment Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code) (County)

7. Employment Telephone Number: (\_\_\_\_) \_\_\_\_\_

8. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

9. Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 10. Race: \_\_\_\_\_ 11. Gender:  Male  Female

12. Are you currently credentialed by NNCC, BONENT, NNCO or a similar dialysis technician certification?  Yes  No  
(A copy of the credential must be submitted with the application for registration)

13. Have you ever had any license, registration or certificate encumbered in any way, i.e., revoked, suspended, censured, rejected, denied, place on probation, reprimanded, etc.?  Yes  No  
If yes, attach a full explanation including the type of license, registration, or certificate, And jurisdiction where the action occurred.

14. Have you ever been convicted of a felony or misdemeanor?  Yes  No  
If yes, attach explanation and copy of court disposition.

I, the undersigned, do solemnly swear or affirm that I am the above applicant and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Registration of Hemodialysis Technicians and affirm that all conditions for registration have been met and will be maintained.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Complete this form, enclose a \$50.00 money order, a copy of your driver's license or state identification card, and copy of your certification mail to the address provided in the Steps to Registration.**

**Instruction for Form No 1149 MSDH Hemodialysis Technician Application for  
Registration  
Date 06/25/19**

**PURPOSE:**

Form No 1149 MSDH Hemodialysis Technician Application for Registration, was created to provide a means for the Department to verify the qualifications of an applicant for registration.

**INSTRUCTIONS:**

1. Name - enter last name, first name, and middle name.
2. Address - enter house number and street name.
3. City and State - enter city and state of home address.
4. Zip - enter zip code of home address.
5. County - enter county of home address.
6. Email address - enter email address
7. Home Telephone Number - enter area code and home telephone number.
8. Place of Employment - enter name of employer.
9. Employment Address – enter address of place of employment
10. City and State - enter city and state of employer address.
11. Zip - enter zip code of employer address.
12. County - enter county of employer address.
13. Business Telephone Number - enter area code and employer telephone number
14. Social Security Number - enter social security number.
15. Date of Birth - enter date of birth.
16. Race - enter race.
17. Male/Female - check appropriate box.
18. Credentialing - check appropriate box and include a copy of credential with application.
19. License/Permit Encumbered - check appropriate box, if affirmative, attach explanation.
20. Convicted of Violations - check appropriate box, if affirmative, attach explanation.
21. Applicant Signature and Date - sign application and place date on application when signed

**OFFICE MECHANICS AND FILING:**

Completed records will be filed in the Professional Licensure Division as appropriate

**RETENTION:**

Records will be retained in accordance with the Professional Licensure Division's policies.

# Regulations Governing the Registration of Hemodialysis Technicians



**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

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Mississippi State Department of Health  
Office of Licensure  
Professional Licensure Division  
P. O. Box 1700  
Jackson, Mississippi 39215-1700  
(601) 364-7360 Fax (601) 364-5057



**Title 15: Mississippi State Department of Health**

**Part 19: Bureau of Professional Licensure**

**Subpart 60: Professional Licensure**

**CHAPTER 12: REGULATIONS GOVERNING REGISTRATION OF HEMODIALYSIS TECHNICIANS**

**Subchapter 1: General provisions**

Rule 12.1.1 **Legal Authority:** The Mississippi Department of Health is authorized to establish, adopt, and enforce these rules and regulations by virtue of Section 41-3-15 of Mississippi Code of 1972, annotated.

*SOURCE: Miss. Code Ann. §41-3-15*

Rule 12.1.2 **Definitions**

1. **Board** shall mean the Mississippi State Board of Health.
2. **Department** shall mean the Mississippi State Department of Health.
3. **Hemodialysis Technician or registrant** shall mean a person who has obtained certification from an organization approved by the Department and has a current registration from the Department, who is not a nurse, physician assistant or physician and who has received special training in the operation of hemodialysis equipment and treatment of patients with renal failure and provides dialysis care in a renal dialysis facility under the direct, on-site supervision of a registered nurse or physician.

*SOURCE: Miss. Code Ann. §41-3-15*

**Subchapter 2: Scope of Practice**

Rule 12.2.1 Hemodialysis technicians may administer hemodialysis under the authority of a registered nurse licensed under the Mississippi Nursing Practice Law who may delegate tasks based on nursing judgment to a hemodialysis technician based on the technician's education, knowledge and training skills. A hemodialysis technician who has completed or is currently in a training program recognized by the Board may perform as a hemodialysis technician under the authority of a registered nurse before obtaining national certification; however, the national certification must be obtained within eighteen (18) months of the hiring of the

hemodialysis technician, and evidence of the national certification must be provided to the Department.

*SOURCE: Miss. Code Ann. §41-3-15*

### **Subchapter 3: Requirements for Registration**

Rule 12.3.1 Applicants for registration as a hemodialysis technician shall submit the following to the Department:

1. A completed application containing such information as the Department reasonably requires.
2. Evidence that the individual holds one of the following certifications.
  - a. Certified Clinical Hemodialysis Technician (CCHT) by the Nephrology Nursing Certification Commission (NNCC).
  - b. Certified Hemodialysis Technician (CHT) by the Board of Nephrology Examiners Nursing and Technology (BONENT).
  - c. Certified in Clinical Nephrology Technology (CCNT) by the National Nephrology Certification Organization (NNCO).
  - d. Certification or licensure as a dialysis technician or similar title by another jurisdiction in the United States provided the standards for certification or licensure are substantially equivalent to those in Mississippi.
3. A registration fee as set by the board made payable to the MS State Department of Health either by check or electronic means. The fee shall be non-refundable.

*SOURCE: Miss. Code Ann. §41-3-15*

### **Subchapter 4: Revocation, Suspension and Denial of Registration**

Rule 12.4.1 **Standards of Conduct:** Registrants may, at the discretion of the Department, have their registration placed on probation, suspended or revoked, or denied at the time of application or renewal, or have such other disciplinary action taken as deemed appropriate, if the Department determines that the registrant:

1. Is guilty of fraud or deceit in procuring or attempting to procure a registration or renewal of a registration as a hemodialysis technician.
2. Is unfit or incompetent to function as a hemodialysis technician by reason of negligence or other causes of incompetency.

*SOURCE: Miss. Code Ann. §41-3-15*

**Rule 12.4.2 Notice of Charges and Hearing:**

1. Following the investigative process, the Department may file formal charges against the registrant. Such formal complaint shall, at a minimum, inform the registrant of the facts which are the basis of the charge and which are specific enough to enable the registrant to defend against the charges.
2. Each registrant, whose conduct is the subject of a formal charge which seeks to impose disciplinary action against the registrant, shall be served notice of the formal charge at least fifteen (15) days before the date of hearing. A hearing shall be presided over by the Department's designee. Service shall be considered to have been given if the notice was personally received by the registrant, or the notice was mailed certified, return receipt requested, to the registrant at the registrant's last known address as listed with the Department.
3. The notice of the formal hearing shall consist at a minimum of the following information:
  - a. The time, place and date of hearing;
  - b. That the registrant shall appear personally at the hearing and may be represented by counsel;
  - c. That the registrant shall have the right to produce witnesses and evidence on the registrant's behalf and shall have the right to cross-examine adverse witnesses and evidence;
  - d. That the hearing could result in disciplinary action being taken against the registrant's registration;
  - e. That rules for the conduct of the hearing exist and it may be in the registrant's best interest to obtain a copy; and
  - f. That the Department's designee shall preside at the hearing and following the conclusion of the hearing shall make findings of facts, conclusions of law and recommendations, separately stated to the State Health Officer as to what disciplinary action, if any, should be imposed on the registration.
4. The Department's designee shall hear evidence produced in support of the formal charges and contrary evidence produced by the registrant. At the conclusion of the hearing, the State Health Officer shall issue an order, within sixty (60) days.
5. Disposition of any complaints may be made by consent order or stipulation between the Department and the registrant.
6. All proceedings pursuant to this section are matters of public record and shall be preserved pursuant to state law.

*SOURCE: Miss. Code Ann. §41-3-15*

Rule 12.4.3 **Department Sanctions:** The Department may impose any of the following sanctions, singly or in combination, when it finds that a registrant is guilty of any of the offenses set forth in Rule 12.4.1 or Rule 12.4.2 above:

1. Revocation of the registration;
2. Suspension of the registration, for any period of time;
3. Issuance of a letter of reprimand to the registrant;
4. Placement of the registrant on probationary status with a requirement that the registrant submit to any of the following:
  - a. Report regularly to the Board upon matters which are the basis of probation; or
  - b. Such other reasonable requirements or restrictions as are proper; or
5. Revoke probation which has been granted and impose any other disciplinary action in this subsection when the requirements of probation have not been fulfilled or have been violated.

*SOURCE: Miss. Code Ann. §41-3-15*

Rule 12.4.4 **Appeal:** Any person aggrieved by a decision of the Board shall have a right of appeal to the Hinds County Chancery Court, in the manner provided for in the Laws of the State of Mississippi.

*SOURCE: Miss. Code Ann. §41-3-15*