2015 OCN® Certification Test Application (Oncology Certified Nurse)

Please read the information in the 2015 OCN® Test Candidate Handbook. Complete all information requested. Please print. Illegible, incomplete, or unsigned applications will not be accepted.

Please use this application only if you meet one or more of the following criteria. If you do not meet one of the criteria below, please apply online at https://registration.oncc.org/ unless otherwise requested by ONCC. Please check if you are:

- Renewing certification by Option 3
- Applying as part of an employer-paid group application submission
- Applying to test for a second or subsequent time in 2015

7. Do you hold any other nursing certifications? ☐ No ☐ Yes please list credentials

8. Nursing License Information (required)
   Nursing License Number ___________________________ State __________________
   Expiration Date __________ Month/Year you became a Registered Nurse __________

9. Nursing Experience (required)
   Months of experience as an RN in the past 36 months (3 yrs.): ________ months
   Total hours in adult oncology in the past 2 1/2 years: _________________ hours

10. Verification Information (required) - Print the name, title, institution, and phone number of a supervisor who can verify your most recent work experience. Do not list yourself.

   Name ___________________________ Title ___________________________
   Institution ___________________________ Phone ___________________________

11. Nursing Experience Details - List below, starting with most recent, your RN experience for the past 3 years. Include start & end dates for each position, title, name and city/state of your employer(s), number of hours you worked per week during that time, and the percentage of your time spent in adult oncology. Attach additional copies of this page if needed.

   From: / / To: / / Title: ___________________________
   Employer: ___________________________ City, State ___________________________
   Number hours worked per week: _________________ % of time spent in adult oncology: _________________

   From: / / To: / / Title: ___________________________
   Employer: ___________________________ City, State ___________________________
   Number hours worked per week: _________________ % of time spent in adult oncology: _________________

   From: / / To: / / Title: ___________________________
   Employer: ___________________________ City, State ___________________________
   Number hours worked per week: _________________ % of time spent in adult oncology: _________________

continued on next page
12. Biographical Data (optional)

Race
- American Indian/Alaskan Native
- Asian
- Black/African American
- Caucasian/White
- Mixed Race
- Native Hawaiian/Other Pacific Islander
- Other Race
- Do not care to respond

Are you Hispanic/Latino?
- Yes
- No

13. Demographic & Employment Information (required)

Highest Nursing Degree (select one)
- Associate
- Bachelor's
- Diploma
- DNP
- Master's
- PhD/DNSc
- Other

Employment Status (select one)
- Full-time
- Part-time
- Retired
- Unemployed

Primary Functional Area (select one)
- Administration
- Education
- Patient Care
- Research
- Other

Primary Work Setting (select one)
- Other
- Hospital-based Clinical
- Hospital-based Research
- Hospice
- Home Care
- Emergency/ Urgent Care
- Extended Care Facility
- Home Health Care
- Corporate/Industry
- Medical Science Liaison
- Medical Unit - General
- Medical Unit - Oncology
- Medical Unit - Other
- Physician Office/Infusion Center
- Radiation-Free Standing
- Radiation-Hospital-based
- School of Nursing
- Self-Employed
- Surgical Unit - General
- Surgical Unit - Oncology
- Other

Primary Specialty (select one)
- Blood & Marrow Transplantation
- Medical Oncology
- Palliative Care
- Prevention/Detection
- Radiation Oncology
- Surgical Oncology
- Non-OncoLOGY

Primary Position (select one)
- Academic Educator
- Case Manager
- Clinical Nurse Specialist
- Clinical Trials Nurse
- Consultant
- Director
- Genetic Counselor
- Information Architect
- Manager/Coordinator
- Medical Science Liaison
- Nurse Informaticist
- Nurse Navigator
- Nurse Practitioner
- Nurse Scientist
- Patient Educator
- Pharmaceutical Representative
- Quality Improvement
- Staff Educator
- Staff Nurse
- VP/CNO
- Other

Who is paying for your certification? (select one)
- I am paying with my own funds
- My employer is paying
- I will be reimbursed by my employer
- I am an ONCC award winner

Affirmation (required)

By signing and submitting this application form, I confirm I have read, understand, and accept the conditions set forth in the ONCC Certification Handbook and on the ONCC website concerning the administration of the examination, the reporting of examination scores, and certification policies, including confidentiality of ONCC examinations. I confirm that my RN license (including APRN license) is not subjected to formal discipline by any state board of nursing and has no provisions or conditions that limit my practice in any way. I agree that I will notify ONCC in writing within 30 days of any restriction placed on my RN license (including APRN license). I confirm that I have no criminal convictions, including indictment, arrest, conviction or plea of guilty to any felony within the past 3 years, or limitation, sanction, revocation or suspension by a healthcare organization, professional organization, or other private or governmental body relating to nursing or public health safety. I confirm that I understand that if any information is later determined to be false, the ONCC reserves the right to sanction any certification that has been granted on the basis thereof.

14. Fee & Payment - Check the certification test and fee you are paying. Reduced fees apply to candidates age 65 or older at the time of application (proof of age may be required).

<table>
<thead>
<tr>
<th>Test Date and Location</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2 - December 31, 2015</td>
<td>Nonmember: $406</td>
</tr>
<tr>
<td></td>
<td>ONS/APHON Member: $286</td>
</tr>
<tr>
<td></td>
<td>Nonmember: Age 65+: $305</td>
</tr>
<tr>
<td></td>
<td>ONS/APHON Member: Age 65+: $215</td>
</tr>
<tr>
<td>November 2 - November 30, 2015**</td>
<td>Nonmember: $406 + $75</td>
</tr>
<tr>
<td></td>
<td>ONS/APHON Member: $286 + $75</td>
</tr>
<tr>
<td></td>
<td>Nonmember: Age 65+: $305 + $75</td>
</tr>
<tr>
<td></td>
<td>ONS/APHON Member: Age 65+: $215 + $75</td>
</tr>
</tbody>
</table>

*Candidates who apply after September 1 may not be accommodated, or may be accommodated in a test period of less than 90 days. Candidates who accept an abbreviated test window may have limited choices of test dates and locations.

**International testing is available in November only. International candidates must pay an additional $75 international test site fee included in fees shown above.

Paper Fee
- I authorize an additional $25 fee if I do not meet the criteria listed on page 1 to use a paper application.

Payment
- Check enclosed (payable to the Oncology Nursing Certification Corporation)
- Visa
- MasterCard
- American Express
- Discover

Cardholder’s Name
Signature

Card Number
Expiration Date

Name (print)
Signature
Date
2015 OCN® Application Instructions

Customer ID/Membership Number—If you are or were previously certified by ONCC, this is the number that identifies your record in the ONCC database. If you are an Oncology Nursing Society (ONS) member, it is also your member number. This number is often printed on the mailing panel of materials you receive from ONCC or ONS. Contact ONCC (877-769-6622 or oncc@oncc.org) if you need your number.

The certification fee is discounted for members of ONS or the Association of Pediatric Hematology Oncology Nurses (APHON). If you are an ONS or APHON member, write your ID number where indicated. (If you recently joined and do not have your number, write “New Member” and ONCC will verify your membership.) Note: paying the nonmember certification fee does not grant you membership in ONS or APHON. Call ONS (866-257-4667) or APHON (847-375-4724) for membership information. You are not required to be a member of ONS or APHON to apply for certification.

Required Documentation—Candidates who are not renewing current certification must submit a CE certificate or official Letter of Attendance documenting completion of 10 contact hours of continuing nursing education in oncology or an academic elective in oncology within 36 months prior to application. The contact hours must have been provided or formally approved by an accredited provider of CE. A maximum of five (50%) of the ten required contact hours in oncology may be continuing medical education (CME) in oncology. The CE certificate/Letter of Attendance must include your name, date and title of the offering, number of contact hours awarded, and the accreditation statement. Academic elective documentation must include your name, institution name, course title and date.

Special Testing Accommodations—If you require Special Testing Accommodations due to a disability covered by the Americans with Disabilities Act, as amended, check Yes and submit the Request for Special Accommodations Form available at www.oncc.org.

Nursing License Information—Complete the information requested and enclose a photocopy of your RN license or a copy of the online verification of current licensure from your state board of nursing. Note: Initial candidates who received their nursing education or license outside the U.S., its territories, or Canada must have their education and licensure evaluated for U.S. equivalency by a foreign credential evaluation service. The evaluation must accompany the application, or the candidate will be considered ineligible and will not be permitted to test. A list of evaluation services is available at www.oncc.org, in the section “Take a Test”. This is a lengthy process that should be started well before the application deadline date.

Nursing Experience—Record the total number of months that you have worked as an RN in the past three years. Write the total number of hours of experience in adult oncology nursing you have had within the past 30 months. To obtain this number, multiply the number of hours you have worked in the last 30 months by the percentage of your time spent in adult oncology nursing. Calculating Your Hours: Full-time employment equals 2,080 hours per year or 5,200 hours in 30 months. 5,200 hours is the maximum number that can be recorded. You may need to do several calculations if you have held more than one job over the last 30 months.

Nursing Experience Details—List, beginning with most recent, your RN experience as requested. Include start/end dates for each position, title, employer name and city/state, number of hours worked per week, and percent of time spent in adult oncology.

Biographic and Demographic Information—Select one answer in each category. Completion of the Biographical Data is optional.

Affirmation—Read and sign the affirmation statement. Applications that are not signed will be returned. ONCC will randomly select a number of applications to audit for validity.

Fee & Payment Information—Indicate if you are age 65 or older at the time of application. Special pricing applies to candidates age 65 or older; proof of age may be required. Enclose full payment (applications received without full payment will not be processed until payment is made). Visa, MasterCard, American Express, Discover, money order, or check (payable to ONCC in US dollars) are accepted. Do not send cash. Payment will not be accepted at test sites. If your employer is funding your registration, obtain the check and include it with your application form.

Application Submission—Submit the application to the address or fax number indicated on the application form. If your employer is funding your registration, obtain the check and include it with your application form. If mailing the application, ONCC strongly advises using an overnight or guaranteed delivery method.

Application Submission Instructions
Submit this application with full payment. Applications, documentation and payment must be received by the application deadline date.

By overnight or other guaranteed delivery method
(recommended):
Dollar Bank
ONCC Lockbox
2700 Liberty Avenue
Pittsburgh, PA 15222
Phone: (412) 859-6104

By regular mail (allow several weeks for delivery)
Do not use this address for overnight or other guaranteed delivery methods: Oncology Nursing Certification Corporation
P.O. Box 3445
Pittsburgh, PA 15230-3445

By Fax:
(412) 859-6168