2016 OCN® Certification Test Application (Oncology Certified Nurse)

Please read the information in the 2016 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 2016

1. Have you previously taken an ONCC test?  
   - Yes
   - No (go to #3)
   - OCN®
   - CPON®
   - CPONH®
   - AOCN®
   - AOCNP®
   - AOCNS®
   - CBCN®
   - BMTCN™

2. What was your name at the time you most recently tested?  
   ____________________________________________

3. Indicate if you are a current member of either of the following organizations:

   - Oncology Nursing Society
   - Association of Pediatric Hematology/Oncology Nurses

4. Are you applying for:  
   - Initial certification - Candidates who are not renewing current certification (go to #5)

   - Certification Renewal: Indicate Option 2 or 3 below, then go to #6
     - Option 2: Test + Practice hours
     - Option 3: Test + ILNA (write number of ILNA points) ________

TEST INFORMATION

5. Documentation—Initial candidates (those not renewing current certification): you must enclose documentation you have completed 10 contact hours of continuing education or an academic elective in oncology. Indicate whether you have enclosed:

   - 10 contact hours of nursing CE in oncology OR academic elective in oncology

6. Do you require Special Testing Accommodations due to a disability?  
   - No
   - Yes (submit Special Accommodations Request Form)

EXPERIENCE

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: __________

For Guaranteed Mail Delivery:
ONCC Lockbox 3445 • Dollar Bank
2700 Liberty Ave, Pittsburgh, PA 15222
412-261-8263 (for delivery only)
877-769-6622 (for questions)

For Regular Mail Delivery
ONCC • Box 3445
Pittsburgh PA 15230-3445
Allow several weeks for delivery

Apply by Fax: 412-859-6168

For Guaranteed Mail Delivery: 412-859-6168
For Regular Mail Delivery: 877-769-6622

continued on next page
12. Biographical Data (optional)

Race
- American Indian/Alaskan Native
- Asian
- Black/African American
- Caucasian/White
- Mixed Race
- 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 Patient Setting (select one)
- Adult
- Adult & Pediatric
- Pediatric
- N/A

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

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

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

Primary Work Setting (select one)
- Blood & Marrow Transplant Unit
- Corporate/Industry
- Intensive Care Unit
- Emergency/Urgent Care
- Extended Care Facility
- Home Care
- Hospice
- Hospital-based Clinic
- Insurance/Managed Care
- Medical Unit - General
- Medical Unit - Oncology
- Medical/Surgical Unit - General
- Physician Office/Infusion Center
- Radiation-Free Standing
- Radiation-Hospital-based
- School of Nursing
- Self-Employed
- Surgical Unit - General
- Surgical Unit - Oncology
- Other

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>
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<tbody>
<tr>
<td><strong>Testing in the US/Canada</strong> February 1 - December 31, 2016</td>
<td></td>
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<tr>
<td>ONS/APHON member Nonmember</td>
<td>$286 $406</td>
</tr>
<tr>
<td>ONS/APHON Member: Age 65+ Nonmember: Age 65+</td>
<td>$215 $305</td>
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<tr>
<td>ONS/APHON member Nonmember</td>
<td>$285 + $75 $406 + $75</td>
</tr>
<tr>
<td>ONS/APHON Member: Age 65+ Nonmember: Age 65+</td>
<td>$215 + $75 $305 + $75</td>
</tr>
</tbody>
</table>

* Candidates who apply after September 1 may not be accommodated, or may be accommodated in an eligibility period of less than 90 days. Candidates who accept an abbreviated eligibility period 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

<table>
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<tr>
<th>Cardholder’s Name</th>
<th>Signature</th>
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<tr>
<td>Card Number</td>
<td>Expiration Date</td>
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15. 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 subject 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 the information I provide in the application is true, complete and correct to the best of my knowledge and is given in good faith. 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.

Name (print) | Signature | Date
2016 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 membership 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.

Biographical 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

By Email: oncc@oncc.org