



## 2008 OCN® & CPON® Certification Application

Please read the instructions on pages 22 & 25 of the 2008 Oncology Nursing Certification Test Bulletin. Complete all the information requested. Please print. Illegible, incomplete, or unsigned applications will be returned.

Last Name (please use name as it appears on your photo ID) \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

(Area Code) Work Phone Number \_\_\_\_\_ (Area Code) Home Phone Number \_\_\_\_\_

E-mail Address (list an individual or personal email address, not a group mailbox that is shared in the workplace) \_\_\_\_\_

1. Have you previously taken an ONCC test?  Yes (indicate the test and month/year taken)  No (go to #3)

OCN® \_\_\_\_\_ mo/yr  CPON® \_\_\_\_\_ mo/yr  AOCN® \_\_\_\_\_ mo/yr  AOCNP® \_\_\_\_\_ mo/yr  AOCNS® \_\_\_\_\_ mo/yr

2. What was your name at the time you tested? \_\_\_\_\_

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

Oncology Nursing Society \_\_\_\_\_ Member/Customer ID Number \_\_\_\_\_  
 Assoc. of Pediatric Hematology/Oncology Nurses

4. Are you applying for:  Initial certification - Candidates who are **not** renewing current certification (go to #6)  
 Certification Renewal - Currently certified nurses due to renew in 2008 only (go to #5)

5. Are you renewing by:  Test (go to #6)  
 ONC-PRO indicate number of ONC-PRO points you are submitting, then go to #10  
 \_\_\_\_\_ OCN® (100 required) \_\_\_\_\_ CPON® (100 required)  
 Alternate Renewal Method (indicate ONC-PRO points above, then continue to #6)

### Test Information

6. Which test are you taking?  OCN®  CPON®

7. Documentation—Initial candidates (those not renewing certification) must enclose documentation they have completed continuing education or an academic elective in oncology nursing (see pages 4 or 8). Indicate you have enclosed:  
 10 contact hours of oncology nursing CE or  academic elective

8. What date will you be taking the test? See page 2 for application deadlines.

February 1-29, 2008  May 1-31, 2008  August 1-30, 2008  November 1-29, 2008

9. Do you require Special Testing Accommodations due to a disability?  No  Yes (see page 17)

### 10. Demographic & Employment Information (required)

#### Highest Nursing Degree (select one)

- Diploma  
 Associate  
 Bachelor's  
 Master's  
 Doctorate

#### Employment Status (select one)

- Full-time  
 Part-time  
 Retired  
 Unemployed

#### Primary Functional Area (select one)

- Administration  
 Education  
 Patient Care  
 Research  
 Other

#### Primary Patient Population (select one)

- Adult  
 Adult & Pediatric  
 Pediatric

#### Primary Position (select one)

- Academic Educator  
 Case Manager  
 Clinical Nurse Specialist  
 Clinical Trials Nurse  
 Consultant  
 Director/Manager/Coordinator  
 Genetic Counselor  
 Medical Science Liaison  
 Nurse Practitioner  
 Nurse Scientist  
 Patient Educator  
 Pharmaceutical Representative  
 Staff Educator  
 Staff Nurse  
 VP/CNO  
 Other

#### Primary Specialty (select one)

- Blood & Marrow Transplantation  
 Medical Oncology  
 Palliative Care  
 Prevention/Detection  
 Radiation Oncology  
 Surgical Oncology  
 Other

#### Primary Work Setting (select one)

##### Inpatient

- Blood & Marrow Transplant Unit  
 Intensive Care Unit  
 Medical Unit - General  
 Medical Unit - Oncology  
 Surgical Unit - General  
 Surgical Unit - Oncology  
 Other

##### Outpatient

- Home Care  
 Hospice  
 Hospital-based Clinic  
 Physician Office/Infusion Center  
 Radiation-Free Standing  
 Radiation-Hospital-based  
 Other

##### Other

- Corporate/Industry  
 Extended Care Facility  
 HMO/Managed Care  
 School of Nursing  
 Self-Employed  
 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 upon successful certification  
 I am an ONCC award winner

Please complete other side of form

**11. Biographical Data** (optional)

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

**Are you Hispanic/Latino?**  
 Yes     No

**Sex**  
 Female     Male

**12. Do you hold any other nursing certifications?**  No     Yes \_\_\_\_\_  
*please list credentials*

**13. Nursing License Information** (Required. Complete below and enclose a photocopy of your license.)

Nursing License Number \_\_\_\_\_ State \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Month/Year you became a Registered Nurse \_\_\_\_\_

**14. Nursing Experience**

Total **months** of experience as an RN in the past 36 months (3 yrs.): \_\_\_\_\_ months  
 Total **hours** of experience in oncology in the past 2 1/2 years (OCN® candidates): \_\_\_\_\_ hours **or**  
 Total **hours** of experience in pediatric oncology in the past 2 1/2 years (CPON® candidates): \_\_\_\_\_ hours

**15. 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 in this space.**

\_\_\_\_\_  
 Name Title  
 \_\_\_\_\_  
 Institution Phone

**16. Nursing Experience Details** (required)

List below, starting with most recent, your RN experience for the past 3 years. Include the start and end dates for each position, name and city/state of your employer(s), position title, number of hours you worked per week during that time, and the percentage of your time spent in oncology.

From (mm/dd/yy)	To (mm/dd/yy)	Name and City/State of Employer	Position Title	# Hours per week	% of Time spent in oncology

**17. Affirmation** (required)

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing and submitting this application form, I accept the conditions set forth in the 2008 Oncology Nursing Certification Test Bulletin concerning the administration of the examination, the reporting of examination scores, and certification policies. I certify that I have met the eligibility criteria, and that the information contained in this application is true, complete, and correct to the best of my knowledge and is given in good faith. I further understand that if any information is later determined to be false, the Oncology Nursing Certification Corporation reserves the right to sanction any certification that has been granted on the basis thereof. The Oncology Nursing Certification Corporation will randomly select a number of applications to audit for validity.

**18. Fee & Payment Information**-Check the certification method and fee you are paying.

	First Deadline* (\$75 savings included)	Final Deadline (Full Fee)
<b>TEST</b> (check test type and date) <input type="checkbox"/> OCN® <input type="checkbox"/> CPON® <input type="checkbox"/> February 1-29, 2008 <input type="checkbox"/> May 1-31, 2008 <input type="checkbox"/> August 1-30, 2008 <input type="checkbox"/> November 1-29, 2008 <b>ONS/APHON Member</b> <b>Nonmember</b>	October 24, 2007 (final) January 9, 2008 April 9, 2008 July 9, 2008 <input type="checkbox"/> \$ 260 <input type="checkbox"/> \$ 380	N/A January 23, 2008 April 23, 2008 July 23, 2008 <input type="checkbox"/> \$ 335 <input type="checkbox"/> \$ 455
<b>International Test Site Fee</b> -additional fee for candidates testing outside North America	<input type="checkbox"/> \$ 75 International test candidates must apply by mail or fax	
<b>ONC-PRO Renewal</b> (Please check) <input type="checkbox"/> OCN® <input type="checkbox"/> CPON® <b>ONS/APHON Member</b> <b>Nonmember</b>	September 15, 2008 <input type="checkbox"/> \$ 210 <input type="checkbox"/> \$ 330	October 15, 2008 <input type="checkbox"/> \$ 285 <input type="checkbox"/> \$ 405
<b>Alternate Renewal Method</b> (check) <input type="checkbox"/> OCN® <input type="checkbox"/> CPON® <b>ONS/APHON Member</b> <b>Nonmember</b>	See test deadlines, above <input type="checkbox"/> \$ 360 <input type="checkbox"/> \$ 480	See test deadlines, above <input type="checkbox"/> \$ 435 <input type="checkbox"/> \$ 555

\* Discount applies to complete applications only. Incomplete applications will be charged the full fee. All complete applications must be received by the final deadline, **regardless of postmark.**

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

\_\_\_\_\_  
 Cardholder's Name Signature  
 \_\_\_\_\_  
 Card number Expiration Date