



BY YOUR SIDE

Oncology Nursing Certification Program

Program Information, Guidelines, and Application

Background

By Your Side was founded in 2010 by William and Linda Bray – a past grand master of the Masons of California and his wife – in order to answer a critical need for oncology nurses statewide. The program seeks to make a profound difference in the lives of cancer patients and their families by putting oncology certified nurses by their side.

Since a single oncology certified nurse reaches hundreds of patients, the Masons of California will provide comfort and hope for thousands of Californians by bringing more oncology certified nurses to care facilities throughout the state.

Program Description

Oncology nursing certification demonstrates professionalism, competency, experience, and baseline knowledge in this highly specific field, and imparts confidence to patients, patients' families, and caregivers.

Unfortunately, recent statistics have demonstrated that the vast majority of nurses providing oncology care in California have not obtained their oncology nursing certification. Many are unable to pursue certification because of the financial burden associated with testing and membership fees.

By Your Side is intended to increase the number of *never before certified* nurses in oncology, and serves nurses applying for their first oncology certification and those pursuing advanced certification for the first time.

Grant Information

By Your Side grants are designed to cover the Oncology Nursing Certification Corporation (ONCC) application fee, annual Oncology Nursing Society (ONS) membership, annual ONS chapter membership, and a 16-week online review course. Amounts are determined by applicants' eligibility for employer-sponsored reimbursement, as follows:

- *Full funding* - \$600 grants are available to nurses who are not eligible to receive reimbursement for testing costs through their employers.
- *Partial funding* - \$300 grants are available to nurses who are eligible to receive reimbursement for testing costs through their employers.

Eligibility Requirements

Applicants must demonstrate the following:

- Current employment in the state of California as a registered nurse, providing care to cancer patients.
- Pursuit of oncology nursing certification for the first time after January 1, 2012, or certifying with an advance practice test for the first time after January 1, 2012.
- Ability to meet test requirements for the OCN, CPHON, CBCN, AOCNP, or AOCNS as outlined by the ONCC. Test requirements, which include necessary practice hours, and online registration are available at the ONCC website: www.oncc.org.
- Active membership in local **and** national chapters of ONS.



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Application Guidelines

Please review the following guidelines before submitting your application:

- You must meet all qualifications outlined in the Eligibility Requirements in order to receive consideration for a By Your Side grant.
- Grants are distributed in the order that completed applications are received, while available funds remain.
- Submitting an application does not guarantee that you will receive a grant.
- Incomplete applications will be returned without processing, but may be resubmitted when complete.

Application Instructions

1. Print all information legibly in blue or black ink.
2. Complete the seven sections of the application in full.
3. The following supporting documents must accompany your application:
 - Proof of passing your ONCC oncology nursing exam
 - Proof of your current ONS membership
 - Proof of your current ONS local chapter membership
4. Mail your completed application and supporting documents to the following address:

By Your Side Oncology Certification Program
California Masonic Foundation
1111 California Street
San Francisco, CA 94108

If you have any questions, visit the By Your Side website at www.freemason.org/byyourside or contact the Masons of California at foundation@freemason.org.

Application begins on the next page.



Section I: Personal Information

Note: The name and address provided in this section will be used for future mailings concerning the By Your Side grant.

Name (last, first): _____

Mailing address: _____

Home phone: _____

Cell phone: _____

Personal email: _____

Section II: Employment Information

Employer: _____

Employer address: _____

Work email: _____

Work phone: _____

Human resources contact: _____

Human resources phone: _____

Date of hire: _____

Time worked as an oncology nurse: _____

Approximate number of cancer patients you serve monthly: _____

What is your specialty (please check one only)?

Outpatient medical oncology

Radiation oncology

Inpatient medical oncology

Surgery

Section III: Test Information

What is the highest level of test you have passed (please check one only)?

OCN

CPHON

CBCN

AOCNP

AOCNS

By checking this box, I confirm this is the first time I have received certification for the exam noted above.

Section IV: ONS Membership Information

Note: Only applicants with active membership in local and national chapters of the Oncology Nursing Society are eligible to apply.

ONS member number: _____

Local ONS chapter: _____



Section V: Selection of Grant

Note: Nurses who receive reimbursement of testing fees from their employers must apply for partial funding. Receiving an hourly or shift differential, or monthly stipend for certification, is not considered "reimbursement."

Check the box next to the type of grant you are applying for (please check only one).

- Full funding grant (\$600):** By checking this box, I confirm that I am not eligible to receive reimbursement for test application fees by my employer.
- Partial funding grant (\$300):** By checking this box, I confirm that I am eligible to receive reimbursement for test application fees from my employer.

Section VI: Required Supporting Documents

Please attach all of the following supporting documents to this application:

- Proof of passing your ONCC oncology nursing exam after January 1, 2012
- Proof of your current ONS membership
- Proof of your current ONS local chapter membership

Section VII: Applicant Verification and Signature

Check each box and sign below to complete your application.

- I certify that the information I have provided in this application is true and complete.
- I have read and understand the Eligibility Requirements, Application Guidelines, and Application Instructions.
- I understand that the information herein may be subject to additional verification at the discretion of the Masons of California.

Applicant signature: _____

Date: _____

Printed name: _____