

2011 AOCNP® - AOCNS® Certification Test Application

Please read the instructions on page 30 of the 2011 Oncology Nursing Certification Test Bulletin. Complete all the information requested. Please print. Illegible, incomplete, or unsigned applications will not be accepted.

Last Name (list your last and first 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 (please use a private or personal email address, not a group mailbox that is shared in the workplace) _____

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

OCN® CPON® CPHON® AOCN® AOCNP® AOCNS® CBCN® _____ mm/yy

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 _____
- Assoc. of Pediatric Hematology/Oncology Nurses _____ Member/Customer ID Number _____

4. Are you applying for: Initial certification - Candidates who are not renewing current certification (go to #6)
 Certification Renewal by Option 2 or 3 - AOCNP® & AOCNS® due to renew in 2011 (go to #5)

5. Are you renewing by: Option 2: Test + Hours (AOCNP® & AOCNS® only - go to #6)
 Option 3: ONC-PRO + Test (AOCNP® & AOCNS® only—indicate number of ONC-PRO points & go to #6)
 AOCNP® AOCNS® Points: _____ (125 required)

Test Information

6. Which test are you taking? AOCNP® AOCNS®

7. Required Documentation - Initial candidates must enclose the following with the application form:

AOCNP®: Month/year Master's or higher degree in nursing was earned: _____

Month/year accredited Nurse Practitioner Program completed: _____

- Transcript showing your name, conferral date, and degree earned
- Transcript showing your name, conferral date, and completion of NP Program
- AOCNP® Candidate Practice Verification Form (page 33)
- AOCNS®: Month/year Master's or higher degree in nursing was earned: _____
- Transcript showing your name, conferral date, and degree earned
- AOCNS® Candidate Practice Verification Form (page 34)

8. Do you require Special Testing Accommodations due to a disability? No Yes (submit form on page 35)

9. Demographic & Employment Information (required)

Highest Nursing Degree (select one)

- 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 Setting (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
 Navigator
 Nurse Practitioner
 Nurse Scientist
 Patient Educator
 Pharmaceutical Representative
 Staff Educator
 Staff Nurse/Nurse Clinician
 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 only 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

10. 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

11. Do you hold any other nursing certifications? No Yes _____ please list credentials

12. 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 _____

13. Nursing Experience—AOCNP® & AOCNS® Renewal Candidates

Total hours of experience in the past four years _____

AOCNP®: _____ hours as an adult oncology nurse practitioner in the past four years

AOCNS®: _____ hours as an adult oncology clinical nurse specialist in the past four years

14. 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 _____

15. Nursing Experience Details (required for AOCNP® & AOCNS® Renewal Candidates)

List below, starting with most recent, your RN experience for the past 4 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 adult oncology.

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

16. Affirmation (required)

Name (print) _____ Signature _____ Date _____

By signing and submitting this application form, I confirm I have read, understand and accept the conditions set forth in the 2011 Oncology Nursing Certification Test Bulletin concerning the administration of the examination, the reporting of examination scores, and certification policies. I certify 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.

17. Fee & Payment Information-Fees below apply to paper applications submitted by mail or fax. To save \$25, apply online at www.oncc.org. Check the certification method 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).

	Deadline Dates	
Test (Initial & Option 2 Renewal Candidates) <input type="radio"/> AOCNP® <input type="radio"/> AOCNS® ONS/APHON Member Nonmember ONS/APHON Member: 65 or older Nonmember: 65 or older	September 1, 2011 or earlier to ensure a 90-day test window in 2011 <input type="radio"/> \$ 290 <input type="radio"/> \$ 410 <input type="radio"/> \$ 224 <input type="radio"/> \$ 314	
November 1-30, 2011 - test sites outside US & Canada <input type="radio"/> AOCNP® <input type="radio"/> AOCNS® ONS/APHON Member Nonmember ONS/APHON Member: 65 or older Nonmember: 65 or older	July 6, 2011 <input type="radio"/> \$ 290 <input type="radio"/> \$ 410 <input type="radio"/> \$ 224 <input type="radio"/> \$ 314	July 20, 2011 <input type="radio"/> \$ 390 <input type="radio"/> \$ 510 <input type="radio"/> \$ 324 <input type="radio"/> \$ 414
Are you testing outside North America? Add \$75	<input type="radio"/> \$75	
Renewal Option 3: Test + ONC-PRO <input type="radio"/> AOCNP® <input type="radio"/> AOCNS® ONS/APHON Member Nonmember ONS/APHON Member: 65 or older Nonmember: 65 or older	September 1, 2011 or earlier <input type="radio"/> \$ 390 <input type="radio"/> \$ 510 <input type="radio"/> \$292 <input type="radio"/> \$383	

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

Cardholder's Name _____ Signature _____

Card Number _____ Expiration Date _____