

### 2012 OCN® - CPHON® - CBCN® Certification Test Application

Please read the instructions on page 26 of the 2012 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 (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 most recent test and month/year taken)  No (go to #3)  
 OCN®  CPON®  CPHON®  AOCN®  AOCNP®  AOCNS®  CBCN® \_\_\_\_\_ mm/yy last test taken
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 \_\_\_\_\_  
 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 Option 2 or Option 3 - OCN®s due to renew in 2012 only (go to #5)
5. Are you renewing by:  Option 2: Test + Practice hours (go to #6)  
 Option 3: Test + ONC-PRO (OCN® Only) (write number of ONC-PRO points below, go to #6)  
 \_\_\_\_\_ OCN® (100 required)

#### Test Information

6. Which test are you taking?  OCN®  CPHON®  CBCN®
7. Documentation—Initial candidates (those not renewing current certification) must enclose documentation they have completed the required continuing education or an academic elective (see pages 4, 7 or 10). Indicate whether you have enclosed:  
 OCN® or CPHON®:  10 contact hours of nursing CE in oncology or  academic elective in oncology  
 CBCN®:  10 contact hours of nursing CE in breast care
8. What date will you be taking the test? (See page 2 for application deadlines)  
 February 1-March 31, 2012  April 2-June 30, 2012  July 2-September 29, 2012  
 October 1-December 31, 2012  November 1-30, 2012 (International)
9. Do you require Special Testing Accommodations due to a disability?  No  Yes (submit form on page 35)

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

11. 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 \_\_\_\_\_

12. Nursing Experience  
All candidates: Months of experience as an RN in the past 36 months (3 yrs.): \_\_\_\_\_ mos  
OCN® candidates: Total hours in adult oncology in the past 2 1/2 years: \_\_\_\_\_ hrs  
CPHON® candidates: Total hours in pediatric oncology/hematology in the past 2 1/2 years: \_\_\_\_\_ hrs  
CBCN® candidates: Total hours in breast care in the past 2 1/2 years: \_\_\_\_\_ hrs

13. 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 \_\_\_\_\_

14. Nursing Experience Details - List below, starting with most recent, your RN experience for the past 3 years. Include start and 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, pediatric oncology/hematology or breast care. 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, pediatric hematology/oncology, or breast care: \_\_\_\_\_

From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_ Title: \_\_\_\_\_  
Employer: \_\_\_\_\_ City, State \_\_\_\_\_  
Number hours worked per week: \_\_\_\_\_ % of time spent in adult oncology, pediatric hematology/oncology, or breast care: \_\_\_\_\_

From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_ Title: \_\_\_\_\_  
Employer: \_\_\_\_\_ City, State \_\_\_\_\_  
Number hours worked per week: \_\_\_\_\_ % of time spent in adult oncology, pediatric hematology/oncology, or breast care: \_\_\_\_\_

15. 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
- 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 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

16. 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
- Sex
- Female
  - Male

17. Fee & Payment - Fees below apply to paper applications submitted by mail/fax. (To save \$25, apply online at [www.oncc.org](http://www.oncc.org).) Check the certification test, test date, 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).

	Early Bird Deadline (\$100 savings included)	Final Deadline (Full Fee)
Test: <input type="radio"/> OCN® <input type="radio"/> CPHON® <input type="radio"/> CBCN®  <input type="radio"/> February 1–March 31, 2012 <input type="radio"/> April 2–June 30, 2012 <input type="radio"/> July 2–September 29, 2012 <input type="radio"/> October 1–December, 2012 <input type="radio"/> November 1–30, 2012 (International)	November 16, 2011 January 4, 2012 April 4, 2012 July 5, 2012 July 18, 2012	N/A January 18, 2012 April 18, 2012 July 18, 2012 August 1, 2012
ONS/APHON Member Nonmember ONS/APHON Member: Age 65+ Nonmember: Age 65+	<input type="radio"/> \$ 300 <input type="radio"/> \$ 420 <input type="radio"/> \$ 231 <input type="radio"/> \$ 321	<input type="radio"/> \$ 400 <input type="radio"/> \$ 520 <input type="radio"/> \$ 331 <input type="radio"/> \$ 421
Are you testing outside North America? (November 2012 only) Include an additional \$75.	<input type="radio"/> \$ 75	<input type="radio"/> \$ 75
Renewal Option 3: Test + ONC-PRO <input type="radio"/> OCN®  ONS/APHON Member Nonmember ONS/APHON Member: 65+ Nonmember: Age 65+	See test deadlines, above <input type="radio"/> \$ 400 <input type="radio"/> \$ 520 <input type="radio"/> \$ 331 <input type="radio"/> \$ 421	See test deadlines, above <input type="radio"/> \$ 500 <input type="radio"/> \$ 620 <input type="radio"/> \$ 431 <input type="radio"/> \$ 521

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

\_\_\_\_\_  
Cardholder's Name Signature

\_\_\_\_\_  
Card Number Expiration Date

18. 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 2012 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.

# Application Instructions

- Apply online at [www.oncc.org](http://www.oncc.org) to save \$25 on the fee.
- Candidates who submit a paper application should follow the instructions below. Complete applications must be received by the deadline date, regardless of postmark.

**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](mailto: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 the following with the application.

**OCN® & CPHON® Initial Candidates**—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 (*pages 4 or 7*). A maximum of five (50%) of the contact hours 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.

**CBCN® Candidates**—All CBCN® candidates must submit a CE certificate or official Letter of Attendance documenting completion of 10 contact hours of continuing nursing

education in breast care within the 36 months prior to application. The contact hours must have been provided or formally approved by an accredited provider of CE (*page 10*). A maximum of five (50%) of the contact hours may be continuing medical education (CME) in breast care. 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.

**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 on page 35.

**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](http://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. Record the total number of hours of oncology or breast care experience as indicated below. **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.

**OCN® Candidates**—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.

**CPHON® Candidates**—Write the total number of hours of experience in pediatric oncology or hematology 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 time spent in pediatric oncology/hematology nursing.

**CBCN® Candidates**—Write the total number of hours of experience in breast care 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 time spent in breast care nursing.

**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, pediatric oncology or hematology, or breast care nursing, depending upon the credential for which you are applying.

**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 mailing the application, ONCC strongly advises using an overnight or guaranteed delivery method.