



2011 Certification Reinstatement Application-Option 1 (ONC-PRO)

Please read the 2011 Certification Renewal Application Instructions. Complete all information requested. Please print. Illegible, incomplete, or unsigned applications will be returned.

Last Name (please print) _____ First Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip/Postal _____ Country _____

(Area Code) Work Phone Number _____ (Area Code) Home Phone Number _____

E-mail Address _____

1. Indicate the month/year you most recently became certified:

OCN® _____ CPON® _____ CBCN® _____ CPHON® _____

AOCN® _____ AOCNP® _____ AOCNS® _____

2. What was your name at the time you attained your current certification?

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

Oncology Nursing Society _____
 _____ Customer ID/Member Number

Assoc. of Pediatric Hematology/Oncology Nurses

4. Indicate the number of ONC-PRO Points you are submitting:

_____ OCN® (100 required) _____ CPON® (100 required)

_____ AOCN®, AOCNP®, AOCNS® (125 required)

5. Nursing License Information (Required. Enclose a photocopy of your license.)

Nursing License Number _____ State _____

Expiration Date _____ Month/Year you became an RN _____

6. Demographic & Employment Information (required)

Highest Nursing Degree (select one)

- Diploma Master's
 Associate Doctorate
 Bachelor's

Employment Status (select one)

- Full-time
 Part-time
 Retired
 Unemployed

Primary Functional Area (select one)

- Administration
 Education
 Nursing Informatics
 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 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

7. Biographical Data (optional)

Race		Are you Hispanic/Latino?
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Yes
<input type="checkbox"/> Asian		<input type="checkbox"/> No
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other Race	Sex
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Do not care to respond	<input type="checkbox"/> Female
<input type="checkbox"/> Mixed Race		<input type="checkbox"/> Male

8. Nursing Experience

Total months of experience as an RN in the past 36 months (3 yrs.) for OCN® and CPON® candidates: _____ months

Total hours of experience in adult oncology during the past 2 1/2 years for OCN® candidates; past 4 years for AOCN®, AOCNP®, and AOCNS® candidates; total hours of experience in pediatric oncology during the past 2 1/2 years for CPON® candidates: _____ hours

9. Do you hold any other nursing certifications: No Yes _____
If Yes, please list

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 in this space.

Name Title

Institution Phone

11. Nursing Experience Details (required) List below, starting with most recent, your RN experience for the past 3 years for OCN® and CPON® renewal; past 4 years for AOCN®, AOCNP® or AOCNS® renewal. Include the start/end dates for each position, name and city/state of your employers, position title, number of hours you worked per week during that time, and the percentage of time spent in adult oncology for OCN®, AOCN®, AOCNP®, or AOCNS® renewal, or in pediatric oncology for CPON® renewal.

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

12. Affirmation (required)

Name (print) Signature Date

By signing and submitting this application form, I accept the conditions set forth in the *2011 Understanding Your Oncology Nursing Certification Renewal Options* concerning the certification policies. I certify that I meet the eligibility criteria for certification renewal 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.

Privacy Policy: As an affiliate organization of the Oncology Nursing Society (ONS), ONCC respects the privacy of our customers and adheres to the ONS Privacy Policy. A copy of the ONS Privacy Policy is available upon request by contacting ONS at customer.service@ons.org, or 125 Enterprise Drive, Pittsburgh, PA 15275-1214, Attn: Customer Service.

13. Fee & Payment Information

Check the certification type and fee you are paying. Indicate payment type.

	Fees
Reinstatement by Option 1 (ONC-PRO Renewal)	Renewal Fee
<input type="checkbox"/> OCN® <input type="checkbox"/> CPON® <input type="checkbox"/> AOCN® <input type="checkbox"/> AOCNP® <input type="checkbox"/> AOCNS®	
ONS/APHON Member	<input type="checkbox"/> \$ 335
Nonmember	<input type="checkbox"/> \$ 455
ONS/APHON Member 65+	<input type="checkbox"/> \$ 280
Nonmember 65+	<input type="checkbox"/> \$ 370
Reinstatement Fee - Add \$300 reinstatement fee for applications received between October 18, 2011 - March 31, 2012	<input type="checkbox"/> \$ 300

All complete applications and documentation must be received by the final deadline. Candidates wishing to renew by Option 3 (Test + ONC-PRO should contact ONCC directly).

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

Cardholder's Name Signature

Card number Expiration Date

Reinstatement Application Instructions

- Reinstatement applications for candidates who were due to renew in 2011 must be received by March 31, 2012.
- Candidates must submit the application form, ONC-PRO Logs, and documentation that all ONC-PRO requirements have been met (e.g., CE certificates, grade reports, other documentation). with the application and fee.
- ONC-PRO points must have been earned by December 31, 2011.
- There is a \$300 Reinstatement Fee, in addition to the Renewal fee.

Candidates who apply by mail or fax should follow the instructions below.

- Provide two telephone numbers where you may be reached if there are questions about your application.
- Faxed applications must include credit card payment.

1. Indicate the month/year you most recently became certified.
2. Indicate your name at the time you attained current certification.
3. If you are a member of the Oncology Nursing Society (ONS) or the Association of Pediatric Hematology/Oncology Nurses (APHON), write your customer ID/membership number where indicated. If you recently joined ONS or APHON and do not have a member number, write "New Member" and ONCC will verify your membership. The certification fee is discounted for ONS/APHON members. 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.
4. Indicate the total number of ONC-PRO points you are submitting. (*Refer to your completed ONC-PRO Summary Log for this number.*)

5. Write your nursing license number, state of issue, and expiration date. Indicate the month and year you became an RN. This information is required to verify licensure. Enclose a photocopy of your RN license.

Demographic & Employment Information

6. Please select only one answer in each category.

Biographical Data

7. Completion of this data is optional.

Nursing Experience

8. Record the total number of months that you have worked as an RN in the past three years for OCN®/CPON® certification. All candidates must record their total number of hours of experience in oncology as indicated below (you may need to do several calculations if you've held more than one job during the time period specified).

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. Note: 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.

CPON® Candidates—write the total number of hours of experience in pediatric 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 pediatric oncology. Note: 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.

AOCN®, AOCNP®, AOCNS® Candidates—write the total number of hours of experience you have had in an advanced practice nursing role in adult oncology in the past 4

years. To obtain this number, multiply the number of hours you have worked in the last 4 years by the percentage of your time spent in oncology. Note: full-time employment equals 2,080 hours per year or 8,320 hours in 4 years. 8,320 hours is the maximum number that can be recorded.

9. Indicate if you hold any other nursing certifications.

Employment Verification Information

10. Write the name, title, institution, and phone number of a supervisor who can verify your most recent work experience. Do not list yourself here.

Nursing Experience Details

11. List, beginning with most recent, your RN experience for the last 3 years for OCN®/CPON® candidates; last 4 years for AOCN®, AOCNP®, and AOCNS® candidates. Include start/end dates for each position, name and city/state of your employers, position title, number of hours worked per week, and percent of time spent in oncology.

Affirmation

12. 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

13. Indicate the certification you are renewing and fee you are paying. Enclose payment with your application.

Submitting Your Application

Mail or fax paper applications and ONC-PRO Logs to the address on the application form or to the Guaranteed Mail address on page 11. You will receive confirmation via email (US mail if you don't have a valid email address) that your application has been received. If you do not receive confirmation, contact ONCC. You will receive confirmation of your approval status within 12 weeks.

Questions? Contact ONCC at 877-769-6622 or oncc@oncc.org.