

## 2012 ONCC Renewal Application Instructions - Option 1 (ONC-PRO)

- In 2012, certification renewal is available to candidates whose current certification will expire in 2012.
- All candidates must apply.
- The fee is \$25 less for complete applications submitted online than for applications submitted by mail or fax (*page 2*).
- Candidates who submit either an application form **or** ONC-PRO Logs by mail or fax will be charged the \$25 paper application fee.
- Complete applications, ONC-PRO Logs and payment must be received by **September 15, 2012** (or the following business day if the deadline falls on a weekend) to receive the early bird discount fee (\$100 savings).
- All applications, ONC-PRO Logs, and payments must be received by **October 15, 2012** (with full, nondiscounted fee).
- ONC-PRO points must be earned by the date the application is submitted. In 2012, all points must be earned by **October 15, 2012**.

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

- Provide two phone 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 were most recently certified.
2. List 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 the required 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 adult 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. Unsigned applications will not be accepted. 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 the application and ONC-PRO Logs as indicated on the application form, or apply online at [www.oncc.org](http://www.oncc.org). Note: the certification fee is \$25 less for applications submitted online. 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.

C12X01W

Apply online:  
www.oncc.org

For Guaranteed Mail Delivery:  
ONCC Lockbox 3445 • Dollar Bank  
2700 Liberty Ave, Pittsburgh, PA 15222  
412-261-8263 (for delivery only)  
877-769-6622 (for questions)

For Regular Mail Delivery  
ONCC • Box 3445  
Pittsburgh PA 15230-3445

## 2012 ONCC Certification Renewal Application-Option 1 (ONC-PRO)

Please read the 2012 Certification Renewal Application Instructions. Complete all information requested. Please print. Illegible, incomplete, or unsigned applications will not be accepted.

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)

<b>Race</b>		<b>Are you Hispanic/Latino?</b>
<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	<b>Sex</b>
<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 employer(s), 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. Please see the eligibility criteria for specific requirements regarding practice hours.

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
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By signing and submitting this application form, I accept the conditions set forth in the 2012 *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. Note: Fees for candidates who apply online at www.oncc.org are \$25 lower than those shown below.

	September 15, 2012* (\$100 savings included below)	October 15, 2012 Final Deadline (Full Fee)
<b>Option 1 (ONC-PRO Renewal)</b>		
<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"/> \$ 235	<input type="checkbox"/> \$ 335
Nonmember	<input type="checkbox"/> \$ 355	<input type="checkbox"/> \$ 455
ONS/APHON Member Age 65+	<input type="checkbox"/> \$ 180	<input type="checkbox"/> \$ 280
Nonmember Age 65+	<input type="checkbox"/> \$ 270	<input type="checkbox"/> \$ 370

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

Check Enclosed (payable to the Oncology Nursing Certification Corporation)

Visa       MasterCard       American Express       Discover

_____ Cardholder's Name	_____ Signature
_____ Card number	_____ Expiration Date