

ONC-PRO Summary Log (please photocopy before completing)

Complete this Summary Log last

Note: Paper logs may be completed and submitted by mail or fax.

Candidates also may create and save electronic logs at www.oncc.org that can be submitted online.

Check the certification you are renewing:

- OCN®
- CPON®
- AOCN®
- AOCNP®
- AOCNS®

Name _____

Customer ID Number _____

Your customer ID number is the number by which your record is identified in the ONCC database. If you are an ONS member, it is also your membership number. This number is often printed on the mailing label of materials sent to you from ONCC or ONS. Please call ONCC at 877-769-6622 (toll free) or email oncc@ons.org if you need your number.

CATEGORY	ADULT ONCOLOGY POINTS (OCN®, AOCN®, AOCNP®, AOCNS®)	PEDIATRIC ONCOLOGY POINTS (CPON®)	GENERAL PEDIATRIC POINTS (CPON®)	GENERAL NURSING POINTS (All certifications)	TOTAL POINTS
Continuing Nursing Education					
Continuing Medical Education*					
Academic Education					
Professional Publications					
Professional Presentations					
Precepting**					
Volunteer Leadership Service**					
TOTAL POINTS					

- For OCN® certification renewal, candidates must earn a total of 100 points, at least 65 of which must be of adult oncology content.
- For AOCN®, AOCNP®, and AOCNS® certification renewal, candidates must earn a total of 125 points, at least 75 of which must be of adult oncology content.
- For CPON® certification renewal, candidates must earn 100 points, at least 80 of which must be of pediatric content. Of the 80 pediatric content points, a minimum of 50 must be of pediatric oncology content.
- Summary and Logs completed and included?
- Application (found in this brochure or at www.oncc.org) is included, or has been submitted online?

* Candidates may earn a maximum of 50% of their points in Continuing Medical Education (50 points for OCN® and CPON®, 62.5 points for AOCN®, AOCNP®, AOCNS®).

** Candidates may earn a maximum of 20% of total points in the combined categories of Precepting and Volunteer Leadership Service (20 points for OCN® and CPON®, 25 points for AOCN®, AOCNP®, AOCNS®). This is a combined total for both categories.

Mail your application and ONC-PRO logs to the address indicated on the current application for certification, fax to 412-859-6168, or apply online at www.oncc.org.

Continuing Nursing Education Log *(please photocopy blank logs before completing)*

Oncology Nursing Certification Points Renewal Option

Note: Paper logs may be completed and submitted by mail or fax. Candidates also may create and save electronic logs at www.oncc.org that can be submitted online.

Name _____

Customer ID Number _____

Please print clearly.

Please see the Summary Log for information about your Customer ID number.

Program Date(s)	CNE Program Title	Provider	Accrediting or Approval Organization	Adult Oncology Points (OCN®, AOCN®, AOCNP®, AOCNS®)	Pediatric Oncology Points (CPON®)	General Pediatric Points (CPON®)	General Nursing Points (All certifications)
3/1/2007	EXAMPLE: Understanding Cancer Clinical Trials	ONS	ANCC	2.4			
TOTAL POINTS <i>(Do not count Example Points in your total)</i>							

Note: 1 Contact Hour = 1 ONC-PRO Point

Continuing Nursing Education Log *(please photocopy blank logs before completing)*

Oncology Nursing Certification Points Renewal Option

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Please see the Summary Log for information about your Customer ID number.

Date(s)	CNE Program Title	Provider	Accrediting or Approval Organization	Adult Oncology Points (OCN®, AOCN®, AOCNP®, AOCNS®)	Pediatric Oncology Points (CPON®)	General Pediatric Points (CPON®)	General Nursing Points (All certifications)
TOTAL POINTS <i>(Do not count Example Points in your total)</i>							

Note: 1 Contact Hour = 1 ONC-PRO Point

Continuing Medical Education Log *(please photocopy before completing)*

Oncology Nursing Certification Points Renewal Option

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Customer ID Number _____

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Program Date(s)	CME Program Title	Provider	Accrediting or Approval Organization	Adult Oncology Points (OCN®, AOCN®, AOCNP®, AOCNS®)	Pediatric Oncology Points (CPON®)	General Pediatric Points (CPON®)	General Nursing Points (All credentials)
4/1/2007	EXAMPLE: Cytoprotection in High Dose Chemotherapy	Medical Education Resources	AMA	1			
TOTAL POINTS <i>(Do not count Example Points in your total)</i>							

Note: one CME Hour = 1 ONC-PRO Point

Continuing Medical Education Log *(please photocopy blank logs before completing)*

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Program Date(s)	CME Program Title	Provider	Accrediting or Approval Organization	Adult Oncology Points (OCN®, AOCN®, AOCNP®, AOCNS®)	Pediatric Oncology Points (CPON®)	General Pediatric Points (CPON®)	General Nursing Points (All credentials)
TOTAL POINTS <i>(Do not count Example Points in your total)</i>							

Note: one CME Hour = 1 ONC-PRO Point

Academic Education Log *(please photocopy blank forms before completing)*

Oncology Nursing Certification Points Renewal Option

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Name _____

Customer ID Number _____

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Date(s) of Course	Course Title	College or University	Final Grade Achieved	Number of Credits*	Adult Oncology Points (OCN®, AOCN®, AOCNP®, AOCNS®)	Pediatric Oncology Points (CPON®)	General Pediatric Points (CPON®)	General Nursing Points (All credentials)
4/1/2006	<i>EXAMPLE: Anatomy & Physiology</i>	<i>University of Pittsburgh</i>	<i>B</i>	<i>3</i>				<i>45</i>
TOTAL POINTS <i>(Do not count Example Points in your total)</i>								

* Note: one academic credit = 15 ONC-PRO Points

Academic Education Log *(please photocopy blank forms before completing)*

Oncology Nursing Certification Points Renewal Option

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Date(s) of Course	Course Title	College or University	Final Grade Achieved	Number of Credits*	Adult Oncology Points (OCN®, AOCN®, AOCNP®, AOCNS®)	Pediatric Oncology Points (CPON®)	General Pediatric Points (CPON®)	General Nursing Points (All credentials)
TOTAL POINTS <i>(Do not count Example Points in your total)</i>								

* Note: one academic credit = 15 ONC-PRO Points

Publications Log (please photocopy before completing)
Oncology Nursing Certification Points Renewal Option

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Name _____ Customer ID Number _____

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Date of Publication	Title of Work/Title of Publication (if applicable)	Type of Work (e.g., book, chapter, journal)	Indicate if Lead Author/Editor; or number of Co-Authors/ Editors	Number of Pages or Words (for newsletter articles)	Adult Oncology Points (OCN®, AOCN®, AOCNP®, AOCNS®)	Pediatric Oncology Points (CPON®)	General Pediatric Points (CPON®)
5/1/2007	EXAMPLE: Treatment Options in Breast Cancer	Journal Article	Lead Author	5 pg	15		
TOTAL POINTS (Do not count Example Points in your total)							

* Note: points for joint authorship are determined by dividing the total number of points by the number of co-authors

Publications Log (please photocopy before completing)

Oncology Nursing Certification Points Renewal Option

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Name _____

Customer ID Number _____

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Date of Publication	Title of Work/Title of Publication (if applicable)	Type of Work (e.g., book, chapter, journal)	Indicate if Lead Author/Editor; or Number of Co-Authors/Editors	Number of Pages or Words (for newsletter articles)	Adult Oncology Points (OCN®, AOCN®, AOCNP®, AOCNS®)	Pediatric Oncology Points (CPON®)	General Pediatric Points (CPON®)
TOTAL POINTS (Do not count Example Points in your total)							

* Note: points for joint authorship are determined by dividing the total number of points by the number of authors

Presentations Log *(please photocopy before completing)*

Oncology Nursing Certification Points Renewal Option

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Name _____

Customer ID Number _____

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Date(s) of Presentation	Title of Presentation/Title of Conference or Program (if applicable)	Audience	Length of your presentation or CE awarded for your part	Adult Oncology Points (OCN®, AOCN®, AOCNP®, AOCNS®)	Pediatric Oncology Points (CPON®)	General Pediatric Points (CPON®)
6/1/2006	EXAMPLE: <i>Managing Chemotherapy-Induced Nausea and Vomiting at local ONS chapter meeting</i>	Oncology Nurses	60 minutes	3		
TOTAL POINTS <i>(Do not count Example Points in your total)</i>						

* Note: one contact hour of presentation = 3 ONC-PRO Points

Presentations Log *(please photocopy blank forms before completing)*

Oncology Nursing Certification Points Renewal Option

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Name _____ Customer ID Number _____
Please print clearly. Please see the Summary Log for information about your Customer ID number.

Date(s) of Presentation	Title of Presentation/Title of Conference or Program (if applicable)	Audience	Length of your presentation or CE awarded for your part	Adult Oncology Points (OCN®, AOCN®, AOCNP®, AOCNS®)	Pediatric Oncology Points (CPON®)	General Pediatric Points (CPON®)
TOTAL POINTS <i>(Do not count Example Points in your total)</i>						

* Note: one contact hour of presentation = 3 ONC-PRO Points

Precepting Log (please photocopy before completing)

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Name _____ Customer ID Number _____

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Dates of Precepting (From/To)	Name of Institution & Unit Where Precepting Completed	Name of Student's College, University or Nursing School	Number of Hours of Precepting Completed	Adult Oncology Points (OCN®, AOCN®, AOCNP®, AOCNS®)	Pediatric Oncology Points (CPON®)	General Pediatric Points (CPON®)	General Nursing Points (All credentials)
6/1/2008-9/31/2008	<i>EXAMPLE: Children's Hospital, Oncology-Hematology Unit</i>	<i>State University College of Nursing</i>	100		5		
TOTAL POINTS (Do not count Example Points in your total)							

* Note: 100 hours of precepting = 5 ONC-PRO Points

Volunteer Leadership Service Log *(please photocopy before completing)*

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Dates	Organization	Name of Board/ Committee/Task Force	Leadership Capacity in which you served (e.g., member, vice president)	Adult Oncology Points (OCN®, AOCN®, AOCNP®, AOCNS®)	Pediatric Oncology Points (CPON®)	General Pediatric Points (CPON®)	General Nursing Points (All credentials)
1/1/2008- 12/31/2008	EXAMPLE: American Cancer Society	Board of Directors	Secretary	5			
TOTAL POINTS <i>(Do not count Example Points in your total)</i>							

* Note: one year of leadership service = 5 ONC-PRO Points