



2009 Certification Renewal Application-Option 1 (ONC-PRO)

Please read the 2009 Certification Renewal Application Instructions. Complete all the 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® _____ 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

7. 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

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. 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

10. Nursing Experience Details (required) List below, starting with most recent, your RN experience for the past 3 years for OCN® and CPON® renewal, or 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 |
|-----------------|---------------|---------------------------------|----------------|-------------------------|-----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

11. Affirmation (required)

Name (print) Signature Date

By signing and submitting this application form, I accept the conditions set forth in the 2009 *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.

12. FEE & PAYMENT INFORMATION

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

| | First Deadline* (\$75 savings included below) | Final Deadline (Full Fee) |
|---|---|---------------------------------|
| Option 1 (ONC-PRO Renewal) | September 15, 2009 | October 15, 2009 |
| <input type="checkbox"/> OCN® <input type="checkbox"/> CPON® <input type="checkbox"/> AOCN® | <input type="checkbox"/> \$ 210 | <input type="checkbox"/> \$ 285 |
| <input type="checkbox"/> AOCNP® <input type="checkbox"/> AOCNS® | <input type="checkbox"/> \$ 330 | <input type="checkbox"/> \$ 405 |
| ONS/APHON Member | | |
| Nonmember | | |

* 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

Application Instructions

- In 2009, certification renewal is available to candidates whose current certification will expire in 2009 only.
- All renewal candidates must submit a completed application. Clear photocopies will be accepted. Incomplete applications will not be accepted.
- Provide two telephone numbers where you may be reached if there are questions about your application.
- Faxed applications must include credit card payment.
- Complete applications, ONC-PRO Logs and payment must be received by **September 15, 2009** to receive the discounted fee (a \$75 savings).
- All applications, ONC-PRO Logs, and payments must be received by **October 15, 2009** (with the full, nondiscounted fee).
- ONC-PRO points must be earned by the date the application is submitted. In 2009, all points must be earned by **October 15, 2009**.

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 license expiration date. Indicate the month and

year you became an RN. This information is required to verify candidate licensure. Enclose a photocopy of your RN license.

Demographic & Employment Information

6. Complete all demographic information requested. Please select only one answer in each category.

Biographical Data (Optional)

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 em-

ployment equals 2,080 hours per year or 8,320 hours in 4 years. 8,320 hours is the maximum number that can be recorded.

Employment Verification Information

9. 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

10. 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

11. 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

12. Check the boxes indicating the certification you are renewing and fee you are paying. Enclose payment with your application.

Submitting Your Application

Mail or fax your application and ONC-PRO Logs to the address indicated on the application form, or submit an online application and logs at www.oncc.org. To send via overnight or 2-day mail, see the Guaranteed Mail address on page 11. You will receive confirmation via email or US mail that your application has been received. If you do not receive confirmation, contact ONCC.