

## 2018 ONCC Certification Renewal Application-Multiple Renewals (ILNA)

Please read the 2018 Certification Renewal Application Instructions. Complete all information requested. Please print or fill in form using a computer. Illegible, incomplete, or unsigned applications will not be accepted.

### 6. Demographic & Employment Information (REQUIRED)

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	
<b>Home Address</b>			
<b>City</b>	<b>State</b>	<b>Zip/Postal Code</b>	<b>Country</b>
<b>Work Phone Number</b> (Include area code)	<b>Home/Cell Phone Number</b> (Include area code)		
<b>Email address</b>			

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

OCN®	AOCNP®	CBCN®	CPON®
AOCNS®	AOCN®	CPHON®	BMTCN®

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

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

Oncology Nursing Society (ONS)	
Association of Pediatric Hematology/Oncology Nurses (APHON)	<b>Member ID Number</b>

**4. Indicate the credentials you are renewing and the number of ILNA Points you are submitting.**

OCN®	AOCNP®	CBCN®	CPON®	100 points required
AOCNS®	BMTCN®	CPHON®	AOCN®	100 points required

**5. Nursing License Information (REQUIRED)**

<b>Nursing License Number</b>	<b>State</b>
<b>Expiration Date</b>	<b>Month/Year you became an RN</b>

<b>Highest Nursing Degree</b> (select one)	<b>Primary Functional Area</b> (select one)
Associate	Administration
Bachelor's	Education
Diploma	Patient Care
DNP	Research
Master's	Other
PhD/DNSc	
Other	
<b>Employment Status</b> (select one)	<b>Primary Specialty</b> (select one)
Full-time	Blood & Marrow Transplantation
Part-time	Medical Oncology
Retired	Palliative Care
	Prevention/Detection
<b>Primary Patient Setting</b> (select one)	Radiation Oncology
Adult	Surgical Oncology
Adult & Pediatric	Non-oncology
Pediatric	
N/A	<b>Primary Work Setting</b> (select one)
<b>Primary Position</b> (select one)	Blood & Marrow Transplant Unit
Academic Educator	Corporate/Industry
Case Manager	Intensive Care Unit
Clinical Nurse Specialist	Emergency/Urgent Care
Clinical Trials Nurse	Extended Care Facility
Consultant	Home Care
Director	Hospice
Genetic Counselor	Hospital-based Clinic
Information Architect	Insurance/Managed Care
Manager/Coordinator	Medical Unit - General
Medical Science Liaison	Medical Unit - Oncology
Nurse Informaticist	Medical/Surgical Unit
Nurse Navigator	Physician Office/Infusion Center
Nurse Practitioner	Radiation- Free standing
Nurse Scientist	Radiation- Hospital-based
Patient Educator	School of Nursing
Pharmaceutical Representative	Self-Employed
Quality Improvement	Surgical Unit - General
Staff Educator	Surgical Unit - Oncology
Staff Nurse	Other
Vice President/Chief Nursing Officer	
Other	

**7. Biographical Data (OPTIONAL)**

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

**8. Biographical Data (REQUIRED)**

Total months of RN experience in the past 36 months (3 yrs.) for OCN®, BMTCN®, CBCN®, CPHON®, CPON® candidates:

months

Total hours of experience: in adult oncology during the past 2 ½ years for OCN® candidates or past 4 years for AOCN®, AOCNP®, and AOCNS® candidates; in breast care nursing during past 2 ½ years for CBCN® candidates; in pediatric oncology/hematology during the past 2 ½ years for CPON® and CPHON® candidates:

hours

**9. Do you hold any other nursing certifications?** No Yes Please list credentials

**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 (required)** List below, starting with most recent, your RN experience for the past 3 years for OCN®, CBCN®, CPON® or CPHON® renewal; past 4 years for AOCN®, AOCNP® or AOCNS® renewal. Include the start/end dates for each position, name and city/state of employer(s), position title, number of hours worked per week during that time, and the percentage of time spent in adult oncology for OCN®, AOCN®, AOCNP®, or AOCNS® renewal, breast care nursing for CBCN® renewal, or in pediatric oncology/hematology for CPON® or CPHON® renewal. Please see the eligibility criteria for specific requirements.

From (mm/dd/yy)	To (mm/dd/yy)	Name and City/State of Employer	Position Title	Number of Hours Worked per week	% of Time spent in adult oncology, breast care or pediatric oncology/hematology

**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 Policy section of the ONCC website (www.oncc.org) 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 certifications type and fee you are paying. Indicate payment type.

	September 15, 2018* (\$100 savings included below)	October 15, 2018 Final Deadline (Full Fee)
<b>Option 1 (ILNA Renewal)</b>		
<input type="checkbox"/> OCN® <input type="checkbox"/> CPON® <input type="checkbox"/> CPHON®		
<input type="checkbox"/> BMTCN® <input type="checkbox"/> CBCN®		
<input type="checkbox"/> AOCN® <input type="checkbox"/> AOCNP® <input type="checkbox"/> AOCNS®		
ONS/APHON Member	\$240	\$340
Nonmember	\$360	\$460
ONS/APHON Member Age 65+	\$185	\$285
Nonmember Age 65+	\$275	\$375
<b>Fee for each additional credential after the first credential</b>	\$100	\$100

\* 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 Oncology Nursing Certification Corporation)

Visa MasterCard American Express Discover

Cardholder's Name

Signature

Card Number

Expiration Date

## 2018 ONCC Renewal Application Multiple Renewals - Option 1 (ILNA)

- **Use this application if you are renewing more than one credential at the same time by the ILNA method, or if your employer is paying for renewal of multiple candidates at the time of application.** If you are renewing one certification credential and submitting payment yourself, apply online at <https://registration.oncc.org>. (If you are eligible to apply online but choose to apply using a paper application form you will be charged a \$25 paper handling fee.)
  - There is an additional \$100 fee for each additional credential being renewed.
  - Candidates must apply for renewal by submitting an application, fee, and learning plan (must be submitted online). Renewal is not automatically granted.
  - Complete applications, Learning Plans and payment must be received by **September 15, 2018** to receive the early bird discount fee (\$100 savings). If the application, learning plan or fees are received after September 15, the early bird discount will not apply, regardless of postmark or other circumstances.
  - All applications, learning plan, and payments must be received by **October 15, 2018** (with full non-discounted fee).
  - ILNA points must be earned by the date the application is submitted, and no later than **October 15, 2018**.
  - When renewing multiple credentials in the same year, the same ILNA points may be used to renew more than one credential provided the points meet the requirements for each credential.
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 ID/membership number where indicated. If you recently joined ONS or APHON and don't 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 credentials you are renewing and the number

of ILNA points you are submitting. (Refer to your completed learning plan for this number.)

5. Write your nursing license number, state of issue, and expiration date. Indicate the month and year you became an RN.

### Demographic & Employment Information

6. Please select one answer in each category.

### Biographical Data

7. Completion of this data is optional.

### Nursing Experience

**8. OCN®, CBCN®, BMTCN®, CPON® and CPHON® candidates:** Record the total number of months that you have worked as an RN in the past three years.

**All candidates:** record the total number of hours of experience 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 as an RN in the last 30 months by the percentage of your time spent in adult oncology.

**CPON®/CPHON® Candidates**—write the total number of hours of experience in pediatric oncology nursing or pediatric hematology/oncology nursing you have had within the past 30 months. To obtain this number, multiply the number of hours you have worked as an RN in the last 30 months by the percentage of your time spent in pediatric oncology.

**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 as an RN in the last 30 months by the percentage of your time spent in breast care nursing.

*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 for OCN®, CBCN® or CPON®/CPHON® hours worked. 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 four 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 for AOCN®, AOCNP® or AOCNS® hours worked.*

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®, BMTCN®, CBCN®, CPON®, CPHON® 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. Faxed applications must include credit card payment.

### Submitting Your Application

Mail or fax the application and submit your Learning Plan online as indicated on the application form. 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.