

# ONCC CERTIFICATION REGISTRATION MANUAL

VALID: JANUARY 1, 2019



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## CERTIFICATIONS

ONCOLOGY CERTIFIED NURSE (OCN®)	14
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**WE'RE HERE TO HELP.**

**412-859-6104 (phone) • 877-769-6622 (toll free) • 412-859-6168 (fax) • [oncc@oncc.org](mailto:oncc@oncc.org) • [www.oncc.org](http://www.oncc.org)**

## ABOUT THIS MANUAL

This manual provides an overview of ONCC testing processes and instructions on applying for an ONCC certification test.

More detailed information related to specific examinations – such as the test content outline and reference lists – can be found on the ONCC website at [www.oncc.org/certifications](http://www.oncc.org/certifications). This information is referred to as Test Prep Essentials and is published for each examination.

Candidates are strongly encouraged to review this information before applying to test.

# ABOUT ONCC AND CERTIFICATION

## Who is ONCC?

The Oncology Nursing Certification Corporation (ONCC) is the premier provider of nationally-accredited certifications in oncology. The mission of ONCC is to promote health and safety by validating competence and ensuring life-long learning in oncology nursing and related specialties. Learn more about ONCC at [www.oncc.org](http://www.oncc.org).

## What is Certification?

Nursing certification is a process to validate a registered nurse's qualification and knowledge of a specific area of nursing. To become certified, a nurse must meet minimal competency standards, as set by the agency that grants the certification. One purpose of nursing certification is to promote public safety. Certification assures the public that a certified nurse has completed all criteria required for a specific credential. Another purpose of certification is to promote the development of specialty areas of nursing by establishing minimal competency standards and recognizing those who have met those standards.

## Accreditation

All ONCC certification examinations are accredited by the National Commission for Certifying Agencies (NCCA). The NCCA is an independent organization that has identified the essential components of a national certification program and determines if certification organizations meet established standards based on those components. These standards are nationally recognized principles utilized by a variety of certification organizations for certification programs in diverse professions. Accreditation by the NCCA indicates that ONCC programs have been evaluated by the Commission and found to meet or exceed all its established standards.

# GENERAL TEST INFORMATION

## Eligibility Criteria

ONCC offers five certification examinations. Please see the eligibility criteria for a specific examination at [www.oncc.org/certifications](http://www.oncc.org/certifications).

- Oncology Certified Nurse (OCN®)
- Certified Pediatric Hematology Oncology Nurse (CPHON®)
- Blood and Marrow Transplant Certified Nurse (BMTCN®)
- Advanced Oncology Certified Nurse Practitioner (AOCNP®)
- Certified Breast Care Nurse (CBCN®)

In general, ONCC's basic-level examinations (OCN®, CPHON®, BMTCN®, CBCN®) require a current, active, unencumbered RN license in the US, its territories or Canada; a minimum of two years (24 months) experience as an RN within the past 4 years (48 months); a minimum of 2,000 hours of specialty nursing practice (i.e., oncology, pediatric oncology, blood and marrow transplant, breast care – as described in the eligibility requirements for the specific credential); and 10 contact hours of continuing nursing education in the specialty (as described in the eligibility requirements).

AOCNP® certification requires a current, active, unencumbered RN license in the US, its territories or Canada; a graduate degree from accredited NP program with concentration in oncology, adult (primary or acute), family (across lifespan), gerontology, or women's health; clinical practice as an adult oncology nurse practitioner within the past five years (the number of hours required varies depending on the

NP program concentration); and one graduate-level oncology course of at least 2 credits or 30 hours oncology continuing education within the past five years.

Please review the eligibility criteria for a specific examination before you apply to test.

### Test Format

ONCC test sessions are three hours, including 15 minutes for a computer-based testing tutorial before the exam and a post-test survey. All ONCC tests consist of 165 multiple-choice items. Each item includes a question or statement, followed by four answers or completions. Only one answer is correct. Some items count toward the candidate's score, and others are pre-test items that do not count toward the score. Candidates do not know which items are scored items or pre-test items.

### Test Centers

ONCC examinations are offered by computer-based testing at Prometric test centers. You can locate ONCC test sites and addresses at [www.prometric.com/oncc](http://www.prometric.com/oncc).

### Test Fees

See the current test fees at [www.oncc.org/test-dates-application-deadlines-and-fees](http://www.oncc.org/test-dates-application-deadlines-and-fees).

## TEST APPLICATION INSTRUCTIONS

When you are ready to test, apply online at [www.oncc.org](http://www.oncc.org).

- Gather the information/documentation you need to complete the application (i.e., nursing license, CE documentation)
- Provide all required information, documentation, and fees. *Note: incomplete applications will not be processed until all materials are received.*

<b>APPLY IN:</b>	<b>TEST IN:</b>
January	February, March, April
February	March, April, May
March	April, May, June
April	May, June, July
May	June, July, August
June	July, August, September
July	August, September, October
August	September, October, November
September	October, November, December
October	November, December, January
November	December, January, February
December	January, February, March

### Confirmation Your Application Has Been Received

ONCC will send you an email confirmation indicating your application has been received. This confirms your application has been received; it does not confirm that you are eligible to test. If you do not receive confirmation that your application has been received within four weeks of applying, contact ONCC.

## **Authorization to Test**

If you are confirmed as eligible to test, ONCC will send you an Authorization to Test (ATT) by email. The email will be from ONCC. The subject line will read "ONCC Authorization to Test". Please check your junk mail/spam folders and add [oncc@oncc.org](mailto:oncc@oncc.org) to your email safe senders or contacts list. The ATT will be valid for 90-days and provide instructions for scheduling a test appointment. You must schedule an appointment and take the test before the ATT expires or you will forfeit all test fees.

### **Upon receiving your ATT, immediately:**

- confirm the information on the ATT is correct.
- read the ATT and all accompanying information.
- contact ONCC ([oncc@oncc.org](mailto:oncc@oncc.org)) to correct inaccuracies on the ATT or to report a lost ATT.
- contact ONCC ([oncc@oncc.org](mailto:oncc@oncc.org)) if you do not receive an ATT within four weeks of applying to test.

## **Maintaining Your Contact Information**

Most communications from ONCC will be sent by email; some information may be sent by mail to your home address or to your home phone number. If you have a change in any contact information before you take the test, call ONCC at 877-769-ONCC (6622). To make changes after you test, update your account at [www.oncc.org](http://www.oncc.org), email the change to [oncc@oncc.org](mailto:oncc@oncc.org) or call 877-769-ONCC (6622).

## **Testing Accommodations Due to Disability**

ONCC will provide reasonable accommodations for test candidates with disabilities that are covered under the Americans with Disabilities Act (ADA), as amended. To request testing accommodations, submit the Testing Accommodations Request Form ([www.oncc.org/resource-center](http://www.oncc.org/resource-center)) by email/mail/fax within five business days of applying online. ONCC uses information submitted as part of a request for Testing Accommodations only to determine the need for special accommodations. ONCC does not share this information with anyone, including Prometric.

# **MAKING A TEST APPOINTMENT/ PREPARING FOR TEST DAY**

- Follow the instructions on the ATT to make a test appointment.
- Plan for a three-hour test session, including 15 minutes for a computer-based testing tutorial and an exit survey in the total session time. There are no scheduled breaks during the test session.
- If you are not familiar with the test center location, obtain directions or conduct a trial run before your test day.
- To preview the test center environment, go to [www.prometric.com](http://www.prometric.com) and click on "Prepare for Test Day"
- You do not need computer experience to take an ONCC test. You will use the computer mouse to point and click on the desired answer for test items.

## **Appointment Confirmation**

After you schedule your test appointment, Prometric will email you a test appointment confirmation. [Keep this confirmation.](#) It includes a confirmation number that you will need to access your results report following the test.

## Canceling/Rescheduling a Test Appointment

If you wish to change your test date or time, you must do so at least two days prior to your appointment using the Reschedule/Cancel option on [www.prometric.com](http://www.prometric.com), or by contacting Prometric's automated voice response system at 800-805-9116 (in North America) or by contacting Prometric's Regional Registration Center (outside North America). Please see the table below for applicable fees to change or cancel a test appointment.

### Candidates may cancel or change a test appointment as follows:

#### Fee:

15 or more days before scheduled test date	No fee
2-14 days before scheduled test date	\$35 (payable to Prometric at the time the change/cancellation is made)
Less than 2 days before test date	Candidate forfeits all fees

\*Note: Refunds and transfers will not be granted to candidates who do not cancel a test appointment at least 2 days prior to a scheduled test date.

## Transferring to a Different Test Date

You may request a one-time transfer before the expiration of your ATT to a test date that falls within the next 12 months. Submit an online Transfer Request Form ([www.oncc.org](http://www.oncc.org)) before your ATT expires. There is a \$100 transfer fee, payable at the time of request. Candidates who are granted a transfer must:

- test within the next 12 months.
- cancel a scheduled test appointment at least two days before the appointment (see Canceling/Rescheduling a Test Appointment, above). Candidates who do not cancel a scheduled appointment at least two days in advance will not be granted a transfer, will be charged the full test fee, and must pay another test fee to test at a later date.

Transfers will not be granted for requests received after the ATT has expired. Refunds will not be issued to candidates who transfer.

Renewal candidates who apply to renew by testing and subsequently transfer to a test date that falls after their credential expiration date must meet all eligibility criteria for initial certification and may not use the credential after it expires.

## Requesting a Refund

You may request a refund of all but \$100 (processing fee) of the test fee prior to the expiration of your ATT by submitting an online refund request ([www.oncc.org](http://www.oncc.org)). Refunds will not be granted for requests received after the ATT has expired. If you request a refund, you also must cancel your test appointment at least two days before the test appointment (see Rescheduling/Canceling, above). Candidates who do not cancel a scheduled test appointment will forfeit their test fee, will not receive a refund, and must pay another test fee to test at a later date. Refunds will not be issued to candidates who transfer.

# TEST DAY AND BEYOND

## Arrival at the Test Center and Check In

- Plan to arrive 30 minutes before your test appointment to allow time for check-in procedures. If you arrive late, you will not be permitted to test and will forfeit your appointment and test fee.
- You will be scanned with a metal detector wand and required to provide a fingertip scan prior to every entry into the test room.

- You will be required to raise your pants legs above your ankles, empty and turn all pockets inside-out and raise shirt sleeves above your wrists prior to every entry into the test room.
- You will be required to remove eyeglasses for inspection.
- Jewelry outside of wedding and engagement rings is prohibited.

### **ID Requirements for Testing**

- You will be required to show two forms of identification, including one form of photo ID. Both forms of ID must contain your signature, and be current, valid, or non-expired. See the table below for acceptable ID.
- The name on both forms of ID must exactly match the name on the ATT. Note: a middle name versus a middle initial is acceptable. For other name discrepancies, contact ONCC. If you change your name after registering for a test, contact ONCC before your test date.
- You will not be admitted to the test without proper ID. Candidates who are not permitted to test due to invalid ID will forfeit their test fee, and must reapply and pay the full test fee to test at a later date.

### **Acceptable Identification for Admission to a Test**

Two forms of ID are required for test admission: one primary form and one secondary form, or two primary forms. Both forms of ID must be current, valid and not expired. Candidates will NOT be admitted without proper ID. Exceptions to ID requirements will not be made under any circumstances.

<b>Primary ID</b> (must include recent photo & signature)	<b>Secondary ID</b> (must include signature)
<ul style="list-style-type: none"> <li>• Passport or Passport Card</li> <li>• Government-issued Driver's License</li> <li>• US Department of State Driver's License</li> <li>• US Learner's Permit (plastic card only with photo and signature)</li> <li>• National/State/Country Identification Card</li> <li>• Military ID (including spouse/dependent)</li> <li>• Alien Registration Card (Green Card, Permanent Resident Visa)</li> <li>• Government issued local language ID (plastic card with photo and signature)</li> <li>• Employee ID</li> <li>• School ID</li> <li>• Credit Card (with photo and signature)</li> </ul>	<ul style="list-style-type: none"> <li>• US Social Security Card</li> <li>• Debit/ATM Card</li> <li>• Credit Card (Any signature bearing credit card that is not expired)</li> <li>• Any form of ID on the Primary ID list</li> <li>• RN license</li> </ul>

### **Professional and Regulatory Candidate Rules**

Candidates are required to be professional, civil and respectful at all times while on the premises of the test center. All exams are continuously monitored by video and audio recording, physical walk-throughs, and through the observation window. The Test Center Administrator (TCA) is authorized to dismiss you from the test session for a violation of any of the Test Center Regulations, including exhibiting abusive behavior towards the TCAs or other candidates. If you are found to have violated any of the regulations during your exam, the TCA is required to notify Prometric and ONCC. Prometric, alone or in conjunction with ONCC, shall then take any further action necessary to sanction your conduct, up to and including invalidation of your test score and/or pursuit of civil or criminal charges.

### **Confidentiality of Exam Content/Systems**

- The computer-based test delivery system, tutorial, exam content, and survey are the unpublished, confidential, and proprietary materials of Prometric and/or ONCC.
- Communicating, publishing, reproducing, or transmitting any part of an exam, in any form or by any means (e.g., verbal, electronic, written, etc.) for any purpose is strictly prohibited.
- ANY reproduction or disclosure will result in the immediate filing of civil and/or criminal charges against you and anyone directing or conspiring with you.

## **Prohibited Items and Examinee Conduct**

- Weapons are not allowed in any Prometric Test Center.
- Unauthorized personal items may not be brought into the test room. Such items include, but are not limited to outerwear, hats, food, drinks, purses, briefcases, notebooks, pagers, watches, cell phones, recording devices and photographic equipment.
- Written notes, published materials, and other testing aids are strictly prohibited.
- Only soft ear plugs (with no wires/cords attached) and center-supplied tissues are permitted in the test room. Noise blocking headphones are available at the test center.
- Clothing or jewelry items allowed to be worn in the test room must continue to be worn at all times. Removed clothing or jewelry items must be stored in the locker provided during check-in.
- All materials issued by the TCA must be returned at the conclusion of testing. Used scratch paper/erasable boards must be returned before new scratch paper/erasable boards will be issued by the TCA during your exam.
- Talking to other candidates in the test room, referring to their screens, testing materials or written notes is strictly prohibited.
- You understand that eating, drinking or chewing gum, smoking and/or making noise that creates a disturbance for other candidates is prohibited during the exam.

## **Test Center Processes**

- There are no scheduled breaks during ONCC examinations. If you take an unscheduled break, the test clock will not stop. You must inform the Test Center Administrator (TCA) before accessing a stored item during a break, including medicine. You may not access any notes or electronic devices during a break, including cell phones. Repeated or lengthy departures from the test room will be reported to ONCC.
- Upon return from a break, without exception, you must go through all security checks, present valid ID, sign-in and provide a fingerprint to be re-admitted to the test room.
- You must return to your assigned, original seat after any break.

## **Confidentiality of ONCC Examinations (Non-Disclosure)**

Before the test session begins, candidates will be presented with the following Confidentiality Agreement regarding test content.

*This examination and the test questions contained herein are the exclusive property of the Oncology Nursing Certification Corporation. This examination and the items (questions) contained herein are protected by copyright law. No part of this examination may be copied or reproduced in part or whole by any means, whatsoever, including memorization. Future discussion or disclosure of the contents of this examination orally, in writing, or by any other means is prohibited. Any theft or attempted theft of examination items from the testing center is punishable to the fullest extent of the law. Your participation in any irregularity occurring during this examination, such as giving or obtaining unauthorized aid, as evidenced by observation or subsequent analysis may result in termination of your participation, invalidation of the results of the examination, or other appropriate action.*

Candidates who do not agree to the terms of the confidentiality agreement will have their test session terminated. Candidates whose test session is terminated will not receive a refund of test fees.

## **Test Results and Results Reports**

You will receive your test results on screen immediately after the post-test survey. Your test results will indicate PASS or FAIL. Immediately following the test session, you will be sent an email with a link to a test candidate portal where you can access your results report. The email will be sent from "ElectronicScoreReport@prometric.com". The portal address is "<https://scorereports.prometric.com>".



The results report includes a diagnostic bar graph that illustrates your knowledge level in each of the major content areas on the test. The results report does not include the number or percentage of items answered correctly.

Candidates who pass the test will need the results report information to prepare for certification renewal. Candidates who fail the test are encouraged to use the diagnostic feedback to identify areas for additional study before taking the test again.

Candidates are encouraged to download and save a copy of the results report for future reference. You will NOT receive a hard copy results report at the test center or by mail.

### **Certificates and Wallet Cards**

Candidates who receive a passing score receive a personalized certificate and wallet card 4-6 weeks after taking the test. There is a \$10 charge for a duplicate or replacement certificate and/or wallet card.

### **Verification of Certification**

ONCC provides a free, online service for immediate credential verification. Third parties who wish to have written verification of a nurse's certification status must make a request in writing, include a \$15 fee and provide the nurse's full name and home address. Certification will be verified in writing only. Find out more at [www.oncc.org/verify-certification](http://www.oncc.org/verify-certification).

## **ONCC CERTIFICATION POLICIES**

Please review these policies prior to applying for an ONCC certification test. Certification policies are updated periodically. Please check the ONCC website at [www.oncc.org/policies](http://www.oncc.org/policies) for the most current information.

### **Applications**

ONCC adheres to all deadline dates, as published on the ONCC website.

The certification fee in place at the time the complete application is received will apply regardless of circumstances. Complete applications include all requested information, fees, and documentation (i.e., verification forms, transcripts, CE information or other required documents).

Incomplete applications will not be processed. Candidates whose applications are incomplete will not be permitted to test, or have their renewal processed.

### **Cancellation of Test Results**

ONCC reserves the right to cancel the score of any candidate who violates the Candidate Rules or to cancel scores resulting from any testing irregularity. Please see rules on page 8.

### **Fraudulent Use of ONCC Credentials**

ONCC shall thoroughly investigate all reports of an individual fraudulently using the OCN<sup>®</sup>, AOCN<sup>®</sup>, AOCNS<sup>®</sup>, AOCNP<sup>®</sup>, CPON<sup>®</sup>, CPHON<sup>®</sup>, CBCN<sup>®</sup> or BMTCN<sup>®</sup> credential. If proof is obtained that an individual who is not authorized to use the OCN<sup>®</sup>, AOCNS<sup>®</sup>, AOCNP<sup>®</sup>, AOCN<sup>®</sup>, CPON<sup>®</sup>, CPHON<sup>®</sup>, CBCN<sup>®</sup> or BMTCN<sup>®</sup> credential has used the credential, ONCC shall write a letter to the individual stating that ONCC has documented proof that the individual has used the OCN<sup>®</sup>, AOCNS<sup>®</sup>, AOCNP<sup>®</sup>, AOCN<sup>®</sup>, CPON<sup>®</sup>, CPHON<sup>®</sup>, CBCN<sup>®</sup> or BMTCN<sup>®</sup> credential and that ONCC has no record of the individual's certification

or renewal of expired certification. The individual shall be requested to provide proof of current ONCC certification (e.g., prove that certification was obtained under a different name) or discontinue use of the credential. The individual shall be informed that documented fraudulent use of an ONCC credential shall result in ONCC taking appropriate action against the individual, which may include sanctions and reporting the fraudulent use to appropriate individuals and/or institutions (e.g., state licensing boards, employers, membership societies).

### **Nondiscrimination**

ONCC does not and shall not discriminate on the basis of age, gender, gender expression, ethnic origin, color, religion, race, disability, marital status, sexual orientation or military status in any of its activities or operations. These include, but are not limited to, approval of certification/recertification applicants, hiring and firing of staff, selection of volunteers and vendors and provision of services. ONCC is committed to providing an inclusive and welcoming environment for certification candidates and certified nurses, volunteers, members of its staff, clients, subcontractors, vendors and clients.

### **Refunds**

Test candidates may request a refund of all but \$100 (processing fee) of the test fee prior to the expiration of their ATT. An online request must be received by ONCC prior to the expiration of the ATT and include the candidate's name, address and test date. Refund requests received after the expiration of the ATT will not be granted. Candidates who request a refund also must cancel their test appointment at least two days before the test appointment (see Canceling a Test Appointment, page 6. Candidates who do not cancel a scheduled test appointment will forfeit their test fee and will not receive a refund.

### **Release of Information**

Names of nurses holding current ONCC certifications shall be available to the public upon written request. Confidential information that will not be released includes names of candidates for certification; names of nurses who fail the examination; and individual test scores. ONCC will discuss an individual candidate's certification-related issue only with the candidate.

Names of nurses holding current ONCC certifications shall be available to the public upon written request. Confidential information that will not be released includes names of candidates for certification; names of nurses who fail the examination; and individual test scores. ONCC will discuss an individual candidate's certification-related issue only with the candidate.

### **Renewal of Certification**

- Certification renewal is due every four years.
- It is the candidate's responsibility to apply for renewal of certification by the required application deadline date as posted at [www.oncc.org](http://www.oncc.org). Although ONCC attempts to provide candidates with multiple renewal notices, failure to receive a renewal notice does not relieve the candidate of the responsibility to apply for renewal prior to the application deadline date.
- There are three components to certification renewal: practice hours, professional development activities, and successful retesting. Two of the three components are required for certification renewal. The available renewal options are based on combinations of the three components and include Option 1: Practice Hours + Professional Development Activities; Option 2: Practice hours + Successful Retesting; Option 3: Professional Development Activities + Successful Retesting.
- Fees for renewal by testing are published on [www.oncc.org](http://www.oncc.org) and current renewal fees are published at [www.oncc.org](http://www.oncc.org).
- Candidates who are renewing multiple certification credentials in the same year by Option 1 or

Option 3 must meet the eligibility criteria for each certification. Candidates renewing multiple credentials in the same year by Option 1 or Option 3 may use the same set of ILNA points, provided those points meet the criteria for renewal of each certification. The fee to renew multiple certification credentials in the same year by Option 1 or Option 3 is \$100 more than the prevailing fee for the desired renewal option.

- Candidates who are denied renewal by Option 1 may transfer to the next applicable certification test date by paying a transfer fee of \$100.
- Candidates who are denied renewal by Option 1 will not be granted a refund of the renewal fee. This includes candidates who are denied renewal due to insufficient points, insufficient documentation, or failure to submit audit or other documentation requested by ONCC.
- Candidates who choose to renew their certification by Option 2 and who do not attain a passing score on the test may not renew by Option 1.
- Those who do not renew certification within the calendar year of its expiration may not continue to use the certification credential, will be considered initial candidates, and must meet the eligibility criteria for initial certification should they apply to become certified in subsequent years.

## **Reinstatement**

All applications for certification renewal using Option 1 (practice hours + professional development activities) must be received by ONCC by October 15 (or the following business day if October 15 falls on a weekend) regardless of postmark, of the year certification is due to expire.

- Candidates who wish to maintain their certification, but miss the final deadline for certification renewal, may:
  - Apply to retake the examination in the following year as an initial candidate, or
  - Apply for certification reinstatement by Option 1 (practice hours + professional development activities) on or before March 31 of the year immediately following the credential expiration date, or
  - Apply for certification reinstatement by Option 3 (test + professional development activities) and test on or before March 31 of the year immediately following the credential expiration date.
- Nurses may not use the credential after their certification expires on December 31, but may again use the credential after being notified that their certification has been reinstated.
- Reinstatement is retroactive and the certification period will not be extended for nurses who reinstate.
- Reinstatement requires the candidate to submit all required applications and Learning Plans, as well as documentation of meeting the Option 1 or Option 3 requirements, as they would do if their Learning Plan was audited. All CE certificates, transcripts or other documentation that would usually be required if the candidate submitted the application on time and was audited must be submitted with the application for reinstatement.
- Candidates who apply for reinstatement must submit their application and required documentation to ONCC by mail or fax; the Learning Plan may be submitted electronically. Candidates must pay the reinstatement fee of \$300, in addition to the final deadline application fee for Option 1 or Option 3.
- Candidates who miss the final deadline for reinstatement of their certification may utilize the Review and Appeals Policy (below). All requests for review and appeal must document the

extenuating circumstances that caused the candidate to miss the deadline.

- Candidates who apply for reinstatement must have earned all ILNA points by December 31 of the year certification was due for renewal; points earned after December 31 will not be accepted.

### **Retesting**

There is no limit on the number of times a candidate may take an ONCC examination. However, candidates who do not pass the examination after three or more attempts are required to wait a minimum of one year before retaking the examination. If the three failures occurred over a period of more than three years, the candidate may retake the examination without waiting a minimum of one year. The candidate must submit an application and test fee for each test. Candidates may not take the same certification test more than one time during a 90-day eligibility period.

### **Review and Appeals Process**

A review and appeals process is available to individuals seeking an amendment of a decision regarding eligibility for certification, failure of the examination, sanction or revocation of certification. Requests for review must be sent in writing to Mary Wozny, Director of Operations, ONCC, 125 Enterprise Drive, Pittsburgh, PA 15275-1214, Fax: 412-859-6168. ONCC will provide a written response to the request for review. Candidates may appeal the decision of the review. There is no charge for a review; however, there is a \$50 filing fee to activate the appeals process.

### **Sanction of Certification**

1. ONCC Certification may be sanctioned for any of the following:
  - Failure to meet eligibility requirements or pay required fees
  - Failure to meet requirements for renewal of certification
  - Falsification of any information requested by ONCC
  - Misrepresentation of the OCN<sup>®</sup>, AOCNS<sup>®</sup>, AOCNP<sup>®</sup>, AOCN<sup>®</sup>, CPON<sup>®</sup>, CPHON<sup>®</sup>, CBCN<sup>®</sup> or BMTCN<sup>®</sup> credential
  - Misuse of the OCN<sup>®</sup>, AOCNS<sup>®</sup>, AOCNP<sup>®</sup>, AOCN<sup>®</sup>, CPON<sup>®</sup>, CPHON<sup>®</sup>, CBCN<sup>®</sup> or BMTCN<sup>®</sup> credential
  - Fraudulent use of the OCN<sup>®</sup>, AOCNS<sup>®</sup>, AOCNP<sup>®</sup>, AOCN<sup>®</sup>, CPON<sup>®</sup>, CPHON<sup>®</sup>, CBCN<sup>®</sup> or BMTCN<sup>®</sup> credential
  - Lack of current, active, unencumbered RN license, including licenses currently subjected to formal discipline by any state board of nursing and licenses with provisions or conditions that limit the nurse's practice in any way.
  - Cheating on the certification examination or assessment
  - Assisting others to cheat on the certification examination or assessment
  - Unauthorized possession of ONCC examination, assessment or other confidential materials
  - Criminal convictions (including indictment, arrest, conviction or plea of guilty to any felony within the past 3 years) or limitation, sanction, revocation or suspension by a healthcare organization, professional organization, or other private or governmental body relating to nursing or public health safety
  - Gross or repeated negligence or malpractice in professional practice
  - Failure to notify ONCC in writing within 30 days of any restriction placed on the RN license (including APRN license)
2. ONCC may issue sanctions that include, but are not limited to, denials of initial certification, renewal or recertification, revocation, suspension or any other limitation of certification or combination of sanctions. Upon being notified of a possible violation, ONCC shall, in its sole discretion, investigate

the allegation or decline to act on the matter. If ONCC believes that there has been a possible violation of the conditions identified in Section 1, ONCC shall provide the individual with written notice of the allegations.

3. The review and appeals process may be instituted.
4. The official sanction shall state whether official notice of the sanction will be provided to the individual's state licensing board(s), employer(s), professional membership societies, and/or others. Such notice, if authorized by the sanction, shall not be given until the expiration and/or resolution of any appeal.

### **Candidate Affirmation and Disclosure**

To ensure the integrity of the certification process, all ONCC candidates for certification and certification renewal must truthfully complete the application form provided by ONCC and shall provide additional information as requested. Nurses who do not agree to the disclosure and affirmation will not be permitted to apply for certification/recertification.

The individual applying for certification must abide by the following provisions:

1. During the registration process, candidates will confirm that they hold a current, active, unencumbered RN license. An unencumbered license is not currently being subjected to formal discipline by any state board of nursing and has no provisions or conditions that limit the nurse's practice in any way.
2. Candidates and ONCC-certified nurses must notify ONCC in writing within 30 days if any restriction of any kind is placed on their RN license (including APRN license). Failure to notify ONCC may result in sanctions.
3. Candidates will be required to attest that they have no criminal convictions, including indictments, arrest, conviction or pleas of guilty to any felony within the past 3 years, or limitation, sanction, revocation of suspension by a healthcare organization, professional organization, or other private or governmental body relating to nursing or public health safety. Failure to disclose this information at the time of application and during the period of certification may result in sanction.

### **Use of an ONCC Credential**

Candidates who pass an ONCC test, as indicated on the official results report, may use the respective certification mark to verify they have met all eligibility and testing requirements. The specific certification mark may be used only as long as certification is valid. An individual may not use a certification mark after it has expired; to do so constitutes fraud. ONCC certification is a non-transferable, revocable, limited license to use the certification designation, subject to compliance with ONCC rules, as may be revised from time to time. ONCC certification is valid for a period of four years.

### **Verification of Certification**

ONCC provides a free, online service for immediate credential verification. Third parties who wish to have written verification of a nurse's certification status must make a request in writing, include a \$15 fee and provide the nurse's full name and home address. Certification will be verified in writing only. Verify a certification online at [www.oncc.org/verify-certification](http://www.oncc.org/verify-certification).

*ONCC certification policies are updated periodically. Please check the ONCC website at [www.oncc.org/policies](http://www.oncc.org/policies) for the most current information.*

# ONCOLOGY CERTIFIED NURSE (OCN®)

OCN® certification is for registered nurses who practice in adult oncology – whether in clinical practice, nursing administration, education, research or consultation.

## About the Test

The OCN® Test is based on the OCN® Test Content Outline (Test Blueprint). The Test Content Outline is based on the results of a role delineation study of basic adult oncology nursing practice completed in 2016. The OCN® Test Content Outline is composed of six major subject areas, each with a percentage assigned to it. Each major subject area is represented in every test with the appropriate percentage of items. However, not all content sub-areas are included on every form of the test.

The OCN® Test consists of 165 multiple-choice items (a question or incomplete statement followed by four answers or completions). Of those, 145 items count toward the candidate's score and 20 are "pretest" or experimental items. Candidates do not know which items are scored and which are pretest. To determine the number of scored items from each subject area, multiply the appropriate percentage by 145.

A free, 50-item OCN® Practice Test is available at [www.oncc.org](http://www.oncc.org). ONCC practice tests provide examples of the type of items that you can expect to find on an examination; they are not intended to be study guides or to replace other forms of test preparation. For-purchase practice tests are also available.

## Eligibility Criteria for Initial OCN® Certification

Any person who is not currently OCN®-certified is an initial candidate, including candidates whose certification has lapsed. All eligibility criteria must be met at the time of application and examination.

- A current, active, unencumbered license as a registered nurse in the US, its territories or Canada at the time of application and examination, and
- A minimum of two years (24 months) of experience as an RN within the four years (48 months) prior to application, and
- A minimum of 2,000 hours of adult oncology nursing practice within the four years (48 months) prior to application, and
- Completed a minimum of 10 contact hours of continuing nursing education in oncology or an academic elective in oncology nursing within the three years (36 months) prior to application. The contact hours must have been provided or formally approved by an acceptable accredited provider or approver of continuing nursing education. Up to five (50%) of the of the 10 required oncology nursing contact hours may be accredited continuing medical education (CME) in oncology.

Nursing practice may be in clinical practice, nursing administration, education, research or consultation. To qualify as nursing practice, the role must require it be filled only by an RN. Hours or months worked in positions that can be filled by non-RNs do not qualify as nursing practice. Testing is an option for OCN® certification renewal. See eligibility criteria at [www.oncc.org/ocn](http://www.oncc.org/ocn).

## OCN® Test References

The following is a sampling of resources that may be helpful when preparing for the OCN® Examination. This list is not all-inclusive; the full reference list is available at [www.oncc.org](http://www.oncc.org). ONCC examinations are based on a broad body of knowledge and not on the content of any single resource.

To prepare for the examination, review the Test Content Outline and develop a study plan based on your individual knowledge strengths and weaknesses. It is good practice to use a current, general resource for overall review, and supplement with resources on specific topics to address your individual needs. If you are interested in resources that address specific topics on the Test Content Outline, please contact ONCC staff for additional guidance.

Note: Use of these resources does not guarantee a passing score on the examination. Test candidates are not required to purchase or review these resources. ONCC does not endorse specific resources, and does not receive compensation from the sale or use of any resources.

Brant, J.M., & Wickham, R. (Eds.). (2013). *Statement on the scope and standards of oncology nursing practice: Generalist and advanced practice*. Pittsburgh, PA: Oncology Nursing Society.

Brown, C.G. (Ed.). (2015). *A guide to oncology symptom management* (2nd ed.). Pittsburgh, PA: Oncology Nursing Society.

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Ferrell, B.R., Coyle, N. & Paice, J. (Eds.). (2015). *Oxford textbook of palliative nursing* (4th ed.). New York, NY: Oxford University Press.

Kaplan, M. (Ed.). (2018). *Understanding and managing oncologic emergencies: A resource for nurses* (3rd ed.). Pittsburgh, PA: Oncology Nursing Society.

Kuebler, K. (2017). *Integration of palliative care in chronic conditions: An interdisciplinary approach*. Pittsburgh, PA: Oncology Nursing Society.

Newton, S., Hickey, M., & Brant, J. (2017). *Mosby's oncology nursing advisor: A comprehensive guide to clinical practice* (2nd ed.). St. Louis, MO: Elsevier Mosby.

Olsen, M., LeFebvre, K., & Brassil, K. (Eds.). (2019). *Chemotherapy and immunotherapy guidelines and recommendations for practice*. Pittsburgh, PA: Oncology Nursing Society.

Wilkes, G.M., & Barton-Burke, M. (Eds.). (2018). *2018 Oncology nursing drug handbook*. Burlington, MA: Jones and Bartlett Learning.

Yarbro, C.H., Wujcik, D., & Gobel, B.H. (Eds.). (2018). *Cancer nursing: Principles and practice* (8th ed.). Burlington, MA: Jones and Bartlett Learning.

## OCN® Test Content Outline

### I. Care Continuum - 19%

- A. Health promotion and disease prevention (e.g., high-risk behaviors; preventive health practices)
- B. Screening and early detection
- C. Navigation
- D. Advance care planning (e.g., advance directives)
- E. Epidemiology
  - 1. Modifiable risk factors (e.g., smoking, diet, exercise, occupation)
  - 2. Non-modifiable risk factors (e.g., age, gender, genetics)
- F. Survivorship
  - 1. Rehabilitation
  - 2. Recurrence concerns
  - 3. Financial concerns
  - 4. Employment concerns
  - 5. Insurance concerns
  - 6. Family and social support concerns
  - 7. Sexuality concerns
- G. Treatment-related considerations
  - 1. Delayed-onset side effects
  - 2. Chronic side effects
  - 3. Secondary malignancies
  - 4. Follow-up care
- H. End-of-life care
  - 1. Grief
  - 2. Bereavement
  - 3. Hospice care
  - 4. Caregiver support
  - 5. Interdisciplinary team
  - 6. Pharmacologic comfort measures
  - 7. Non-pharmacologic comfort measures

### II. Oncology Nursing Practice - 17%

- A. Scientific basis
  - 1. Carcinogenesis
  - 2. Immunology
  - 3. Clinical trials (e.g., research protocols)
- B. Site-specific cancer considerations
  - 1. Pathophysiology
  - 2. Common metastatic locations
  - 3. Diagnostic measures
  - 4. Prognosis
  - 5. Classification
  - 6. Staging
  - 7. Histological grading
- C. Scope, standards, and related issues
  - 1. Standards of care (nursing process)
  - 2. Legal (including documentation)
  - 3. Accreditation (e.g., The Joint Commission)
  - 4. Self-care (e.g., managing compassion fatigue)
- D. Standards of professional performance
  - 1. Ethics (e.g., patient advocacy)
  - 2. Education
  - 3. Evidence-based practice (e.g., Putting Evidence Into Practice (PEP) guidelines) and research
  - 4. Quality of practice
  - 5. Communication
  - 6. Leadership
  - 7. Collaboration
  - 8. Professional practice evaluation
  - 9. Resource utilization
  - 10. Environmental health (e.g., safety, personal protective equipment, safe handling)



### III. Treatment Modalities - 19%

- A. Surgery
- B. Blood and marrow transplant
- C. Radiation therapy
- D. Chemotherapy
- E. Biotherapy
- F. Immunotherapy
- G. Vascular Access Devices (VADs) for treatment administration
- H. Targeted Therapy

### IV. Symptom Management and Palliative Care - 23%

- A. Etiology and patterns of symptoms (acute, chronic, late)
- B. Anatomical and surgical alterations (e.g., lymphedema, ostomy, site-specific radiation)
- C. Pharmacologic interventions
- D. Complementary and integrative modalities (e.g., massage, acupuncture, herbal supplements)
- E. Palliative care considerations
- F. Alterations in functioning
  - 1. Hematologic
  - 2. Immune system
  - 3. Gastrointestinal
  - 4. Genitourinary
  - 5. Integumentary
  - 6. Respiratory
  - 7. Cardiovascular
  - 8. Neurological
  - 9. Musculoskeletal
  - 10. Nutrition
  - 11. Cognition
  - 12. Energy level (i.e., fatigue)

### V. Oncologic Emergencies - 12%

- A. Disseminated intravascular coagulation (DIC)
- B. Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH)
- C. Sepsis (including septic shock)
- D. Tumor lysis syndrome
- E. Hypersensitivity
- F. Anaphylaxis
- G. Hypercalcemia
- H. Cardiac tamponade
- I. Spinal cord compression
- J. Superior vena cava syndrome
- K. Increased intracranial pressure
- L. Obstructions (bowel and urinary)
- M. Pneumonitis
- N. Extravasations

### VI. Psychosocial Dimensions of Care - 10%

- A. Cultural, spiritual, and religious diversity
- B. Financial concerns (including available resources)
- C. Altered body image
- D. Learning styles and barriers to learning
- E. Social relationships and family dynamics
- F. Coping mechanisms and skills
- G. Support
  - 1. Patient (i.e., individual and group)
  - 2. Caregiver (including family)
- H. Psychosocial considerations
  - 1. Anxiety
  - 2. Loss and grief
  - 3. Depression
  - 4. Loss of personal control
- I. Sexuality
  - 1. Reproductive issues (e.g., contraception, fertility)
  - 2. Sexual dysfunction (e.g., physical and psychological effects)
  - 3. Intimacy

# CERTIFIED PEDIATRIC HEMATOLOGY ONCOLOGY NURSE (CPHON®)

CPHON® certification is for registered nurses who practice in pediatric hematology/oncology – whether in clinical practice, nursing administration, education, research or consultation.

## About the Test

The CPHON® Test is based on the CPHON® Test Content Outline (Test Blueprint). The Test Content Outline is based on the results of a role delineation study of basic pediatric hematology oncology nursing practice completed in 2017. The CPHON® Test Content Outline is composed of five major subject areas, each with a percentage assigned to it. Each major subject area is represented in every test with the appropriate percentage of items. However, not all content sub-areas are included on every form of the test.

The CPHON® Test consists of 165 multiple-choice items (a question or incomplete statement followed by four answers or completions). Of those, 125 items count toward the candidate's score and 40 are "pretest" or experimental items. Candidates do not know which items are scored and which are pretest. To determine the number of scored items from each subject area, multiply the appropriate percentage by 125.

A free, 50-item CPHON® Practice Test is available at [www.oncc.org](http://www.oncc.org). ONCC practice tests provide examples of the type of items that you can expect to find on an examination; they are not intended to be study guides or to replace other forms of test preparation. One for-purchase practice test is available.

## Eligibility Criteria for Initial CPHON® Certification

Any person who is not currently CPHON®-certified is an initial candidate, including candidates whose certification has lapsed. All eligibility criteria must be met at the time of application and examination.

- A current, active, unencumbered license as a registered nurse in the US, its territories or Canada at the time of application and examination, and
- A minimum of two years (24 months) of experience as an RN within the four years (48 months) prior to application, and
- A minimum of 2,000 hours of pediatric oncology or hematology nursing practice within the four years (48 months) prior to application, and
- Completed a minimum of 10 contact hours of continuing nursing education in oncology or hematology or an academic elective in oncology or hematology nursing within the three years (36 months) prior to application. The contact hours must have been provided or formally approved by an acceptable accredited provider or approver of continuing nursing education. Up to five (50%) of the of the 10 required oncology nursing contact hours may be accredited continuing medical education (CME) in oncology or hematology.

Nursing practice may be in clinical practice, nursing administration, education, research or consultation. To qualify as nursing practice, the role must require it be filled only by a registered nurse. Hours or months worked in positions that can be filled by non-RNs do not qualify as nursing practice.

Testing is an option for renewal of CPHON® certification. See eligibility criteria at [www.oncc.org/cphon](http://www.oncc.org/cphon).

## CPHON® Test References

The following is a sampling of resources that may be helpful when preparing for the CPHON® Examination. This list is not all-inclusive; the full reference list is available at [www.oncc.org](http://www.oncc.org). ONCC examinations are based on a broad body of knowledge and not on the content of any single resource.

To prepare for the examination, review the Test Content Outline and develop a study plan based on your individual knowledge strengths and weaknesses. It is good practice to use a current, general resource for overall review, and supplement with resources on specific topics to address your individual needs. If you are interested in resources that address specific topics on the Test Content Outline, please contact ONCC staff for additional guidance.

Note: Use of these resources does not guarantee a passing score on the examination. Test candidates are not required to purchase or review these resources. ONCC does not endorse specific resources, and does not receive compensation from the sale or use of any resources.

Baggott, C.R., Fochtman, D., Foley, G.V., & Kelly, K.P. (Eds.). (2011). *Nursing care of children and adolescents with cancer and blood disorders* (4th ed.). Glenview, IL: Association of Pediatric Hematology/Oncology Nurses.

Ezzone, S. (Ed.). (2013). *Hematopoietic stem cell transplantation: A manual for nursing practice* (2nd ed.). Pittsburgh, PA: Oncology Nursing Society.

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Kline, N.E. (Ed.). (2014). *Essentials of pediatric hematology/oncology nursing: A core curriculum* (4th ed.). Glenview, IL: Association of Pediatric Hematology/Oncology Nurses.

Kline, N.E. (Ed.). (2011). *Pediatric chemotherapy and biotherapy curriculum* (3rd ed.). Glenview, IL: Association of Pediatric Hematology/Oncology Nurses.

## CPHON® Test Content Outline

### I. Psychosocial Dimensions and Health Maintenance - 12%

- A. Psychosocial dimensions
  - 1. Principles of growth and development
  - 2. Effects of acute and chronic illness on the patient and family
  - 3. Patient and family/caregiver support
  - 4. Grief and bereavement (including legacy building and memory making)
  - 5. Cultural and spiritual beliefs and rituals
  - 6. Family systems theory (i.e., family dynamics)
  - 7. Community resources
  - 8. Integration of patient care into family, school, work, camp, and social environment
- B. Health maintenance
  - 1. Immunizations
  - 2. Health promotion, injury prevention, and wellness
  - 3. Transition of care
    - a. primary care
    - b. levels of care (e.g., rehabilitation, home, outpatient)
  - 4. Reproductive health and fertility preservation

## II. Disease Related Biology - 15%

- A. Types of childhood cancer
  - 1. Epidemiology
  - 2. Clinical presentation
  - 3. Anatomy and physiology
  - 4. Procedures and imaging
  - 5. Genetics (including genomics)
  - 6. Diagnosis and prognosis
    - a. laboratory values
    - b. staging and grading
    - c. cytogenetics and histology
  - 7. Pathophysiology
- B. Types of hematologic disorders
  - 1. Epidemiology
  - 2. Clinical presentation
  - 3. Procedures and imaging
  - 4. Genetics
  - 5. Diagnosis and prognosis: laboratory values
  - 6. Pathophysiology

## III. Care of the Pediatric Hematology and Oncology Patient - 32%

- A. Professional performance
  - 1. Scope and standards of nursing practice
  - 2. Professional practice guidelines
  - 3. Regulatory standards and guidelines
- B. Hematology treatment
  - 1. Chemotherapy
  - 2. Targeted therapies
    - a. biotherapy (e.g., ATG, IVIG, monoclonal antibody therapy)
    - b. immunotherapy (e.g., colony stimulating factors)
  - 3. Blood product therapy (e.g., exchange transfusion, pheresis)
  - 4. Hematopoietic stem cell transplantation
  - 5. Coagulation therapy (e.g., factor replacement, anti-thrombolytics)
- C. Oncology treatment
  - 1. Chemotherapy
  - 2. Targeted therapies
    - a. biotherapy
    - b. immunotherapy (e.g., gene therapy, vaccine therapy)
    - c. cellular therapies (e.g., CAR-T cell)
  - 3. Radiation therapy (e.g., I-131-MIBG, proton beam radiation)
  - 4. Hematopoietic stem cell transplantation
  - 5. Surgery
- D. Acute side effects related to:
  - 1. Chemotherapy
  - 2. Targeted therapies
    - a. biotherapy
    - b. immunotherapy
    - c. cellular therapies
  - 3. Radiation therapy
  - 4. Hematopoietic stem cell transplantation
  - 5. Coagulation therapy
  - 6. Surgery
  - 7. Transfusions (e.g., chelation, hypersensitivity)
- E. Survivorship
  - 1. Psychosocial adaptation
  - 2. Socioeconomic issues
  - 3. Chemotherapy
  - 4. Targeted therapies
    - a. biotherapy
    - b. immunotherapy
    - c. cellular therapies

5. Radiation therapy
  6. Hematopoietic stem cell transplantation
  7. Coagulation therapy
  8. Surgery
  9. Transfusions
- F. Clinical trials (e.g., phases, accessing trials, elements of informed consent)

#### IV. Supportive Care, Palliative Care, and Symptom Management - 22%

- A. General
1. Pain management
  2. Sleep disturbance and fatigue
  3. Mental health (e.g., anxiety, depression, PTSD)
  4. Medical devices (e.g., venous access, pumps, shunts, tubes)
  5. Interdisciplinary care (e.g., child life, physical therapy, occupational therapy, speech therapy)
  6. End-of-life care (e.g., hospice)
  7. Complementary and integrative modalities
- B. System specific alterations (acute, chronic, and late effects)
1. Neurological
  2. Respiratory
  3. Cardiovascular
  4. Gastrointestinal
  5. Renal/genitourinary
  6. Musculoskeletal
  7. Integumentary
  8. Endocrine
  9. Reproductive
  10. Hematological
  11. Immunological

#### V. Pediatric Oncologic and Hematologic Potential Emergencies - 19%

- A. Sepsis
- B. Gastrointestinal
1. Pancreatitis
  2. Typhlitis
  3. Bowel obstruction
- C. Metabolic
1. Diabetes insipidus
  2. Syndrome of inappropriate antidiuretic hormone
  3. Tumor lysis syndrome
  4. Cytokine release syndrome
- D. Vascular
1. Disseminated intravascular coagulation
  2. Hemorrhage
  3. Hyperleukocytosis
  4. Priapism
  5. Sinusoidal obstructive syndrome (veno-occlusive disease)
  6. Splenic sequestration
  7. Superior vena cava syndrome
  8. Vaso-occlusive crisis
  9. Thrombosis
- E. Cardiopulmonary
1. Acute chest syndrome
  2. Stroke
  3. Respiratory distress (e.g., mediastinal mass)
  4. Pericardial effusions (e.g., cardiac tamponade)
  5. Pleural effusions
- F. Neurology
1. Increased intracranial pressure
  2. Seizures
  3. Posterior reversible encephalopathy syndrome (PRES)
  4. Spinal cord compression
- G. Hypersensitivity reactions (including anaphylaxis)
- H. Extravasation

# BLOOD AND MARROW TRANSPLANT CERTIFIED NURSE (BMTCN®)

BMTCN® certification is for registered nurses who practice in blood and marrow transplantation – whether in clinical practice, nursing administration, education, research or consultation.

## About the Test

The BMTCN® Test is based on the BMTCN® Test Content Outline (Test Blueprint). The Test Content Outline is based on the results of a role delineation study of blood and marrow transplant nursing practice completed in 2016. The BMTCN® Test Content Outline is composed of six major subject areas, each with a percentage assigned to it. Each major subject area is represented in every test with the appropriate percentage of items. However, not all content sub-areas are included on every form of the test.

The BMTCN® Test consists of 165 multiple-choice items (a question or incomplete statement followed by four answers or completions). Of those, 125 items count toward the candidate's score and 40 are "pretest" or experimental items. Candidates do not know which items are scored and which are pretest. To determine the number of scored items from each subject area, multiply the appropriate percentage by 125.

A free, 50-item BMTCN® Practice Test is available at [www.oncc.org](http://www.oncc.org). ONCC practice tests provide examples of the type of items that you can expect to find on an examination; they are not intended to be study guides or to replace other forms of test preparation. A for-purchase practice test is also available.

## Eligibility Criteria for Initial BMTCN® Certification

Any person who is not currently BMTCN®-certified is an initial candidate, including candidates whose certification has lapsed. All eligibility criteria must be met at the time of application and examination.

- A current, active, unencumbered license as a registered nurse in the US, its territories or Canada at the time of application and examination, and
- A minimum of two years (24 months) of experience as an RN within the four years (48 months) prior to application, and
- A minimum of 2,000 hours of BMT nursing practice within the four years (48 months) prior to application, and
- Completed a minimum of 10 contact hours of continuing nursing education in BMT nursing or an academic elective in BMT nursing within the three years (36 months) prior to application. The contact hours must have been provided or formally approved by an acceptable accredited provider or approver of continuing nursing education. Up to five (50%) of the of the 10 required BMT nursing contact hours may be accredited continuing medical education (CME) in BMT.

Nursing practice may be in clinical practice, nursing administration, education, research or consultation. To qualify as nursing practice, the role must require it be filled only by a registered nurse. Hours or months worked in positions that can be filled by non-RNs do not qualify as nursing practice.

Testing is an option for renewal of BMTCN® certification. See eligibility criteria at [www.oncc.org/bmtcn](http://www.oncc.org/bmtcn).

## **BMTCN® Test References**

The following is a sampling of resources that may be helpful when preparing for the BMTCN® Examination. This list is not all-inclusive; the full reference list is available at [www.oncc.org](http://www.oncc.org). ONCC examinations are based on a broad body of knowledge and not on the content of any single resource.

To prepare for the examination, review the Test Content Outline and develop a study plan based on your individual knowledge strengths and weaknesses. It is good practice to use a current, general resource for overall review, and supplement with resources on specific topics to address your individual needs. If you are interested in resources that address specific topics on the Test Content Outline, please contact ONCC staff for additional guidance.

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Brant, J. & Wickham, R. (Eds.). (2013). *Statement on the scope and standards of oncology nursing practice generalist and advanced practice*. Pittsburgh, PA: Oncology Nursing Society.

Burke, C.C. (Ed.). (2009). *Psychosocial dimensions of oncology nursing care* (2nd ed.). Pittsburgh, PA: Oncology Nursing Society.

Ezzone, S. (Ed.). (2013). *Hematopoietic stem cell transplantation: A manual for nursing practice* (2nd ed.). Pittsburgh, PA: Oncology Nursing Society.

Faiman, B. (Ed.). (2016). *BMTCN® certification review manual*. Pittsburgh, PA: Oncology Nursing Society.

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Lester, J.L. & Schmitt, P. (Eds.). (2011). *Cancer rehabilitation and survivorship*. Pittsburgh, PA: Oncology Nursing Society.

Yarbro, C.H., Wujcik, D., & Gobel, B.H. (Eds.). (2017). *Cancer nursing: Principles and practice* (8th ed.). Burlington, MA: Jones and Bartlett.

## **BMTCN® Test Content Outline**

### **I. Foundations of Transplant - 16%**

- A. Basic concepts of transplantation
  - 1. Hematopoietic cell lineage and function
  - 2. Immune system and function
  - 3. Histocompatibility
  - 4. Cellular goals of therapy (e.g., graft-versus-tumor effect, hematologic/immune reconstitution)
- B. Indications for transplantation
  - 1. Malignant diseases
    - a. Hematologic malignancies
    - b. Solid tumor
  - 2. Non-malignant diseases
    - a. Immunodeficiency
    - b. Genetic
    - c. Metabolic
    - d. Hematologic
- C. Types of transplants
  - 1. Autologous
  - 2. Allogeneic
- D. Sources of stem cells
  - 1. Peripheral blood
  - 2. Bone marrow
  - 3. Umbilical cord
- E. Recipient suitability and evaluation
- F. Recipient education
- G. Caregiver education
- H. Donor selection, care, and education

### **II. Cellular Collection, Preparative Regimens, and Infusion - 16%**

- A. Mobilization, collection, and storage
- B. Procurement and harvest
- C. Preparative regimens
  - 1. Intensity of therapy
  - 2. Chemotherapy
  - 3. Radiation therapy
  - 4. Biotherapy
  - 5. Immunotherapy
  - 6. Targeted therapies
- D. Management of acute complications related to preparative regimens
- E. Cellular infusion
  - 1. Fresh vs. cryopreserved
  - 2. Infusion management
  - 3. Hematologic compatibilities
- F. Cellular therapies (e.g., donor lymphocyte infusion, chimeric antigen receptor T-cells)



### **III. Early Post-Transplant Management and Education - 24%**

- A. Immunosuppressive therapy
- B. Acute graft-versus-host disease (GVHD)
- C. Infection prevention and management
- D. Sepsis
- E. Hematologic (e.g., engraftment, pancytopenia, transfusion support)
- F. Immune reconstitution (e.g., engraftment syndrome, cytokine release syndrome)
- G. Nutritional support
- H. Acute system specific complications (e.g., veno-occlusive disease)
- I. Graft rejection or failure

### **IV. Late Post-Transplant Management and Education - 22%**

- A. Chronic graft-versus-host disease (GVHD) (e.g., medical management, photopheresis)
- B. System-specific late effects (e.g., bronchiolitis obliterans, cataracts, infertility)
- C. Infection prevention and management (e.g., immunizations)
- D. Disease relapse
- E. Secondary malignancy
- F. Follow-up care and milestone visits

### **V. Quality of Life - 12%**

- A. Navigation and coordination throughout the continuum
- B. Psychosocial (e.g., coping, family and caregiver support)
- C. Health promotion and maintenance
- D. Sexuality
- E. Cultural and spiritual competence
- F. Survivorship
- G. Palliative care
- H. End-of-life care (e.g., legacy building)
- I. Transitional concerns (e.g., financial, disability, employment, discrimination)

### **VI. Professional Performance - 10%**

- A. Standards of care (nursing process)
- B. Standards of professional performance
  - 1. Patient and donor advocacy
  - 2. Education
  - 3. Evidence-based practice and research
  - 4. Quality improvement
  - 5. Communication
  - 6. Leadership
  - 7. Interdisciplinary collaboration
  - 8. Professional practice evaluation
  - 9. Resource utilization
  - 10. Environmental health (e.g., safety, personal protective equipment, safe handling)
- C. Ethical and legal considerations (e.g., informed consent, advance directives, confidentiality, professional boundaries, documentation)
- D. Accreditation (e.g., FACT)
- E. Self-care (e.g., compassion fatigue)

# ADVANCED ONCOLOGY CERTIFIED NURSE PRACTITIONER (AOCNP®)

AOCNP® certification is for advanced practice nurses who possess a graduate degree from an accredited nurse practitioner program who practice as an NP in oncology.

## About the Test

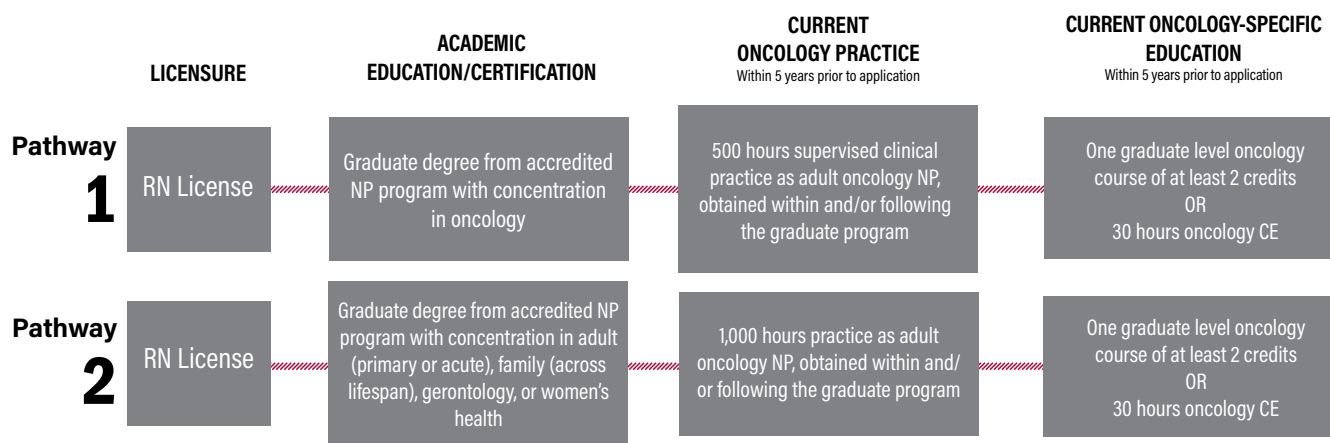
The AOCNP® Test is based on the AOCNP® Test Content Outline (Test Blueprint). The Test Content Outline is based on the results of a role delineation study of advanced oncology nursing practice completed in 2014. The AOCNP® Test Content Outline is composed of eleven major subject areas, each with a percentage assigned to it. Each major subject area is represented in every test with the appropriate percentage of items. However, not all content sub-areas are included on every form of the test.

The AOCNP® Test consists of 165 multiple-choice items (a question or incomplete statement followed by four answers or completions). Of those, 125 items count toward the candidate's score and 40 are "pretest" or experimental items. Candidates do not know which items are scored and which are pretest. To determine the number of scored items from each subject area, multiply the appropriate percentage by 125.

A free, 50-item AOCNP® Practice Test is available at [www.oncc.org](http://www.oncc.org). ONCC practice tests provide examples of the type of items that you can expect to find on an examination; they are not intended to be study guides or to replace other forms of test preparation. A for-purchase practice test is also available.

## Eligibility Criteria For Initial AOCNP® Certification

Any person who is not currently AOCNP®-certified is an initial candidate, including candidates whose certification has lapsed. All eligibility requirements must be met at the time of application and examination. To apply for initial AOCNP® certification, you must meet the eligibility criteria in one of the two eligibility pathways outlined below. Testing is an option for renewal for AOCNP® certification. See eligibility criteria at [www.oncc.org/aocnp](http://www.oncc.org/aocnp).



## AOCNP® Test References

The following is a sampling of resources that may be helpful when preparing for the AOCNP® Examination. This list is not all-inclusive; the full reference list is available at [www.oncc.org](http://www.oncc.org). ONCC examinations are based on a broad body of knowledge and not on the content of any single resource.

To prepare for the examination, review the Test Content Outline and develop a study plan based on your individual knowledge strengths and weaknesses. It is good practice to use a current, general resource for overall review, and supplement with resources on specific topics to address your individual needs. If you are interested in resources that address specific topics on the Test Content Outline, please contact ONCC staff for additional guidance.

Note: Use of these resources does not guarantee a passing score on the examination. Test candidates are not required to purchase or review these resources. ONCC does not endorse specific resources, and does not receive compensation from the sale or use of any resources.

Brant, J.M., & Wickham, R. (Eds.). (2013). *Statement on the scope and standards of oncology nursing practice: Generalist and advanced practice*. Pittsburgh, PA: Oncology Nursing Society.

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Camp-Sorrell, D., & Hawkins, R.A. (Eds.). (2014). *Clinical manual for the oncology advanced practice nurse* (3rd ed). Pittsburgh, PA: Oncology Nursing Society.

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Ferrell, B.R., Coyle, N. & Paice, J. (Eds.). (2015). *Oxford textbook of palliative nursing* (4th ed.). New York, NY: Oxford University Press.

Gobel, B.H., Triest-Robertson, S., & Vogel, W.H. (Eds.). (2016). *Advanced oncology nursing certification review and resource manual* (2nd ed.). Pittsburgh, PA: Oncology Nursing Society.

Gunderson, L., & Tepper, J. (Eds.). (2015). *Clinical radiation oncology* (4th ed.). Philadelphia, PA: Elsevier.

Kaplan, M. (Ed.). (2018). *Understanding and managing oncologic emergencies: A resource for nurses* (3rd ed.). Pittsburgh, PA: Oncology Nursing Society.

Newton, S., Hickey, M., & Brant, J. (2017). *Mosby's oncology nursing advisor: A comprehensive guide to clinical practice* (2nd ed.). St. Louis, MO: Elsevier Mosby.

Olsen, M., LeFebvre, K., & Brassil, K. (Eds.). (2019). *Chemotherapy and immunotherapy guidelines and recommendations for practice*. Pittsburgh, PA: Oncology Nursing Society

Yarbro, C.H., Wujcik, D., & Gobel, B.H. (Eds.). (2018). *Cancer nursing: Principles and practice* (8th ed.). Burlington, MA: Jones and Bartlett Learning.

## AOCNP® Test Content Outline

### I. Screening, Prevention, Early Detection, and Genetic Risk — 7%

- A. At-risk populations (e.g., disparities in cultures, socioeconomic status, age, occupations, cancer history)
- B. Screening, early detection
- C. Cancer prevention, risk reduction guidelines (e.g., cancer risk factors such as smoking, nutrition, environmental)
- D. Hereditary cancer risk assessment and genetic counseling methods
- E. Epidemiology (e.g., frequency, incidence, prevalence)

### II. Diagnosis, Staging, and Treatment Planning — 14%

- A. Diagnostic tests and results
- B. Patient assessment
- C. Staging guidelines
- D. Natural history of disease (e.g., presentation, common metastatic sites, prognosis)
- E. Prognostic indicators (e.g., immunoassays, flow cytometry, performance status, hormonal status, biomarkers)

### III. Cancer Treatment — 19%

- A. Clinical trials and research studies
- B. Systemic therapies (e.g., chemotherapy, hormonal, targeted, biologic)
- C. Localized therapies (e.g., intravesicular, intraperitoneal, intrathecal)
- D. Surgical and interventional procedures
- E. Radiation therapy
- F. Blood and marrow transplantation
- G. Multimodal (combined) therapies
- H. Complementary and alternative therapies
- I. Delivery systems (e.g., VAD, infusion devices)
- J. Interrelationship of disease, treatment, and comorbid conditions
- K. Standards of care for specific cancers
- L. Clinical response to treatment
- M. Palliative care

### IV. Side Effect and Symptom Management — 19%

- A. Etiology, incidence, and patterns (e.g., acute, chronic, late)
- B. Toxicity rating scales
- C. Pharmacologic interventions
- D. Multidisciplinary therapies (e.g., rehabilitation services, nutrition, counseling)
- E. Integrative therapies (e.g., complementary and alternative methods)
- F. Procedural interventions (e.g., paracentesis, thoracentesis, surgery, stents, drains)
- G. Management of complications (e.g., infection, thrombosis)

### V. Oncologic Emergencies — 8%

- A. Risk factors and prevention strategies
- B. Etiology
- C. Assessment strategies (e.g., physical examination, differential diagnosis)
- D. Treatment strategies

### VI. Survivorship — 6%

- A. Psychosocial (e.g., fear of recurrence, depression, PTSD, family relations)
- B. Physical (e.g., neuropathy, cardiomyopathy, cognitive effects, secondary cancers, infertility)
- C. Financial and legal (e.g., employment, insurance, discrimination, disability, debt)
- D. Survivorship treatment summaries
- E. Survivorship plan of care (e.g., communication with primary care provider, follow-up surveillance)

**VII. End-of-Life Care — 6%**

- A. Philosophy of hospice
- B. End-of-life care principles (e.g., symptom management, family and caregiver support, cultural variations, education)
- C. Grief and bereavement process
- D. End-of-life care settings
- E. Financial issues in end-of-life care

**VIII. Psychosocial Issues — 6%**

- A. Risk factors for psychosocial disturbances/alterations (e.g., social support, financial aspects, family dynamics)
- B. Assessment instruments and techniques (e.g., interview, patient self-assessment)
- C. Psychiatric and psychosocial comorbidities (e.g., anxiety, depression, cognitive impairment)
- D. Effects of cancer or treatment on psychosocial issues (e.g., sexuality, quality of life, family dynamics, coping)
- E. Cultural, spiritual, and religious diversity

**IX. Coordination of Care — 5%**

- A. Patient navigation
- B. Case management
- C. Insurance and reimbursement issues
- D. Roles of other healthcare disciplines
- E. Community resources

**X. Professional Practice — 5%**

- A. Ethical/legal issues (e.g., ethical decision-making models, informed consent, advanced directives)
- B. Legal or regulatory requirements (e.g., licensing, documentation)
- C. Insurance reimbursement documentation requirements
- D. Outcomes of advance practice nurse interventions on individuals, groups, and systems
- E. Accreditation standards (e.g., Joint Commission, ACOS, HCFA)
- F. Competency evaluation of self and others (e.g., peer review)
- G. Advanced practice standards of care
- H. Collaborative practice agreements (e.g., peers, physician)
- I. Healthcare Legislation

**XI. Roles of the Advanced Practice Nurse — 5%**

- A. Mentor, preceptor, and educator
- B. Patient education (e.g., needs assessment, preparation of materials)
- C. Research process (e.g., problem identification, synthesis of research literature, rights of human subjects)
- D. Research application
- E. Consultant

# CERTIFIED BREAST CARE NURSE (CBCN®)

CBCN® certification is for registered nurses who practice breast care – whether in clinical practice, nursing administration, education, research or consultation.

## About the Test

The CBCN® Test is based on the CBCN® Test Content Outline (Test Blueprint). The Test Content Outline is based on the results of a role delineation study of breast care nursing practice completed in 2016. The CBCN® Test Content Outline is composed of five major subject areas, each with a percentage assigned to it. Each major subject area is represented in every test with the appropriate percentage of items. However, not all content sub-areas are included on every form of the test.

The CBCN® Test consists of 165 multiple-choice items (a question or incomplete statement followed by four answers or completions). Of those, 125 items count toward the candidate's score and 40 are "pretest" or experimental items. Candidates do not know which items are scored and which are pretest. To determine the number of scored items from each subject area, multiply the appropriate percentage by 125.

A free, 50-item CBCN® Practice Test is available at [www.oncc.org](http://www.oncc.org). ONCC practice tests provide examples of the type of items that you can expect to find on an examination; they are not intended to be study guides or to replace other forms of test preparation. A for-purchase practice test is also available.

## Eligibility Criteria for Initial CBCN® Certification

Any person who is not currently CBCN®-certified is an initial candidate, including candidates whose certification has lapsed. All eligibility criteria must be met at the time of application and examination.

- A current, active, unencumbered license as a registered nurse in the US, its territories or Canada at the time of application and examination, and
- A minimum of two years (24 months) of experience as an RN within the four years (48 months) prior to application, and
- A minimum of 2,000 hours of breast care nursing practice within the four years (48 months) prior to application, and
- Completed a minimum of 10 contact hours of continuing nursing education in breast care or an academic elective in breast care within the three years (36 months) prior to application. The contact hours must have been provided or formally approved by an acceptable accredited provider or approver of continuing nursing education. Up to five (50%) of the of the 10 required breast care contact hours may be accredited continuing medical education (CME) in breast care.

Nursing practice may be in clinical practice, nursing administration, education, research or consultation. To qualify as nursing practice, the role must require it be filled only by a registered nurse. Hours or months worked in positions that can be filled by non-RNs do not qualify as nursing practice.

Testing is an option for renewal of CBCN® certification. See eligibility criteria at [www.oncc.org/cbcn](http://www.oncc.org/cbcn).

## CBCN® Test References

The following is a sampling of resources that may be helpful when preparing for the CBCN® Examination. This list is not all-inclusive; the full reference list is available at [www.oncc.org](http://www.oncc.org). ONCC examinations are based on a broad body of knowledge and not on the content of any single resource.

To prepare for the examination, review the Test Content Outline and develop a study plan based on your individual knowledge strengths and weaknesses. It is good practice to use a current, general resource for overall review, and supplement with resources on specific topics to address your individual needs. If you are interested in resources that address specific topics on the Test Content Outline, please contact ONCC staff for additional guidance.

Note: Use of these resources does not guarantee a passing score on the examination. Test candidates are not required to purchase or review these resources. ONCC does not endorse specific resources, and does not receive compensation from the sale or use of any resources.

Babiera, G.V., Skoracki, R.J., & Esteva, F.J. (Eds.). (2012). *Advanced therapy of breast disease* (3rd ed.). Shelton, CT: People's Medical Publishing House.

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Mahon, S.M. (Ed.). (2018). *Guide to breast care for oncology nurses*. Pittsburgh, PA: Oncology Nursing Society.

Newton, S., Hickey, M., & Brant, J. (2017). *Mosby's oncology nursing advisor: A comprehensive guide to clinical practice* (2nd ed.). St. Louis, MO: Elsevier Mosby.

Olsen, M., LeFebvre, K., & Brassil, K. (Eds.). (2019). *Chemotherapy and immunotherapy guidelines and recommendations for practice*. Pittsburgh, PA: Oncology Nursing Society.

Yarbro, C.H., Wujcik, D., & Gobel, B.H. (Eds.). (2018). *Cancer nursing: Principles and practice* (8th ed.). Burlington, MA: Jones and Bartlett Learning.

## CBCN® Test Content Outline

### I. Coordination of Care - 26%

- A. Breast health, screening, early detection, risk assessment and reduction
  - 1. Issues related to special populations (e.g., male, elderly, disabled, adolescent, pregnancy, cultural, ethnicity, health-care disparities)
  - 2. Breast Health
    - a. Breast anatomy
    - b. Hormonal influence
  - 3. Benign pathology
    - a. Anomalies, (e.g., asymmetry, nipple deviation)
    - b. Conditions (e.g., mastodynia, fibroadenomas, infection)
  - 4. Screening and early detection
    - a. Imaging modalities
    - b. Imaging results (e.g., Breast Imaging Reporting and Data System (BI-RADS))
    - c. Screening recommendations based on risk
  - 5. Elements of a clinical breast exam and lymph node examination
    - a. Abnormal physical findings
    - b. Education related to breast awareness
  - 6. Risk assessment
    - a. Epidemiology (population based risk factors)
    - b. Breast cancer risk prediction models (e.g., Gail Model, Tyrer-Cuzick)
    - c. High-risk lesions (lobular carcinoma in situ (LCIS), atypical ductal hyperplasia (ADH))
    - d. Genetic testing
  - 7. Risk factors
    - a. Non-modifiable (e.g., age, gender, prior radiation)
    - b. Modifiable (e.g., lifestyle behaviors)
  - 8. Risk reduction
    - a. Interventions to modify risk (e.g., chemoprevention, prophylactic surgery, clinical trials)
    - b. Health promotion to reduce risk
- B. Patient Navigation Process
  - 1. Advocacy
  - 2. Barriers to care (e.g., financial, cognitive, language, transportation)
  - 3. Multidisciplinary collaboration
- C. Survivorship
  - 1. Familial risk assessment and implications for genetic counseling
  - 2. Rehabilitation (pain, range of motion, lymphedema, cognitive impairment)
  - 3. Survivorship care plan
  - 4. Physical issues
    - a. Bone health (e.g., fracture, bone density, bone modulating agents)
    - b. Breast/chest wall changes (e.g., cosmesis, skin changes, scarring, reconstruction complications)
    - c. Cardiopulmonary toxicity
    - d. Fatigue
    - e. Lymphedema
    - f. Neuropathy (e.g., peripheral, brachial, chest wall, breast)
    - g. Range of motion limitations
    - h. Secondary malignancy
    - i. Sexual and reproductive issues (e.g., infertility, menopausal symptoms)
    - j. Weight gain
  - 5. Surveillance
    - a. Breast cancer screening (e.g., local recurrence, new primary)
    - b. Symptom-directed work-up
    - c. Physical examinations
    - d. Surveillance for secondary malignancies
    - e. Risk modification



## II. Diagnosis and Staging - 17%

- A. Process of carcinogenesis
- B. Diagnostic procedures and tests
  - 1. Imaging modalities
  - 2. Imaging results
  - 3. Biopsies (e.g., fine needle aspiration (FNA), core, surgical)
- C. Pathology and tumor characteristics
  - 1. Cellular (e.g., grade, histology)
  - 2. ER/PR receptor
  - 3. HER2 receptor
  - 4. Ki-67 (MIB or MIB-1) receptor
  - 5. Gene assay (e.g., Oncotype DX)
  - 6. Tumor features (LVI, margins)
- D. Staging criteria (AJCC)
  - 1. Clinical (e.g., tumor, node, metastasis (TNM))
  - 2. Pathologic (e.g., pTNM)
  - 3. Additional studies (e.g., positron-emission tomography (PET), bone scan, computed tomography (CT) scan)

## III. Treatment Modalities: Local and Systemic - 18%

- A. Local treatment modalities: Surgery
  - 1. Treatment considerations (e.g., performance status, comorbidities)
  - 2. Breast (e.g., breast conservation, tumor localization, mastectomy)
  - 3. Axilla (e.g., sentinel lymph node biopsy, axillary lymph node dissection)
- B. Local treatment modalities: Surgical reconstruction
  - 1. Autologous
  - 2. Implant
- C. Local treatment modalities: Radiation therapy
  - 1. Treatment considerations (e.g., range of motion, wound healing, comorbidities, extent of disease)
  - 2. External beam
  - 3. Brachytherapy (i.e., partial breast irradiation)
- D. Systemic treatment modalities: (e.g., hormonal, chemotherapy, targeted therapy)
  - 1. Treatment considerations (e.g., cardiac status, vascular access, bone health, fertility, comorbidities)
  - 2. Neoadjuvant
  - 3. Adjuvant
  - 4. Metastatic
- E. Special treatment considerations for:
  - 1. Triple negative
  - 2. HER2
  - 3. Inflammatory breast cancer
  - 4. Paget's disease
  - 5. Malignant phyllodes
- F. Treatment consideration for special populations (e.g., male, elderly, disabled, adolescent, pregnancy, fertility preservation, cultural, ethnicity, healthcare disparities, genetic mutations)

## IV. Nursing Practice - 28%

- A. Symptom management (assessment, risk factors, pathophysiology, prevention, education, and management)
  - 1. Surgical
    - a. Wound complications
    - b. Arm and shoulder dysfunction
    - c. Cording
    - d. Lymphedema
    - e. Pain
    - f. Neurosensory changes
  - 2. Medical
    - a. Alopecia
    - b. Fatigue
    - c. Gastrointestinal complications
    - d. Myelosuppression
    - e. Menopausal symptoms

- f. Cardiovascular complications
- g. Peripheral neuropathy
- h. Cognitive dysfunction
- i. Skin and nail changes
- j. Pulmonary complications
- k. Musculoskeletal issues
- l. Pain
- m. Psychiatric concerns (e.g., anxiety, depression, sleep disturbances)
- 3. Radiation
  - a. Skin changes
  - b. Pain
  - c. Fatigue
  - d. Range of motion
  - e. Cardiopulmonary issues
  - f. Lymphedema
  - g. Infection
- 4. Complementary and integrative modalities
  - a. Exercise
  - b. Nutrition
  - c. Other modalities (e.g., herbs, acupuncture, massage)
- B. Oncologic emergencies (e.g., thromboembolic events, anaphylaxis, sepsis)
- C. Palliative care
- D. End-of-life care
  - 1. Legal and ethical issues (e.g., advance directive, medical power of attorney, do-not-resuscitate order (DNR))
  - 2. Philosophy of hospice care
  - 3. End-of-life care principles (e.g., pathophysiology, symptom management, family and caregiver support, cultural variations, education)
  - 4. Spirituality, grief, and bereavement
- E. Professional performance
  - 1. Professional practice guidelines (e.g., Oncology Nursing Society (ONS), National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>), American Society of Clinical Oncology (ASCO), American College of Radiology)
  - 2. Teaching and learning principles (e.g., adult learning)
  - 3. Community needs assessment, program planning, and health promotion
  - 4. ONS Standards of Education: Patient/Significant Other and Public
  - 5. Advocacy and legislative issues impacting breast care delivery and access
  - 6. Patient resources (e.g., local, state, federal, institutional, and internet)
  - 7. Clinical trials (e.g., phases, accessing trials, elements of informed consent)
  - 8. Quality improvement process (e.g., evidence based practice)
  - 9. Regulatory requirements (e.g., mammography standards, compliance issues)
  - 10. Accreditation standards (e.g., National Accreditation Program for Breast Centers)

## V. Psychosocial and Spiritual - 11%

- A. Influence of culture, spirituality, gender, sexual preference, age, and healthcare disparities on psychosocial response across the continuum of breast care
- B. Psychosocial components related to breast health
- C. Altered body image
- D. Reproductive and sexual health
- E. Emotional state (e.g., anxiety, depression, fear of recurrence, family conflict, survivorship guilt)
- F. Socioeconomic considerations related to screening, diagnosis, treatment, and follow up
- G. Coping strategies (patient and healthcare provider)
- H. Principles of stress response and crisis management
- I. Psychosocial assessment (e.g., related to spiritual, sexual, distress, coping, family function, relationship role changes, and quality of life)
- J. Communication strategies and issues (e.g., active listening, clarification, family dynamics)





**WE'RE HERE TO HELP.**

**Oncology Nursing Certification Corporation**

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