

2020 International ONCC Certification Test Application

Apply by Fax: +1-412-859-6168

Please read the information in the *2020 Test Registration Manual*. Complete all information requested. Please print or fill in form using computer. Illegible, incomplete, or unsigned applications will not be accepted. Candidates who received their nursing education or nursing license outside of the United States, its territories, or Canada must have their education and licensure evaluated for U.S. equivalency by a foreign credential evaluation service. Find out more at <https://www.oncc.org/international>.

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List your first and last name as it appears on your photo ID.

Last Name (Surname) **First Name** **Middle Initial**

Home Address

Address Line 2

City **State/Region/Governorate**

Zip/Postal Code **Country**

Work Phone Number (Include area code) **Home/Cell Phone Number** (Include area code)

Email address (Where your Authorization to Test will be sent)

Birthdate (MM/DD/YYYY)

.....
Have you previously taken an ONCC test? **Yes** **No (Go to #3)**
OCN® AOCNS® AOCNP® AOCN® CBCN® CPHON® CPON® BMTCN®

MM/YY last test taken:

What was your name at the time you most recently tested? _____

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

Oncology Nursing Society (ONS)

Association of Pediatric Hematology/Oncology Nurses (APHON)

Member ID Number

Are you applying for:

OCN® BMTCN® AOCNP® CBCN® CPHON®

TEST INFORMATION

Do you require Testing Accommodations due to a disability?

No Yes (Submit Accommodations Form at www.oncc.org/resource-center/testing-accommodations)

AOCNP® CANDIDATES ONLY

Select eligibility pathway, complete the information requested and submit documentation.

AOCNP® ELIGIBILITY PATHWAY 1

Month/Year graduate degree from accredited oncology NP program completed

AND

Number of hours of supervised clinical practice as adult oncology NP within past 5 years

AND

Completion of Graduate level oncology course ≥ 2 credits (Check here if shown on transcript)

OR

30 contact hours of CE in oncology

AOCNP® ELIGIBILITY PATHWAY 2

Month/Year graduate degree from accredited NP program (non-oncology) completed

AND

Number of hours of clinical practice as adult oncology NP within past 5 years

AND

Completion of Graduate level oncology course ≥ 2 credits (Check here if shown on transcript)

OR

30 contact hours of CE in oncology

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

Nursing License Information (REQUIRED)

What is your current nursing license?

RN APRN/CNS APRN/NP LVN/LPN RN Equivalent (International)

Nursing License Number

State/Country

Expiration Date

Month/Year you became an RN

Candidates who received their nursing education or nursing license outside of the United States, its territories, or Canada must have their education and licensure evaluated for U.S. equivalency by a foreign credential evaluation service.

EXPERIENCE

Nursing Experience *(REQUIRED)*

Months of experience as an RN in the past 48 months (4 years): _____ months

Total hours in specialty* in the past 4 years _____ hours

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.

Name _____ Title _____

Institution _____ Phone Number _____

Nursing Experience Details – List below, starting with most recent, your RN experience for the past 3 years. Include start and end dates for each position, title, name and city/state of your employer(s), number of hours you worked per week during that time, and the percentage of time spent in specialty*. Attach additional copies of this page if needed.

From / / To / / Title _____
 Employer _____ City _____ Country _____
 Number hours worked per week _____ % of time spent in specialty* _____ %

From / / To / / Title _____
 Employer _____ City _____ Country _____
 Number hours worked per week _____ % of time spent in specialty* _____ %

From / / To / / Title _____
 Employer _____ City _____ Country _____
 Number hours worked per week _____ % of time spent in specialty* _____ %

* OCN® and AOCNP® - Adult oncology, CBCN®- Breast Care, CPHON®- pediatric hematology/oncology, BMTCN®- BMT

CONTINUING EDUCATION/ELECTIVE – Initial candidates must you have completed 10 contact hours of continuing education or an academic elective in oncology. Indicate whether you have:

10 contact hours of CE in specialty* **OR** academic elective in specialty*

Continuing Education Session/Course Name

Contact Hours Awarded Date Completed

Course Provider

Accrediting Organization/Accreditor

Continuing Education Session/Course Name

Contact Hours Awarded Date Completed

Course Provider

Accrediting Organization/Accreditor

Continuing Education Session/Course Name

Contact Hours Awarded Date Completed

Course Provider

Accrediting Organization/Accreditor

Continuing Education Session/Course Name

Contact Hours Awarded Date Completed

Course Provider

Accrediting Organization/Accreditor

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Biographical Data (OPTIONAL)**Race**

American Indian/Alaskan Native
 Asian
 Black/African American
 Caucasian/White
 Mixed Race
 Native Hawaiian/Other Pacific Islander
 Other Race
 Do not care to respond

What is your age range?

20-24 years
 25-29 years
 30-34 years
 35-39 years
 40-44 years
 45-49 years
 50-54 years
 55-59 years
 60-64 years
 65-69 years
 Over 69 years

Are you Hispanic/Latino?

Yes No

Sex

Female Male

What is your salary range?

Less than \$20,000
 \$20,000-\$29,999
 \$30,000-\$39,999
 \$40,000-\$49,999
 \$50,000-\$59,999
 \$60,000-\$69,999
 \$70,000-\$79,999
 \$80,000-\$89,999
 \$90,000-\$99,999
 \$100,000-\$109,999
 \$110,000-\$119,999
 \$120,000 and up

Fee & Payment - Check the certification test and fee you are paying. Reduced fees apply to candidates age 65 or older at the time of application (proof of age may be required).

International Testing (Apply by July 22, 2020)

November 2 - November 30, 2020

ONS/APHON Member \$296 + \$75
 Nonmember \$416 + \$75
 ONS/APHON member: Age 65+
 Nonmember: Age 65+ \$315 + \$75

Demographic & Employment Information (REQUIRED)**Highest Nursing Degree (select one)**

Associate
 Bachelor's
 Diploma
 DNP
 Master's
 PhD/DNSc
 Other

Primary Position (select one)

Academic Educator
 Care Coordinator
 Case Manager
 Clinical Nurse Specialist
 Clinical Trials Nurse
 Consultant
 Executive
 Genetics Counselor
 Manager/Coordinator/Director
 Medical Science Liaison
 Nurse Informaticist
 Nurse Navigator
 Nurse Practitioner
 Nurse Scientist

Employment Status (select one)

Full-time
 Part-time
 Retired
 Unemployed

Primary Functional Area (select one)

Administration
 Consultation
 Education
 Patient Care
 Research
 Other

Patient Educator

Pharmaceutical Representative
 Quality Improvement Nurse/Coordinator
 Staff Educator
 Staff Nurse
 Student
 Vice President/Chief Nursing Officer
 Other

Primary Patient Population (select one)

Adult
 Adult & Pediatric
 Pediatric
 N/A

Primary Work Setting (select one)

Academic Institution
 Extended Care Facility
 Government Agency
 Healthcare Industry
 Home Care
 Hospice
 Hospital Setting (Ambulatory)
 Hospital Setting (Inpatient)
 Physician Practice
 Professional Association
 Survivorship Clinic
 Other

Primary Specialty (select one)

Blood & Marrow Transplantation
 End of Life Care
 Hematology
 Home Care
 Hospice
 Intensive Care
 Medical Oncology
 Medical-Surgical Oncology
 Non-Oncology (choose below)
 Palliative Care
 Prevention/Detection
 Radiation Oncology
 Surgical Oncology
 Survivorship
 N/A

Non-Oncology Specialty (select one)

***Required if Non-Oncology Specialty selected as Primary Specialty**

Cardiac Care
 Chronic Care
 Critical Care
 Dermatology
 Emergency/Urgent Care
 Gastrointestinal
 General Medical-Surgical
 Geriatrics
 Gynecology
 Infectious/Communicable Disease
 Infusion Services
 Neurology
 Occupational Health
 Prevention/Detection
 Primary Care
 Psychiatric/Mental Health
 Pulmonary
 Radiology
 Renal/Dialysis
 Solid Organ Transplant
 Urology
 Other

**** Candidates who received their nursing education or nursing license outside of the United States, its territories, or Canada must have their education and licensure evaluated for U.S. equivalency by a foreign credential evaluation service.**

Payment

Check Enclosed (Payable to Oncology Nursing Certification Corporation)

Visa MasterCard American Express Discover

Cardholder's Name

Signature

Card Number

Expiration Date

15. Affirmation- REQUIRED

By signing and submitting this application form, I confirm I have read, understand, and accept the conditions set forth in the *ONCC Certification Handbook* and on the ONCC website concerning the administration of the examination, the reporting of examination scores, and certification policies, including confidentiality of ONCC examinations. I confirm that my RN license (including APRN license) is not subjected to formal discipline by any state board of nursing and has no provisions or conditions that limit my practice in any way. I agree that I will notify ONCC in writing within 30 days of any restriction placed on my RN license (including APRN license). I confirm that I have no 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. I confirm that the information I provide in the application is true, complete and correct to the best of my knowledge and is given in good faith. I confirm that I understand that if any information is later determined to be false, the ONCC reserves the right to sanction any certification that has been granted on the basis thereof.

Name (print)

Signature

Date

Who is paying for your test?

I am an award winner
 I am paying with my own funds.
 I will be reimbursed by my employer upon successful certification.
 My employer

2020 INTERNATIONAL APPLICATION INSTRUCTIONS

Customer ID/Membership Number—If you are or were previously certified by ONCC, this is the number that identifies your record in the ONCC database. If you are an Oncology Nursing Society (ONS) member, it is also your member number. This number is often printed on the mailing panel of materials you receive from ONCC or ONS. Contact ONCC (877-769-6622 or oncc@oncc.org) if you need your number.

The certification fee is discounted for members of ONS or the Association of Pediatric Hematology Oncology Nurses (APHON). If you are an ONS or APHON member, write your ID number where indicated. (If you recently joined and do not have your number, write “New Member” and ONCC will verify your membership.) 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.

Required Documentation— Candidates who are not renewing current certification must submit a CE certificate or official Letter of Attendance documenting completion of 10 contact hours of nursing continuing education in oncology or an academic elective in oncology within 36 months prior to application. The contact hours must have been provided or formally approved by an accredited provider of CE. A maximum of five (50%) of the ten required contact hours in oncology may be continuing medical education (CME) in oncology. The CE certificate/Letter of Attendance must include your name, date and title of the offering, number of contact hours awarded, and the accreditation statement. Academic elective documentation must include your name, institution name, course title and date.

Testing Accommodations—If you require Testing Accommodations due to a disability covered by the Americans with Disabilities Act, as amended, check *Yes* and submit the Request for Testing Accommodations Form available at www.oncc.org.

Initial candidates who received their nursing education or license outside the U.S., its territories, or Canada must have their education and licensure evaluated for U.S. equivalency by a foreign credential evaluation service. The evaluation must accompany the application, or the candidate will be considered ineligible and will not be permitted to test. A list of evaluation services is available at www.oncc.org. This is a lengthy process that should be started well before the application deadline date.

Nursing Experience—Record the total number of months that you have worked as an RN in the past three years. Write the total number of hours of experience in adult oncology nursing you have had within the past 48 months. To obtain this number, multiply the number of hours you have worked in the last 48 months by the percentage of your time spent in adult oncology nursing. **Calculating Your Hours:** Full-time employment equals 2,080 hours per year

Nursing Experience Details— List, beginning with most recent, your RN experience as requested. Include start/end dates for each position, title, employer name and city/state, number of hours worked per week, and percent of time spent in adult oncology.

Biographical and Demographic Information— Select one answer in each category. Completion of the Biographical Data is optional.

Affirmation— Read and sign the affirmation statement. Applications that are not signed will be returned. ONCC will randomly select a number of applications to audit for validity.

Fee & Payment Information— Indicate if you are age 65 or older at the time of application. Special pricing applies to candidates age 65 or older; proof of age may be required. Enclose full payment (applications received without full payment will not be processed until payment is made). Visa, MasterCard, American Express, Discover, money order, or check (payable to ONCC in US dollars) are accepted. Do not send cash. Payment will not be accepted at test sites. **If your employer is funding your registration, obtain the check and include it with your application form.**

Application Submission— Submit the application to the address or fax number indicated on the application form. **If your employer is funding your registration, obtain the check and include it with your application form.** If mailing the application, ONCC strongly advises using an overnight or guaranteed delivery method.

Application Submission Instructions

Submit this application with full payment. Applications, documentation and payment must be received by the application deadline date.

By overnight or other guaranteed delivery method

Dollar Bank
ONCC Lockbox
2700 Liberty Avenue
Pittsburgh, PA 15222
Phone: (412) 859-6104

By Fax: (recommended): (412) 859-6168