2019 Certification Renewal Application - Option 3 (Test + ILNA)

Please read the information in the 2019 ONCC Certification Manual. Complete all information requested. Please print. Illegible, incomplete, or unsigned applications will not be accepted.

1. Which credential are you renewing?

- OCN®
- CPHON®
- AOCNP
- CBCN®
- BMTCN®

2. What was your name at the time you most recently tested/renewed?

_________________________

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

- Oncology Nursing Society
- Association of Pediatric Hematology/Oncology Nurses

4. Are you applying for:

☐ Option 3: Test + ILNA

5. Do you require Special Testing Accommodations due to a disability?

- No
- Yes (submit Special Accommodations Request Form)

6. Do you hold any other nursing certifications?

- No
- Yes please list credentials

7. Nursing License Information (required)

Nursing License Number ____________________________________ State______________
Expiration Date ______________ Month/Year you became a Registered Nurse

8. Nursing Experience (required)

Months of experience as an RN in the past 36 months (3 yrs.): ________months
Total hours in oncology in the past 2 1/2 years: _________________hours

9. Verification Information - 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 ______________________

continued on next page
10 Nursing Experience Details - List below, starting with most recent, your RN experience for the past 3 years. Include start & 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 your time spent in adult oncology. Attach additional copies of this page if needed.

From: / / To: / / Title: ________________________________
Employer: ________________________________ City, State ________________________________
Number hours worked per week: __________ % of time spent in oncology: __________

From: / / To: / / Title: ________________________________
Employer: ________________________________ City, State ________________________________
Number hours worked per week: __________ % of time spent in oncology: __________

From: / / To: / / Title: ________________________________
Employer: ________________________________ City, State ________________________________
Number hours worked per week: __________ % of time spent in oncology: __________

11. 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

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

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

12. Demographic & Employment Information (REQUIRED)

Highest Nursing Degree (select one)
☐ Associate
☐ Bachelor’s
☐ Diploma
☐ DNP
☐ Master’s
☐ PhD/DNSc
☐ Other

Employment Status (select one)
☐ Full-time
☐ Part-time
☐ Retired
☐ Unemployed

Primary Functional Area (select one)
☐ Administration
☐ Consultation
☐ Education
☐ Patient Care
☐ Research
☐ Other

Primary Patient Population (select one)
☐ Adult
☐ Adult & Pediatric
☐ Pediatric
☐ Other

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 Position (select one)
☐ Academic Educator
☐ Case Coordinator
☐ Consultant
☐ Executive
☐ Genetics Counselor
☐ Manager/Coordinator/Director
☐ Medical Science Liaison
☐ Nurse Informaticist
☐ Nurse Navigator
☐ Nurse Practitioner
☐ Nurse Scientist
☐ Patient Educator
☐ Pharmaceutical Representative
☐ Quality Improvement Nurse/Coordinator
☐ Staff Educator
☐ Student
☐ Vice President/Chief Nursing Officer
☐ Other

Primary Specialty (select one)
☐ Blood & Marrow Transplantation
☐ Cardiac Care
☐ Chronic Care
☐ Critical Care
☐ Dermatology
☐ Emergency/Urgent Care
☐ Gastrointestinal
☐ General Medical-Surgical
☐ Geriatrics
☐ Gynecology
☐ Infectious/Communicable Disease
☐ Infusion Services
☐ Neurology
☐ Occupational Health
☐ Palliative Care
☐ Preventive/Detection
☐ Primary Care
☐ Psychiatric/Mental Health
☐ Pulmonary
☐ Radiology
☐ Renal/Dialysis
☐ Solid Organ Transplant
☐ Urology
☐ Other

*Required if Non-Oncology Specialty selected as Primary Specialty

Non-Oncology Specialty (select one)
☐ Cardiac Care
☐ Chronic Care
☐ Critical Care
☐ Dermatology
☐ Emergency/Urgent Care
☐ Gastrointestinal
☐ General Medical-Surgical
☐ Geriatrics
☐ Gynecology
☐ Infectious/Communicable Disease
☐ Infusion Services
☐ Neurology
☐ Occupational Health
☐ Palliative Care
☐ Preventive/Detection
☐ Primary Care
☐ Psychiatric/Mental Health
☐ Pulmonary
☐ Radiology
☐ Renal/Dialysis
☐ Solid Organ Transplant
☐ Urology
☐ Other

Who is paying for your test?
☐ I am an award winner
☐ I am paying with my own funds.
☐ My employer

Who is paying for your test? (select one)
☐ I am an award winner
☐ I am paying with my own funds.
☐ My employer

End of Life Care
☐ Hematology
☐ Home Care
☐ Hospice
☐ Intensive Care
☐ Medical Oncology
☐ Medical-Surgical Oncology
☐ Non-Oncology
☐ Palliative Care
☐ Prevention/Detection
☐ Radiation Oncology
☐ Surgical Oncology
☐ Survivorship
☐ Other

My employer

I am paying with my own funds.

I will be reimbursed by my employer upon successful certification.

Who is paying for your test? (select one)
☐ I am an award winner
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☐ My employer

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☐ My employer

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### 13. Fee & Payment - Check the certification test, test date, 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).

<table>
<thead>
<tr>
<th>Renewal Option 3: Test + ILNA</th>
<th>Early Bird Deadline ($100 savings included)</th>
<th>Final Deadline (Full Fee)</th>
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<tbody>
<tr>
<td>ONS/APHON Member</td>
<td>Follow test deadline dates, above</td>
<td>Follow test deadline dates, above</td>
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<tr>
<td>Nonmember</td>
<td>$396</td>
<td>$496</td>
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<tr>
<td>ONS/APHON Member: 65+</td>
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<td>$616</td>
</tr>
<tr>
<td>Nonmember: Age 65+</td>
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<td>$425</td>
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- Check enclosed (payable to the Oncology Nursing Certification Corporation)
- Visa  MasterCard  American Express  Discover

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<th>Cardholder's Name</th>
<th>Signature</th>
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<th>Card Number</th>
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### 14. Affirmation (required)

By signing and submitting this application form, I confirm I have read, understand, and accept the conditions set forth in the ONCC Registration Manual 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 subject 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.

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