ONCC - Box 3445 • Dollar Bank
2700 Liberty Avenue, Pittsburgh, PA 15222
Toll Free: 877-769-ONCC • Phone: (412) 859-6104
Fax: (412) 859-6168 • www.oncc.org

Certification Renewal Application - Option 3 (Test + ILNA)

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

Last Name (list your last and first name as it appears on your photo ID) First Name Middle Initial

Home Address

City State Zip/Postal Code Country

(Area Code) Work Phone Number (Area Code) Home Phone Number

E-mail Address (list an individual or personal email address, not a group mailbox shared in the workplace)

/ /

Birthday

1. Which credential are you renewing?

❍ OCN® ❍ CPHON® ❍ AOCNP ❍ CBCN® ❍ BMTCN®_____________ mm/yy last test taken

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

Member/Customer ID Number

4. Are you applying for: ☐ Option 3: Test + ILNA

TEST INFORMATION

5. Do you require Special Testing Accommodations due to a disability? ❍No ❍Yes (submit Special Accommodations Request Form)

EXPERIENCE

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 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

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

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
N/A

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

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

continued on next page

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

	Early Bird Deadline ($100 savings included)	Final Deadline (Full Fee)
Renewal Option 3: Test + ILNA	September 15	October 15
ONS/APHON Member	❍ $ 396	❍ $ 496
Nonmember	❍ $ 516	❍ $ 616
ONS/APHON Member: 65+	❍ $ 325	❍ $ 425
Nonmember: Age 65+	❍ $ 415	❍ $ 515

❍ Check enclosed (payable to the Oncology Nursing Certification Corporation)

❍ Visa ❍ MasterCard ❍ American Express ❍ Discover

Cardholder's Name Signature

Card Number Expiration Date

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 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

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

By regular mail (allow several weeks for delivery). Do not use this address for overnight or other guaranteed delivery methods:
Oncology Nursing Certification Corporation
P.O. Box 3445
Pittsburgh, PA 15230-3445

By Fax:
(412) 859-6168