



# Oncology Nursing Certification Corporation Emeritus Status Application

Please review the Emeritus status information at [www.oncc.org/emergitus-status](http://www.oncc.org/emergitus-status). Please print or fill in form using a computer. Incomplete, illegible, or unsigned applications will not be accepted. Submit this application with full payment. Allow 6-8 weeks for processing. If approved, you will be sent a certificate in the mail. If you don't hear from us within six weeks, please contact us.

<b>Submit application via:</b>	
Mail: Dollar Bank ONCC Lockbox 2700 Liberty Avenue Pittsburgh, PA 15222	Fax: (412) 859-6167

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LAST NAME (SURNAME) \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/REGION/  
GOVERNORATE \_\_\_\_\_

COUNTRY \_\_\_\_\_

HOME/CELL PHONE NUMBER (WITH AREA CODE) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

## FEE

The application fee for Emeritus status is \$75 per credential. This is a one-time fee.

Please check the certification(s) for which you are applying for Emeritus status:

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

## PAYMENT

Check enclosed.

Visa

Discover

MasterCard

American Express

CARDHOLDER NAME \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ CVV/CSV \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

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## ATTESTATION

By signing this application:

- I confirm that I read, understand, and accept the terms of Emeritus status as indicated on the ONCC website: <https://www.oncc.org/emergitus-status>.
- I confirm that I am retired from active oncology nursing, not actively practicing nursing, and have no plans to renew ONCC certification or need to be certified in the specialty.
- I understand that the Emeritus credential may not be used in direct patient care in any clinical setting or in the context of any clinically related interactions.
- I will notify ONCC immediately and will discontinue use of the Emeritus credential in all forms and settings if I return to direct patient care in an oncology setting.
- I understand that misuse of the Emeritus credential will result in permanent revocation of any and all ONCC active and Emeritus credentials.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_