

2025 International ONCC Certification Test Application

Apply by Fax: +1.412.859.6167

Please read the information in the *2025 ONCC 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. See more at <https://www.oncc.org/candidates-outside-united-states>.

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
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

Nursing License Information (REQUIRED)

What is your current nursing license?

RN APRN/CNS APRN/NP 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. See more information at <https://www.oncc.org/candidates-outside-united-states>.

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 4 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 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/Academic Course Name

Contact Hours/Credits Awarded Date Completed

Course Provider

Accrediting Organization/Accreditor

Continuing Education Session/Academic Course Name

Contact Hours Awarded Date Completed

Course Provider

Accrediting Organization/Accreditor

Continuing Education Session/Academic Course Name

Contact Hours Awarded Date Completed

Course Provider

Accrediting Organization/Accreditor

Continuing Education Session/Academic Course Name

Contact Hours Awarded Date Completed

Course Provider

Accrediting Organization/Accreditor

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

Biographical Data (OPTIONAL)

What is your age range?

20-24 years	50-54 years
25-29 years	55-59 years
30-34 years	60-64 years
35-39 years	65-69 years
40-44 years	Over 69 years
45-49 years	Do not care to respond

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

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 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

Fee & Payment - Check the certification test fee you are paying.

International Testing

June 1 - 30, 2025 only

ONS/APHON Member	\$375 (\$300 + \$75)
Nonmember	\$495 (\$420 + \$75)

International Testing Application Deadline: MARCH 1, 2025

Note: 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. See more at <https://www.oncc.org/candidates-outside-united-states>.

Payment

Visa MasterCard American Express Discover

Cardholder's Name

Signature

Card Number

Expiration Date

CVV/CVC

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 Test 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

2025 INTERNATIONAL TESTING 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. Contact ONS (help@ons.org) or APHON (info@aphon.org) 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 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.

Candidates Licensed Outside the US

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 <https://www.oncc.org/candidates-outside-united-states>. 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 four 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.

DoubleTake— International candidates are not eligible to apply for the DoubleTake option.

Fee & Payment Information— Complete the credit card information for payment. Visa, MasterCard, American Express, and Discover are accepted. Applications received without payment will not be processed until full payment is made. Do not send cash. Payment will not be accepted at test sites.

Application Submission— Fax the completed application form to +1.412.859.6167. Applications will not be accepted by email or mail.

Application Deadline date— **March 1, 2025**



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Certification Corporation

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