Oncology Nursing Certification Corporation
Emeritus Status Application

Please review the Emeritus status information at www.oncc.org/emeritus-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.

Submit application via:

Mail:	Fax:
Dollar Bank	(412) 859-6167
ONCC Lockbox	
2700 Liberty Avenue	
Pittsburgh, PA 15222	

. . . .

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®	TCTCN™

PAYMENT INFORMATION ON NEXT PAGE.

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/emeritus-status.
- I confirm that I am retired from active employment in nursing in any capacity and have no plans to return to active nursing in any capacity.
- I will notify ONCC immediately and will discontinue use of the Emeritus credential in all forms and settings if I return to active nursing practice in any capacity.
- I understand that misuse of the Emeritus credential will result in permanent revocation of any and all ONCC active and Emeritus credentials.

SIGNATURE _____

DATE _____