

2015 ONCC Renewal Application Multiple Renewals - Option 1 (ONC-PRO)

- **Use this application if you are renewing more than one credential at the same time by the ONC-PRO method, or if your employer is paying for renewal of multiple candidates at the time of application.** If you are renewing one certification credential and submitting payment yourself, apply online at <https://registration.oncc.org>. (If you are eligible to apply online but choose to apply using a paper application form you will be charged a \$25 paper handling fee.)
- There is an additional \$100 fee for each additional credential being renewed.
- Candidates must apply for renewal by submitting an application, fee, and ONC-PRO Logs. Renewal is not automatically granted.
- Complete applications, ONC-PRO Logs and payment must be received by **September 15, 2015** to receive the early bird discount fee (\$100 savings). If the application, logs or fees are received after September 15, the early bird discount will not apply, regardless of postmark or other circumstances.
- All applications, Logs, and payments must be received by **October 15, 2015** (with full nondiscounted fee).
- ONC-PRO points must be earned by the date the application is submitted, and no later than **October 15, 2015**.
- When renewing multiple credentials in the same year, the same ONC-PRO points may be used to renew more than one credential provided the points meet the requirements for each credential.

1. Indicate the month/year you were most recently certified.
2. List your name at the time you attained current certification.
3. If you are a member of the Oncology Nursing Society (ONS) or the Association of Pediatric Hematology/Oncology Nurses (APHON), write your ID/membership number where indicated. If you recently joined ONS or APHON and don't have a member number, write "New Member" and ONCC will verify your membership. The certification fee is discounted for ONS/APHON members. Note: paying the nonmember certification fee does not grant you membership in ONS or APHON. Call ONS (866-257-4667) or APHON (847-375-4724) for membership information. You are not required to be a member of ONS or APHON to apply for certification.

4. Indicate the credentials you are renewing and the number of ONC-PRO points you are submitting. (*Refer to your*

completed ONC-PRO Summary Log for this number.)

5. Write your nursing license number, state of issue, and expiration date. Indicate the month and year you became an RN.

Demographic & Employment Information

6. Please select one answer in each category.

Biographical Data

7. Completion of this data is optional.

Nursing Experience

8. OCN[®], CBCN[®], CPON[®] and CPHON[®] candidates: Record the total number of months that you have worked as an RN in the past three years.

All candidates: record the total number of hours of experience as indicated below (you may need to do several calculations if you've held more than one job during the time period specified).

OCN[®] Candidates—write the total number of hours of experience in adult oncology nursing you have had within the past 30 months. To obtain this number, multiply the number of hours you have worked as an RN in the last 30 months by the percentage of your time spent in adult oncology.

CPON[®]/CPHON[®] Candidates—write the total number of hours of experience in pediatric oncology nursing or pediatric hematology/oncology nursing you have had within the past 30 months. To obtain this number, multiply the number of hours you have worked as an RN in the last 30 months by the percentage of your time spent in pediatric oncology.

CBCN[®] Candidates—write the total number of hours of experience in breast care nursing you have had within the past 30 months. To obtain this number, multiply the number of hours you have worked as an RN in the last 30 months by the percentage of your time spent in breast care nursing.

Note: full-time employment equals 2,080 hours per year or 5,200 hours in 30 months. 5,200 hours is the maximum number that can be recorded for OCN[®], CBCN[®] or CPON[®]/CPHON[®] hours worked.

AOCN[®], AOCNP[®], AOCNS[®] Candidates—write the total number of hours of experience you have had in the required advanced practice nursing role in adult oncology in the past 4 years. To obtain this number, multiply the number of hours you have worked in the last 4 years by the percentage of your time spent in adult oncology. *Note: full-time employment equals 2,080 hours per year or 8,320 hours in 4 years. 8,320 hours is the maximum number that can be recorded for AOCN[®], AOCNP[®] or AOCNS[®] hours worked.*

9. Indicate if you hold any other nursing certifications.

Employment Verification Information

10. Write the name, title, institution, and phone number of a supervisor who can verify your most recent work experience. Do not list yourself here.

Nursing Experience Details

11. List, beginning with most recent, your RN experience for the last 3 years for OCN[®], CBCN[®], CPON[®], CPHON[®] candidates; last 4 years for AOCN[®], AOCNP[®], and AOCNS[®] candidates. Include start/end dates for each position, name and city/state of your employers, position title, number of hours worked per week, and percent of time spent in oncology.

Affirmation

12. Read and sign the affirmation statement. Unsigned applications will not be accepted. ONCC will randomly select a number of applications to audit for validity.

Fee & Payment Information

13. Indicate the certification you are renewing and fee you are paying. Enclose payment with your application. Faxed applications must include credit card payment.

Submitting Your Application

Mail or fax the application and ONC-PRO Logs as indicated on the application form. You will receive confirmation via email (US mail if you don't have a valid email address) that your application has been received. If you do not receive confirmation, contact ONCC. You will receive confirmation of your approval status within 12 weeks.

C15X01MC

Apply by Fax:
412-859-6168

For Guaranteed Mail Delivery:
ONCC Lockbox 3445 • Dollar Bank
2700 Liberty Ave, Pittsburgh, PA 15222
412-261-8263 (for delivery only)
877-769-6622 (for questions)

For Regular Mail Delivery
ONCC • Box 3445
Pittsburgh PA 15230-3445

Allow several weeks for
delivery

2015 ONCC Certification Renewal Application-Multiple Renewals (ONC-PRO)

Please read the 2015 Certification Renewal Application Instructions. Complete all information requested. Please print. Illegible, incomplete, or unsigned applications will not be accepted.

Last Name (please print) _____ First Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip/Postal _____ Country _____

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

E-mail Address _____

1. Indicate the month/year you most recently became certified:

OCN® _____ CPON® _____ CBCN® _____ CPHON® _____

AOCN® _____ AOCNP® _____ AOCNS® _____ BMTCN™ _____

2. What was your name at the time you attained your current certification?

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

Oncology Nursing Society _____
Customer ID/Member Number

Assoc. of Pediatric Hematology/Oncology Nurses

4. Indicate the credentials you are renewing and the number of ONC-PRO Points you are submitting:

_____ OCN® (100 required) _____ CBCN® (100 required) _____ CPON® (100 required)

_____ AOCN®, AOCNP®, AOCNS® (125 required) _____ CPHON® (100 required)

5. Nursing License Information (Required)

Nursing License Number _____ State _____

Expiration Date _____ Month/Year you became an RN _____

6. Demographic & Employment Information (required)

Highest Nursing Degree (select one)

- Diploma Master's
- Associate DNP
- Bachelor's PhD/DNSc

Employment Status (select one)

- Full-time Retired
- Part-time Unemployed

Primary Functional Area (select one)

- Administration
- Education
- Patient Care
- Research
- Other

Primary Patient Setting (select one)

- Adult Pediatric
- Adult & Pediatric NA

Primary Position (select one)

- Academic Educator
- Case Manager
- Clinical Nurse Specialist
- Clinical Trials Nurse
- Consultant
- Director
- Genetic Counselor
- Information Architect
- Manager/Coordinator
- Medical Science Liaison
- Nurse Informaticist
- Nurse Navigator
- Nurse Practitioner
- Nurse Scientist
- Patient Educator
- Pharmaceutical Representative
- Quality Improvement
- Staff Educator
- Staff Nurse
- VP/CNO
- Other

Primary Specialty (select one)

- Blood & Marrow Transplantation
- Medical Oncology
- Palliative Care
- Prevention/Detection
- Radiation Oncology
- Surgical Oncology
- Non-Oncology

Primary Work Setting (select one)

- Blood & Marrow Transplant Unit
- Intensive Care Unit
- Medical Unit - General
- Medical Unit - Oncology
- Medical/Surgical Unit - General
- Surgical Unit - General
- Surgical Unit - Oncology
- Home Care
- Hospice
- Hospital-based Clinic
- Physician Office/Infusion Center
- Radiation-Free Standing
- Radiation-Hospital-based
- Corporate/Industry
- Emergency/Urgent Care
- Extended Care Facility
- Insurance/Managed Care
- School of Nursing
- Self-Employed
- Other

Who is paying for your certification? (select one)

- I am paying with my own funds
- My employer is paying
- I will be reimbursed by my employer upon successful certification
- I am an ONCC award winner

Please complete other side of form

7. Biographical Data (optional)

Race		Are you Hispanic/Latino?
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Yes
<input type="checkbox"/> Asian		<input type="checkbox"/> No
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other Race	Sex
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Do not care to respond	<input type="checkbox"/> Female
<input type="checkbox"/> Mixed Race		<input type="checkbox"/> Male

8. Nursing Experience

Total months of RN experience in the past 36 months (3 yrs.) for OCN®, CBCN®, CPON® candidates: _____ months

Total hours of experience: in adult oncology during the past 2 1/2 years for OCN® candidates or past 4 years for AOCN®, AOCNP®, and AOCNS® candidates; in breast care nursing during past 2 1/2 years for CBCN® candidates; in pediatric oncology/hematology during the past 2 1/2 years for CPON® and CPHON® candidates: _____ hours

9. Do you hold any other nursing certifications: No Yes (list) _____

10. 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 in this space.

_____	_____
Name	Title
_____	_____
Institution	Phone

11. Nursing Experience (required) List below, starting with most recent, your RN experience for the past 3 years for OCN®, CBCN®, CPON® or CPHON® renewal; past 4 years for AOCN®, AOCNP® or AOCNS® renewal. Include the start/end dates for each position, name and city/state of employer(s), position title, number of hours worked per week during that time, and the percentage of time spent in adult oncology for OCN®, AOCN®, AOCNP®, or AOCNS® renewal, breast care nursing for CBCN® renewal, or in pediatric oncology/hematology for CPON® or CPHON® renewal. Please see the eligibility criteria for specific requirements.

From (mm/dd/yy)	To (mm/dd/yy)	Name and City/State of Employer	Position Title	Number of Hours Worked per week	% of Time spent in adult oncology, breast care or pediatric oncology/hematology

12. Affirmation (required)

_____	_____	_____
Name (print)	Signature	Date

By signing and submitting this application form, I accept the conditions set forth in the 2015 *Understanding Your Oncology Nursing Certification Renewal Options* concerning the certification policies. I certify that I meet the eligibility criteria for certification renewal and that the information contained in this application is true, complete, and correct to the best of my knowledge and is given in good faith. I further understand that if any information is later determined to be false, the Oncology Nursing Certification Corporation reserves the right to sanction any certification that has been granted on the basis thereof. The Oncology Nursing Certification Corporation will randomly select a number of applications to audit for validity.

Privacy Policy: As an affiliate organization of the Oncology Nursing Society (ONS), ONCC respects the privacy of our customers and adheres to the ONS Privacy Policy. A copy of the ONS Privacy Policy is available upon request by contacting ONS at customer.service@ons.org, or 125 Enterprise Drive, Pittsburgh, PA 15275-1214, Attn: Customer Service.

13. Fee & Payment Information

Check the certifications type and fee you are paying. Indicate payment type.

	September 15, 2015* (\$100 savings included below)	October 15, 2015 Final Deadline (Full Fee)
Option 1 (ONC-PRO Renewal)		
<input type="checkbox"/> OCN® <input type="checkbox"/> CPON® <input type="checkbox"/> CPHON® <input type="checkbox"/> CBCN®		
<input type="checkbox"/> AOCN® <input type="checkbox"/> AOCNP® <input type="checkbox"/> AOCNS®		
ONS/APHON Member	<input type="checkbox"/> \$ 220	<input type="checkbox"/> \$ 320
Nonmember	<input type="checkbox"/> \$ 340	<input type="checkbox"/> \$ 440
ONS/APHON Member Age 65+	<input type="checkbox"/> \$ 165	<input type="checkbox"/> \$ 265
Nonmember Age 65+	<input type="checkbox"/> \$ 255	<input type="checkbox"/> \$ 355
Fee for each additional credential after the first credential	<input type="checkbox"/> \$ 100	<input type="checkbox"/> \$ 100

* Discount applies to complete applications only. Incomplete applications will be charged the full fee. All complete applications must be received by the final deadline.

Check Enclosed (payable to the Oncology Nursing Certification Corporation)

Visa MasterCard American Express Discover

_____	_____
Cardholder's Name	Signature
_____	_____
Card number	Expiration Date