



2017 ONCC Test Transfer Request Form

If you are unable to test during your eligibility period you may request a one-time transfer to a new eligibility period within the next 12 months. The transfer fee is \$100.

- Submit this completed form to ONCC, with payment, before the expiration date of your current Authorization to Test (ATT).
- If you have made a test appointment, you must cancel the test appointment by contacting Prometric at least 48 hours (2 business days) prior to the appointment.
- If you do not cancel a scheduled test appointment at least 48 hours (2 business days) in advance you will not be granted a transfer and will forfeit the test fees you have paid.
- Transfers are granted one time only and the test must be taken within the ensuing 12 months.
- Once a transfer is granted, no refunds will be issued and all test fees will be forfeited if the test is not taken within 12 months.

Please submit this completed form with payment of the \$100 transfer fee to ONCC. ONCC will send you confirmation of receipt and additional instructions (if any) within 4 weeks.

Note for ONCC FreeTake participants: All candidates requesting a transfer must pay the transfer fee. In addition, if you apply to test as part of the ONCC FreeTake program and request a transfer to a test date when your employer is no longer participating in the ONCC FreeTake program, or the employer determines you are no longer approved to test as part of the ONCC FreeTake program, you are responsible for the test fee. You will not be permitted to test without payment of the test fee. In addition, you will not be granted a free retake if you test outside of the ONCC FreeTake program.

Name (print) _____

Address _____

Customer ID Number _____ Email address _____

Please indicate test type: OCN® CPHON® CBCN® AOCNP® AOCNS® BMTCN®

What date would you like your new 90-day eligibility period to start? _____
(month/year)

Payment Method: (please check one)

- Check/Money Order (payable to Oncology Nursing Certification Corporation)
- Visa MasterCard American Express Discover

Cardholder's Name (print) _____ Signature _____

Card number _____ Expiration date _____

Acknowledgment: By signing this form, I acknowledge that I have read, understand and accept the terms of the Transfer Request and the ONCC Transfer Policy.

Signature _____ Date _____

Return this form on or before the expiration date of your current ATT:

Oncology Nursing Certification Corporation
125 Enterprise Drive
Pittsburgh, PA 15275
Fax: 412-859-6168
Email: oncc@oncc.org