



CERTIFICATION TEST REGISTRATION MANUAL

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WE'RE HERE TO HELP.

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ABOUT THIS MANUAL

This manual provides an overview of ONCC testing processes and instructions on applying for an ONCC certification test.

Additional information related to specific examinations – such as the test content outline and reference lists – can be found on the ONCC website at www.oncc.org/certifications. This information is referred to as Test Prep Essentials and is published for each examination.

Candidates are strongly encouraged to review this information before applying to test.

ABOUT ONCC AND CERTIFICATION

Why get certified?

Certification can enhance your career in many ways. Getting certified can increase your salary; open doors to professional opportunities, give you more confidence in your practice, and inspire patient trust.

About ONCC

The Oncology Nursing Certification Corporation (ONCC) is the premier provider of nationally-accredited certifications in oncology. The mission of ONCC is to promote health and safety by validating competence and ensuring life-long learning in oncology nursing and related specialties. Learn more about ONCC at www.oncc.org.

Mission

The mission of ONCC is to promote health and safety by validating competence and ensuring life-long learning in oncology nursing and related specialties.

Vision

Oncology care across the continuum is provided by oncology certified professionals.

Values

Values are our organizations' guiding principles. They represent our core beliefs for the Oncology Nursing Society (ONS) and its family of affiliated corporations, including the Oncology Nursing Foundation, Oncology Nursing Certification Corporation. Our values are: Integrity, Innovation, Advocacy, Excellence, and Agility.

What is Certification?

Nursing certification is a process to validate a registered nurse's qualification and knowledge of a specific area of nursing. To become certified, a nurse must meet minimal competency standards, as set by the agency that grants the certification. One purpose of nursing certification is to promote public safety. Certification assures the public that a certified nurse has completed all criteria required for a specific credential. Another purpose of certification is to promote the development of specialty areas of nursing by establishing minimal competency standards and recognizing those who have met those standards.

Accreditation

All ONCC certification examinations are accredited by the National Commission for Certifying Agencies (NCCA). The NCCA is an independent organization that has identified the essential components of a national certification program and determines if certification organizations meet established standards based on those components. These standards are nationally recognized principles utilized by a variety of certification organizations for certification programs in diverse professions.

GENERAL TEST INFORMATION

Eligibility Criteria

ONCC offers five certification examinations. See the credential-specific section of the manual for more information.

- Oncology Certified Nurse (OCN®)
- Certified Pediatric Hematology Oncology Nurse (CPHON®)
- Blood and Marrow Transplant Certified Nurse (BMTCN®)
- Advanced Oncology Certified Nurse Practitioner (AOCNP®)
- Certified Breast Care Nurse (CBCN®)

Please review the eligibility criteria for a specific examination before you apply to test.

Test Format

ONCC test sessions are three hours, including 15 minutes for a computer-based testing tutorial before the exam and a post-test survey. All ONCC tests consist of 165 multiple-choice items. Each item includes a question or statement, followed by four answers or completions. Only one answer is correct.

Test Centers

ONCC examinations are offered by computer-based testing at hundreds of PSI test centers in the United States, its territories, or Canada. You can locate ONCC test sites and addresses at www.psiexams.com/ONCC.

Test Fees

See the current test fees at www.oncc.org/test-fees.

TEST APPLICATION INSTRUCTIONS

When you are ready to test, apply online at www.oncc.org.

- Gather the information/documentation you need to complete the application (i.e., nursing license, CE documentation)
- Provide all required information, documentation, and fees. *Note: incomplete applications will not be processed until all materials are received.*

DoubleTake

ONCC DoubleTake provides a retake option if you don't pass the test on the first attempt - without paying the full test fee again. There is an additional \$100 DoubleTake option fee that must be purchased at the time of initial application - but that's a savings of up to \$316 versus paying the full test fee a second time. You must apply for the second attempt within 180 days of the first test attempt. The DoubleTake fee is not refundable if you pass the test on the first try. Applicants who apply as part of ONCC FreeTake are not eligible for DoubleTake.

Confirmation Your Application Has Been Received

ONCC will send you an email confirmation indicating your application has been received. This confirms your application has been received; it does not confirm that you are eligible to test.

Authorization to Test

If you are confirmed as eligible to test, PSI will send you an Authorization to Test (ATT) by email. The subject line will read "ONCC Authorization to Test." You will receive the ATT within 2-4 weeks of application. Please check your junk mail/spam folders and add no-reply@psiexams.com to your email safe senders or contacts list. The ATT will be valid for 90-days and provide instructions for scheduling a test appointment. You must schedule an appointment and take the test before the ATT expires or you will forfeit all test fees. Contact ONCC (oncc@oncc.org) if you do not receive an ATT within two weeks of applying to test.

Upon receiving your ATT, immediately:

- confirm the information on the ATT is correct.
- read the ATT and all accompanying information.
- contact ONCC (oncc@oncc.org) to correct inaccuracies on the ATT or to report a lost ATT.

Maintaining Your Contact Information

Most communications from ONCC will be sent by email; some information may be sent by mail to your home address or your home phone number. If you have a change in any contact information before you take the test, call ONCC at 877-769-ONCC (6622). To make changes after you test, update your account at www.oncc.org, email the change to oncc@oncc.org or call 877-769-ONCC (6622). ONCC will update your information with PSI.

Testing Accommodations Due to Disability

ONCC will provide reasonable accommodations for test candidates with disabilities that are covered under the Americans with Disabilities Act (ADA), as amended. To request testing accommodations, submit the Testing Accommodations Request Form (www.oncc.org/resource-center) by email/mail/fax within five business days of applying to test. ONCC uses information submitted as part of a request for testing accommodations only to determine the need for testing accommodations. ONCC does not share this information with anyone, including PSI. All accommodation decisions are made at ONCC's discretion.



ONCOLOGY CERTIFIED NURSE (OCN®)

OCN® certification is for registered nurses who practice in adult oncology – whether in clinical practice, nursing administration, education, research, or consultation.

About the Test

The OCN® Test is based on the OCN® Test Content Outline (Test Blueprint). The Test Content Outline is based on the results of a role delineation study of basic adult oncology nursing practice completed in 2016. The OCN® Test Content Outline is composed of six major subject areas, each with a percentage assigned to it. Each major subject area is represented in every test with the appropriate percentage of items. However, not all content sub-areas are included in every form of the test.

The OCN® Test consists of 165 multiple-choice items (a question or incomplete statement followed by four answers or completions). Of those, 145 items count toward the candidate's score and 20 are "pretest" or experimental items. Candidates do not know which items are scored and which are pretest. To determine the number of scored items from each subject area, multiply the appropriate percentage by 145.

A free, 50-item OCN® Practice Test is available at www.oncc.org. ONCC practice tests provide examples of the type of items that you can expect to find on an examination; they are not intended to be study guides or to replace other forms of test preparation. For-purchase practice tests are also available.

Eligibility Criteria for Initial OCN® Certification

Any person who is not currently OCN®-certified is an initial candidate, including candidates whose certification has lapsed. All eligibility criteria must be met at the time of application and examination.

- A current, active, unencumbered license as a registered nurse in the US, its territories, or Canada at the time of application and examination, and
- A minimum of two years (24 months) of experience as an RN within the four years (48 months) prior to application, and
- A minimum of 2,000 hours of adult oncology nursing practice within the four years (48 months) prior to application, and
- Completed a minimum of 10 contact hours of nursing continuing education in oncology or an academic elective in oncology nursing within the three years (36 months) prior to application. The contact hours must have been provided or formally approved by an acceptable accredited provider or approver of continuing nursing education (CNE) or nursing continuing professional development (NCPD). A maximum of five of the 10 required contact hours in oncology may be continuing medical education (CME) in oncology.

Nursing practice may be work experience that is direct and/or indirect patient care in clinical practice, nursing administration, education, research, or consultation in the specialty represented by the credential. The position must be one that may be filled by a Registered Nurse. A position that may also be filled by another licensed care provider may qualify as nursing practice so long as the position may be filled by an RN.

Testing is an option for the renewal of OCN® certification. See eligibility criteria at www.oncc.org/ocn.

OCN® Test References

The following is a sampling of resources that may be helpful when preparing for the OCN® Examination. This list is not all-inclusive; the full reference list is available at www.oncc.org. ONCC examinations are based on a broad body of knowledge and not on the content of any single resource.

To prepare for the examination, review the Test Content Outline, and develop a study plan based on your knowledge strengths and weaknesses. It is good practice to use a current, general resource for an overall review, and supplement with resources on specific topics to address your individual needs.

Note: The use of these resources does not guarantee a passing score on the examination. Test candidates are not required to purchase or review these resources. ONCC does not endorse specific resources and does not receive compensation from the sale or use of any resources.

Brant, J. (Ed.). (2020). *Core curriculum for oncology nursing* (6th ed.). Elsevier.

Bush, J.O., & Gorman, L.M. (Eds.). (2018). *Psychosocial nursing along the cancer continuum* (3rd ed.). Oncology Nursing Society.

Christensen, D.M., & Cantril, C. (Eds.). (2020). *Oncology nurse navigation: Delivering patient-centered care across the continuum* (2nd ed.). Oncology Nursing Society.

Eggert, J. (Ed.). (2017). *Cancer basics* (2nd ed.). Oncology Nursing Society.

Ferrell, B.R., & Paice, J. (Eds.). (2019). *Oxford textbook of palliative nursing* (5th ed.). Oxford University Press.

Haylock, P.J., & Curtiss, C.P. (Eds.). (2019). *Cancer survivorship interprofessional, patient-centered approaches to the seasons of survival*. Oncology Nursing Society.

Kaplan, M. (Ed.). (2018). *Understanding and managing oncologic emergencies: A resource for nurses* (3rd ed.). Oncology Nursing Society.

Katz, A. (2018). *Breaking the silence on cancer and sexuality: A handbook for healthcare providers* (2nd ed.). Oncology Nursing Society.

Lubejko, B., & Wilson, B. (2019). *Oncology nursing scope and standards of practice*. Oncology Nursing Society.

Newton, S., Hickey, M., & Brant, J. (2017). *Mosby's oncology nursing advisor: A comprehensive guide to clinical practice* (2nd ed.). Elsevier Mosby.

Olsen, M., LeFebvre, K., & Brassil, K. (Eds.). (2019). *Chemotherapy and immunotherapy guidelines and recommendations for practice*. Oncology Nursing Society.

Walker, S., & Prechtel Dunphy, E. (Eds.). (2021). *Guide to cancer immunotherapy*. Oncology Nursing Society.

Wilkes, G.M., & Barton-Burke, M. (Eds.). (2020). *2020-2021 oncology nursing drug handbook*. Jones and Bartlett Learning.

Yarbro, C.H., Wujcik, D., & Gobel, B.H. (Eds.). (2018). *Cancer nursing: Principles and practice* (8th ed.). Jones and Bartlett Learning.

OCN® Test Content Outline

I. Care Continuum - 19%

- A. Health promotion and disease prevention (e.g., high-risk behaviors; preventive health practices)
- B. Screening and early detection
- C. Navigation
- D. Advance care planning (e.g., advance directives)
- E. Epidemiology
 - 1. Modifiable risk factors (e.g., smoking, diet, exercise, occupation)
 - 2. Non-modifiable risk factors (e.g., age, gender, genetics)
- F. Survivorship
 - 1. Rehabilitation
 - 2. Recurrence concerns
 - 3. Financial concerns
 - 4. Employment concerns
 - 5. Insurance concerns
 - 6. Family and social support concerns
 - 7. Sexuality concerns
- G. Treatment-related considerations
 - 1. Delayed-onset side effects
 - 2. Chronic side effects
 - 3. Secondary malignancies
 - 4. Follow-up care
- H. End-of-life care
 - 1. Grief
 - 2. Bereavement
 - 3. Hospice care
 - 4. Caregiver support
 - 5. Interdisciplinary team
 - 6. Pharmacologic comfort measures
 - 7. Non-pharmacologic comfort measures

II. Oncology Nursing Practice - 17%

- A. Scientific basis
 - 1. Carcinogenesis
 - 2. Immunology
 - 3. Clinical trials (e.g., research protocols)
- B. Site-specific cancer considerations
 - 1. Pathophysiology
 - 2. Common metastatic locations
 - 3. Diagnostic measures
 - 4. Prognosis
 - 5. Classification
 - 6. Staging
 - 7. Histological grading
- C. Scope, standards, and related issues
 - 1. Standards of care (nursing process)
 - 2. Legal (including documentation)
 - 3. Accreditation (e.g., The Joint Commission)
 - 4. Self-care (e.g., managing compassion fatigue)
- D. Standards of professional performance
 - 1. Ethics (e.g., patient advocacy)
 - 2. Education
 - 3. Evidence-based practice (e.g., Putting Evidence Into Practice (PEP) guidelines) and research
 - 4. Quality of practice
 - 5. Communication
 - 6. Leadership
 - 7. Collaboration
 - 8. Professional practice evaluation
 - 9. Resource utilization
 - 10. Environmental health (e.g., safety, personal protective equipment, safe handling)

III. Treatment Modalities - 19%

- A. Surgery
- B. Blood and marrow transplant
- C. Radiation therapy
- D. Chemotherapy
- E. Biotherapy
- F. Immunotherapy
- G. Vascular Access Devices (VADs) for treatment administration
- H. Targeted Therapy

IV. Symptom Management and Palliative Care - 23%

- A. Etiology and patterns of symptoms (acute, chronic, late)
- B. Anatomical and surgical alterations (e.g., lymphedema, ostomy, site-specific radiation)
- C. Pharmacologic interventions
- D. Complementary and integrative modalities (e.g., massage, acupuncture, herbal supplements)
- E. Palliative care considerations
- F. Alterations in functioning
 - 1. Hematologic
 - 2. Immune system
 - 3. Gastrointestinal
 - 4. Genitourinary
 - 5. Integumentary
 - 6. Respiratory
 - 7. Cardiovascular
 - 8. Neurological
 - 9. Musculoskeletal
 - 10. Nutrition
 - 11. Cognition
 - 12. Energy level (i.e., fatigue)

V. Oncologic Emergencies - 12%

- A. Disseminated intravascular coagulation (DIC)
- B. Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH)
- C. Sepsis (including septic shock)
- D. Tumor lysis syndrome
- E. Hypersensitivity
- F. Anaphylaxis
- G. Hypercalcemia
- H. Cardiac tamponade
- I. Spinal cord compression
- J. Superior vena cava syndrome
- K. Increased intracranial pressure
- L. Obstructions (bowel and urinary)
- M. Pneumonitis
- N. Extravasations

VI. Psychosocial Dimensions of Care - 10%

- A. Cultural, spiritual, and religious diversity
- B. Financial concerns (including available resources)
- C. Altered body image
- D. Learning styles and barriers to learning
- E. Social relationships and family dynamics
- F. Coping mechanisms and skills
- G. Support
 - 1. Patient (i.e., individual and group)
 - 2. Caregiver (including family)
- H. Psychosocial considerations
 - 1. Anxiety
 - 2. Loss and grief
 - 3. Depression
 - 4. Loss of personal control
- I. Sexuality
 - 1. Reproductive issues (e.g., contraception, fertility)
 - 2. Sexual dysfunction (e.g., physical and psychological effects)
 - 3. Intimacy

CERTIFIED PEDIATRIC HEMATOLOGY ONCOLOGY NURSE (CPHON®)

CPHON® certification is for registered nurses who practice in pediatric hematology/oncology – whether in clinical practice, nursing administration, education, research, or consultation.

About the Test

The CPHON® Test is based on the CPHON® Test Content Outline (Test Blueprint). The Test Content Outline is based on the results of a role delineation study of basic pediatric hematology oncology nursing practice completed in 2017. The CPHON® Test Content Outline is composed of five major subject areas, each with a percentage assigned to it. Each major subject area is represented in every test with the appropriate percentage of items. However, not all content sub-areas are included on every form of the test.

The CPHON® Test consists of 165 multiple-choice items (a question or incomplete statement followed by four answers or completions). Of those, 125 items count toward the candidate's score and 40 are "pretest" or experimental items. Candidates do not know which items are scored and which are pretest. To determine the number of scored items from each subject area, multiply the appropriate percentage by 125.

A free, 50-item CPHON® Practice Test is available at www.oncc.org. ONCC practice tests provide examples of the type of items that you can expect to find on an examination; they are not intended to be study guides or to replace other forms of test preparation. One for-purchase practice test is available.

Eligibility Criteria for Initial CPHON® Certification

Any person who is not currently CPHON®-certified is an initial candidate, including candidates whose certification has lapsed. All eligibility criteria must be met at the time of application and examination.

- A current, active, unencumbered license as a registered nurse in the US, its territories, or Canada at the time of application and examination, and
- A minimum of two years (24 months) of experience as an RN within the four years (48 months) prior to application, and
- A minimum of 2,000 hours of pediatric oncology or hematology nursing practice within the four years (48 months) prior to application, and
- Completed a minimum of 10 contact hours of nursing continuing education in oncology or hematology or an academic elective in oncology or hematology nursing within the three years (36 months) prior to application. The contact hours must have been provided or formally approved by an acceptable accredited provider or approver of continuing nursing education (CNE) or nursing continuing professional development (NCPD). Up to five (50%) of the 10 required oncology nursing contact hours may be accredited continuing medical education (CME) in oncology or hematology.

Nursing practice may be work experience that is direct and/or indirect patient care in clinical practice, nursing administration, education, research, or consultation in the specialty represented by the credential. The position must be one that may be filled by a Registered Nurse. A position that may also be filled by another licensed care provider may qualify as nursing practice so long as the position may be filled by an RN.

Testing is an option for the renewal of CPHON® certification. See eligibility criteria at www.oncc.org/cphon.

CPHON® Test References

The following is a sampling of resources that may be helpful when preparing for the CPHON® Examination. This list is not all-inclusive; the full reference list is available at www.oncc.org. ONCC examinations are based on a broad body of knowledge and not on the content of any single resource.

To prepare for the examination, review the Test Content Outline, and develop a study plan based on your knowledge strengths and weaknesses. It is good practice to use a current, general resource for an overall review, and supplement with resources on specific topics to address your individual needs.

Note: The use of these resources does not guarantee a passing score on the examination. Test candidates are not required to purchase or review these resources. ONCC does not endorse specific resources, and does not receive compensation from the sale or use of any resources.

Baggott, C.R., Fochtman, D., Foley, G.V., & Kelly, K.P. (Eds.). (2011). *Nursing care of children and adolescents with cancer and blood disorders* (4th ed.). Association of Pediatric Hematology/Oncology Nurses.

Either, A.M., Rollins, J., & Stewart, J. (Eds.). (2010). *Pediatric oncology palliative and end-of-life care resource*. Association of Pediatric Hematology/Oncology Nurses.

Hockenberry, M.J., & Wilson, D. (Eds.). (2018). *Wong's nursing care of infants and children* (11th ed.). Elsevier Mosby.

Hockenberry, M.J., Wilson, D., & Rodgers, C.C. (2017). *Wong's essentials of pediatric nursing* (10th ed.). Elsevier Mosby.

Kline, N.E. (Ed.). (2014). *Essentials of pediatric hematology/oncology nursing: A core curriculum* (4th ed.). Association of Pediatric Hematology/Oncology Nurses.

Kline, N.E. (Ed.). (2019). *Pediatric chemotherapy and biotherapy curriculum* (4th ed.). Association of Pediatric Hematology/Oncology Nurses.

Schmit-Pokorny, K., & Eisenberg, S. (Eds.). (2020). *Hematopoietic stem cell transplantation: A manual for nursing practice* (3rd ed.). Oncology Nursing Society.

Taketomo, C.K., Hodding, J.H., & Kraus, D.M. (2019). *Pediatric and neonatal dosage handbook* (25th ed.). Lexi-Comp.

CPHON® Test Content Outline

I. Psychosocial Dimensions and Health Maintenance - 12%

- A. Psychosocial dimensions
 - 1. Principles of growth and development
 - 2. Effects of acute and chronic illness on the patient and family
 - 3. Patient and family/caregiver support
 - 4. Grief and bereavement (including legacy building and memory making)
 - 5. Cultural and spiritual beliefs and rituals
 - 6. Family systems theory (i.e., family dynamics)
 - 7. Community resources
 - 8. Integration of patient care into family, school, work, camp, and social environment
- B. Health maintenance
 - 1. Immunizations
 - 2. Health promotion, injury prevention, and wellness
 - 3. Transition of care
 - a. primary care
 - b. levels of care (e.g., rehabilitation, home, outpatient)
 - 4. Reproductive health and fertility preservation

II. Disease Related Biology - 15%

- A. Types of childhood cancer
 - 1. Epidemiology
 - 2. Clinical presentation
 - 3. Anatomy and physiology
 - 4. Procedures and imaging
 - 5. Genetics (including genomics)
 - 6. Diagnosis and prognosis
 - a. laboratory values
 - b. staging and grading
 - c. cytogenetics and histology
 - 7. Pathophysiology
- B. Types of hematologic disorders
 - 1. Epidemiology
 - 2. Clinical presentation
 - 3. Procedures and imaging
 - 4. Genetics
 - 5. Diagnosis and prognosis: laboratory values
 - 6. Pathophysiology

III. Care of the Pediatric Hematology and Oncology Patient - 32%

- A. Professional performance
 - 1. Scope and standards of nursing practice
 - 2. Professional practice guidelines
 - 3. Regulatory standards and guidelines
- B. Hematology treatment
 - 1. Chemotherapy
 - 2. Targeted therapies
 - a. biotherapy (e.g., ATG, IVIG, monoclonal antibody therapy)
 - b. immunotherapy (e.g., colony stimulating factors)
 - 3. Blood product therapy (e.g., exchange transfusion, pheresis)
 - 4. Hematopoietic stem cell transplantation
 - 5. Coagulation therapy (e.g., factor replacement, anti-thrombolytics)
- C. Oncology treatment
 - 1. Chemotherapy
 - 2. Targeted therapies
 - a. biotherapy
 - b. immunotherapy (e.g., gene therapy, vaccine therapy)
 - c. cellular therapies (e.g., CAR-T cell)
 - 3. Radiation therapy (e.g., I-131-MIBG, proton beam radiation)
 - 4. Hematopoietic stem cell transplantation
 - 5. Surgery
- D. Acute side effects related to:
 - 1. Chemotherapy
 - 2. Targeted therapies
 - a. biotherapy
 - b. immunotherapy
 - c. cellular therapies
 - 3. Radiation therapy
 - 4. Hematopoietic stem cell transplantation
 - 5. Coagulation therapy
 - 6. Surgery
 - 7. Transfusions (e.g., chelation, hypersensitivity)
- E. Survivorship
 - 1. Psychosocial adaptation
 - 2. Socioeconomic issues
 - 3. Chemotherapy
 - 4. Targeted therapies
 - a. biotherapy
 - b. immunotherapy
 - c. cellular therapies

5. Radiation therapy
 6. Hematopoietic stem cell transplantation
 7. Coagulation therapy
 8. Surgery
 9. Transfusions
- F. Clinical trials (e.g., phases, accessing trials, elements of informed consent)

IV. Supportive Care, Palliative Care, and Symptom Management - 22%

- A. General
1. Pain management
 2. Sleep disturbance and fatigue
 3. Mental health (e.g., anxiety, depression, PTSD)
 4. Medical devices (e.g., venous access, pumps, shunts, tubes)
 5. Interdisciplinary care (e.g., child life, physical therapy, occupational therapy, speech therapy)
 6. End-of-life care (e.g., hospice)
 7. Complementary and integrative modalities
- B. System specific alterations (acute, chronic, and late effects)
1. Neurological
 2. Respiratory
 3. Cardiovascular
 4. Gastrointestinal
 5. Renal/genitourinary
 6. Musculoskeletal
 7. Integumentary
 8. Endocrine
 9. Reproductive
 10. Hematological
 11. Immunological

V. Pediatric Oncologic and Hematologic Potential Emergencies - 19%

- A. Sepsis
- B. Gastrointestinal
1. Pancreatitis
 2. Typhlitis
 3. Bowel obstruction
- C. Metabolic
1. Diabetes insipidus
 2. Syndrome of inappropriate antidiuretic hormone
 3. Tumor lysis syndrome
 4. Cytokine release syndrome
- D. Vascular
1. Disseminated intravascular coagulation
 2. Hemorrhage
 3. Hyperleukocytosis
 4. Priapism
 5. Sinusoidal obstructive syndrome (veno-occlusive disease)
 6. Splenic sequestration
 7. Superior vena cava syndrome
 8. Vaso-occlusive crisis
 9. Thrombosis
- E. Cardiopulmonary
1. Acute chest syndrome
 2. Stroke
 3. Respiratory distress (e.g., mediastinal mass)
 4. Pericardial effusions (e.g., cardiac tamponade)
 5. Pleural effusions
- F. Neurology
1. Increased intracranial pressure
 2. Seizures
 3. Posterior reversible encephalopathy syndrome (PRES)
 4. Spinal cord compression
- G. Hypersensitivity reactions (including anaphylaxis)
- H. Extravasation

BLOOD AND MARROW TRANSPLANT CERTIFIED NURSE (BMTCN®)

BMTCN® certification is for registered nurses who practice in blood and marrow transplantation – whether in clinical practice, nursing administration, education, research, or consultation with adult or pediatric patients.

About the Test

The BMTCN® Test is based on the BMTCN® Test Content Outline (Test Blueprint). The Test Content Outline is based on the results of a role delineation study of blood and marrow transplant nursing practice completed in 2016. The BMTCN® Test Content Outline is composed of six major subject areas, each with a percentage assigned to it. Each major subject area is represented in every test with the appropriate percentage of items. However, not all content sub-areas are included on every form of the test.

The BMTCN® Test consists of 165 multiple-choice items (a question or incomplete statement followed by four answers or completions). Of those, 125 items count toward the candidate's score and 40 are "pretest" or experimental items. Candidates do not know which items are scored and which are pretest. To determine the number of scored items from each subject area, multiply the appropriate percentage by 125.

A free, 50-item BMTCN® Practice Test is available at www.oncc.org. ONCC practice tests provide examples of the type of items that you can expect to find on an examination; they are not intended to be study guides or to replace other forms of test preparation. A for-purchase practice test is also available.

Eligibility Criteria for Initial BMTCN® Certification

Any person who is not currently BMTCN®-certified is an initial candidate, including candidates whose certification has lapsed. All eligibility criteria must be met at the time of application and examination.

- A current, active, unencumbered license as a registered nurse in the US, its territories, or Canada at the time of application and examination, and
- A minimum of two years (24 months) of experience as an RN within the four years (48 months) prior to application, and
- A minimum of 2,000 hours of BMT nursing practice within the four years (48 months) prior to application, and
- Completed a minimum of 10 contact hours of nursing continuing education in BMT nursing or an academic elective in BMT nursing within the three years (36 months) prior to application. The contact hours must have been provided or formally approved by an acceptable accredited provider or approver of continuing nursing education (CNE) or nursing continuing professional development (NCPD). Up to five (50%) of the 10 required BMT nursing contact hours may be accredited continuing medical education (CME) in BMT.

Nursing practice may be work experience that is direct and/or indirect patient care in clinical practice, nursing administration, education, research, or consultation in the specialty represented by the credential. The position must be one that may be filled by a Registered Nurse. A position that may also be filled by another licensed care provider may qualify as nursing practice so long as the position may be filled by an RN.

Testing is an option for the renewal of BMTCN® certification. See eligibility criteria at www.oncc.org/bmtcn.

BMTCN® Test References

The following is a sampling of resources that may be helpful when preparing for the BMTCN® Examination. This list is not all-inclusive; the full reference list is available at www.oncc.org. ONCC examinations are based on a broad body of knowledge and not on the content of any single resource.

To prepare for the examination, review the Test Content Outline, and develop a study plan based on your knowledge strengths and weaknesses. It is good practice to use a current, general resource for an overall review, and supplement with resources on specific topics to address your individual needs.

Note: The use of these resources does not guarantee a passing score on the examination. Test candidates are not required to purchase or review these resources. ONCC does not endorse specific resources and does not receive compensation from the sale or use of any resources.

Bush, N.J., & Gorman, L.M. (Eds.). (2018). *Psychosocial nursing care along the cancer continuum* (3rd ed.). Oncology Nursing Society.

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Hockenberry, M.J., & Wilson, D. (Eds.). (2018). *Wong's nursing care of infants and children* (11th ed.). Elsevier Mosby.

Iwamoto, R.R., Haas, M.L., & Gosselin, T.K. (Eds.). (2012). *Manual for radiation oncology nursing practice and education* (4th ed.). Oncology Nursing Society.

Kline, N.E. (Ed.). (2014). *Essentials of pediatric hematology/oncology nursing: A core curriculum* (4th ed.). Association of Pediatric Hematology/Oncology Nurses.

Olson, M.M., LeFebvre, K.B., & Brassil, K.J. (Eds.). (2019). *Chemotherapy and immunotherapy guidelines and recommendations for practice*. Oncology Nursing Society.

Schmit-Pokorny, K., & Eisenberg, S. (Eds.). (2020). *Hematopoietic stem cell transplantation: A manual for nursing practice* (3rd ed.). Oncology Nursing Society.

BMTCN® Test Content Outline

I. Foundations of Transplant - 16%

- A. Basic concepts of transplantation
 - 1. Hematopoietic cell lineage and function
 - 2. Immune system and function
 - 3. Histocompatibility
 - 4. Cellular goals of therapy (e.g., graft-versus-tumor effect, hematologic/immune reconstitution)
- B. Indications for transplantation
 - 1. Malignant diseases
 - a. Hematologic malignancies
 - b. Solid tumor
 - 2. Non-malignant diseases
 - a. Immunodeficiency
 - b. Genetic
 - c. Metabolic
 - d. Hematologic
- C. Types of transplants
 - 1. Autologous
 - 2. Allogeneic
- D. Sources of stem cells
 - 1. Peripheral blood
 - 2. Bone marrow
 - 3. Umbilical cord
- E. Recipient suitability and evaluation
- F. Recipient education
- G. Caregiver education
- H. Donor selection, care, and education

II. Cellular Collection, Preparative Regimens, and Infusion - 16%

- A. Mobilization, collection, and storage
- B. Procurement and harvest
- C. Preparative regimens
 - 1. Intensity of therapy
 - 2. Chemotherapy
 - 3. Radiation therapy
 - 4. Biotherapy
 - 5. Immunotherapy
 - 6. Targeted therapies
- D. Management of acute complications related to preparative regimens
- E. Cellular infusion
 - 1. Fresh vs. cryopreserved
 - 2. Infusion management
 - 3. Hematologic compatibilities
- F. Cellular therapies (e.g., donor lymphocyte infusion, chimeric antigen receptor T-cells)

III. Early Post-Transplant Management and Education - 24%

- A. Immunosuppressive therapy
- B. Acute graft-versus-host disease (GVHD)
- C. Infection prevention and management
- D. Sepsis
- E. Hematologic (e.g., engraftment, pancytopenia, transfusion support)
- F. Immune reconstitution (e.g., engraftment syndrome, cytokine release syndrome)
- G. Nutritional support
- H. Acute system specific complications (e.g., veno-occlusive disease)
- I. Graft rejection or failure

IV. Late Post-Transplant Management and Education - 22%

- A. Chronic graft-versus-host disease (GVHD) (e.g., medical management, photopheresis)
- B. System-specific late effects (e.g., bronchiolitis obliterans, cataracts, infertility)
- C. Infection prevention and management (e.g., immunizations)
- D. Disease relapse
- E. Secondary malignancy
- F. Follow-up care and milestone visits

V. Quality of Life - 12%

- A. Navigation and coordination throughout the continuum
- B. Psychosocial (e.g., coping, family and caregiver support)
- C. Health promotion and maintenance
- D. Sexuality
- E. Cultural and spiritual competence
- F. Survivorship
- G. Palliative care
- H. End-of-life care (e.g., legacy building)
- I. Transitional concerns (e.g., financial, disability, employment, discrimination)

VI. Professional Performance - 10%

- A. Standards of care (nursing process)
- B. Standards of professional performance
 - 1. Patient and donor advocacy
 - 2. Education
 - 3. Evidence-based practice and research
 - 4. Quality improvement
 - 5. Communication
 - 6. Leadership
 - 7. Interdisciplinary collaboration
 - 8. Professional practice evaluation
 - 9. Resource utilization
 - 10. Environmental health (e.g., safety, personal protective equipment, safe handling)
- C. Ethical and legal considerations (e.g., informed consent, advance directives, confidentiality, professional boundaries, documentation)
- D. Accreditation (e.g., FACT)
- E. Self-care (e.g., compassion fatigue)

ADVANCED ONCOLOGY CERTIFIED NURSE PRACTITIONER (AOCNP®)

AOCNP® certification is for advanced practice nurses who possess a graduate degree from an accredited nurse practitioner program and who practice as an NP in adult oncology.

About the Test

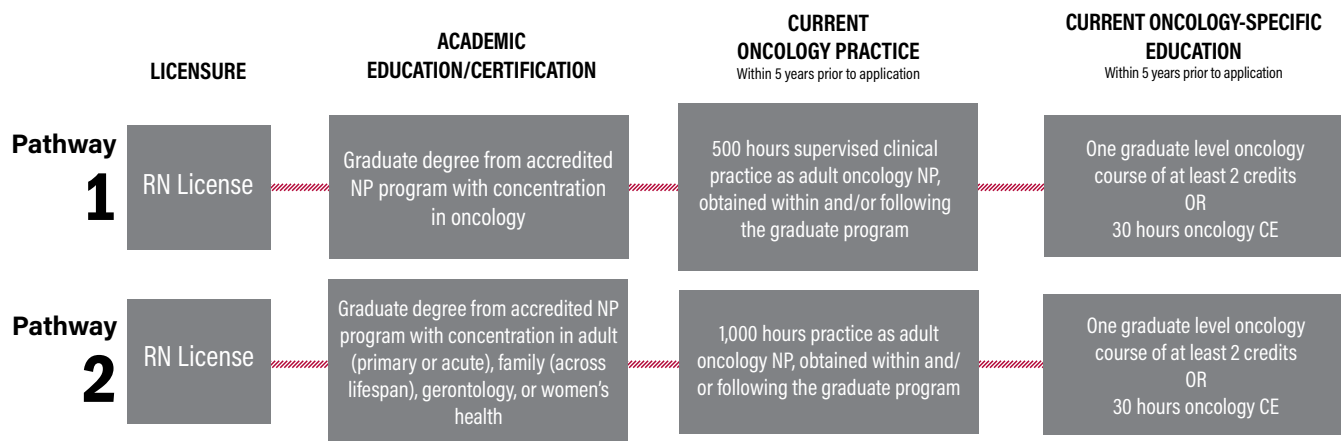
The AOCNP® Test is based on the AOCNP® Test Content Outline (Test Blueprint). The Test Content Outline is based on the results of a role delineation study of advanced oncology nursing practice completed in 2018. The AOCNP® Test Content Outline is composed of five major subject areas, each with a percentage assigned to it. Each major subject area is represented in every test with the appropriate percentage of items. However, not all content sub-areas are included in every form of the test.

The AOCNP® Test consists of 165 multiple-choice items (a question or incomplete statement followed by four answers or completions). Of those, 125 items count toward the candidate's score and 40 are "pretest" or experimental items. Candidates do not know which items are scored and which are pretest. To determine the number of scored items from each subject area, multiply the appropriate percentage by 125.

A free, 50-item AOCNP® Practice Test is available at www.oncc.org. ONCC practice tests provide examples of the type of items that you can expect to find on an examination; they are not intended to be study guides or to replace other forms of test preparation. A for-purchase practice test is also available.

Eligibility Criteria For Initial AOCNP® Certification

Any person who is not currently AOCNP®-certified is an initial candidate, including candidates whose certification has lapsed. All eligibility requirements must be met at the time of application and examination. To apply for initial AOCNP® certification, you must meet the eligibility criteria in one of the two eligibility pathways outlined below. Testing is an option for renewal for AOCNP® certification. See eligibility criteria at www.oncc.org/aocnp.



AOCNP® Test References

The following is a sampling of resources that may be helpful when preparing for the AOCNP® Examination. This list is not all-inclusive; the full reference list is available at www.oncc.org. ONCC examinations are based on a broad body of knowledge and not on the content of any single resource.

To prepare for the examination, review the Test Content Outline, and develop a study plan based on your knowledge strengths and weaknesses. It is good practice to use a current, general resource for an overall review, and supplement with resources on specific topics to address your individual needs.

Note: The use of these resources does not guarantee a passing score on the examination. Test candidates are not required to purchase or review these resources. ONCC does not endorse specific resources and does not receive compensation from the sale or use of any resources.

Brown, C.G. (Ed.). (2015). *A guide to oncology symptom management* (2nd ed.). Pittsburgh, PA: Oncology Nursing Society.

Bush, J.O., & Gorman, L.M. (Eds.). (2018). *Psychosocial nursing along the cancer continuum* (3rd ed.). Pittsburgh, PA: Oncology Nursing Society.

Camp-Sorrell, D., & Hawkins, R.A. (Eds.). (2014). *Clinical manual for the oncology advanced practice nurse* (3rd ed.). Pittsburgh, PA: Oncology Nursing Society.

DeVita, V.T., Lawrence, T.S., & Rosenberg, S.A. (Eds.). (2019). *Cancer: Principles and practice of oncology* (11th ed.). Philadelphia, PA: Wolters Kluwer.

Eggert, J. (Ed.). (2017). *Cancer basics* (2nd ed.). Pittsburgh, PA: Oncology Nursing Society.

Ferrell, B.R., & Paice, J. (Eds.). (2019). *Oxford textbook of palliative nursing* (5th ed.). New York, NY: Oxford University Press.

Gobel, B.H., Triest-Robertson, S., & Vogel, W.H. (Eds.). (2016). *Advanced oncology nursing certification review and resource manual* (2nd ed.). Pittsburgh, PA: Oncology Nursing Society.

Kaplan, M. (Ed.). (2018). *Understanding and managing oncologic emergencies: A resource for nurses* (3rd ed.). Pittsburgh, PA: Oncology Nursing Society.

Lubejko, B., & Wilson, B. (2019). *Oncology nursing scope and standards of practice*. Pittsburgh, PA: Oncology Nursing Society.

Newton, S., Hickey, M., & Brant, J. (2017). *Mosby's oncology nursing advisor: A comprehensive guide to clinical practice* (2nd ed.). St. Louis, MO: Elsevier Mosby.

Olsen, M., LeFebvre, K., & Brassil, K. (Eds.). (2019). *Chemotherapy and immunotherapy guidelines and recommendations for practice*. Pittsburgh, PA: Oncology Nursing Society.

Wilkes, G.M., & Barton-Burke, M. (Eds.). (2018). *2018 Oncology nursing drug handbook*. Burlington, MA: Jones and Bartlett Learning.

Yarbro, C.H., Wujcik, D., & Gobel, B.H. (Eds.). (2018). *Cancer nursing: Principles and practice* (8th ed.). Burlington, MA: Jones and Bartlett Learning.

AOCNP® Test Content Outline

I. Cancer Continuum - 35%

- A. Screening, Prevention, and Surveillance
 - 1. At-risk populations (e.g., disparities in culture, socioeconomic status, age, gender, occupations, cancer history, geographic location)
 - 2. Screening and early detection (e.g., colonoscopy, mammogram, lung screening)
 - 3. Hereditary cancer risk assessment
 - 4. Surveillance for primary cancer recurrence
- B. Assessment and Diagnosis
 - 1. Diagnostic tests and results
 - 2. Patient assessment
 - 3. Staging guidelines
 - 4. Individualized treatment planning based on history, pathology, laboratory and radiologic results
- C. Plan of Care Across the Life Cycle
 - 1. Standards of care
 - 2. Patient navigation
 - 3. Survivorship (including survivorship care plans)
 - 4. Multidisciplinary care
 - 5. End-of-life care (e.g., symptom management, grief and bereavement, philosophies, goals of care)

II. Cancer Treatment and Supportive Care - 45%

- A. Clinical trials and research studies
- B. Systemic therapy (e.g., chemotherapy, hormonal, targeted, immunotherapy, biologic)
- C. Localized therapy (e.g., intravesicular, intraperitoneal, intrathecal)
- D. Surgical interventions
- E. Radiation therapy
- F. Blood and marrow transplantation
- G. Multimodal therapy
- H. Complementary, alternative, and integrative therapies
- I. Delivery systems (e.g., vascular access devices)
- J. Etiology, incidence and patterns for disease-related symptoms (e.g., acute, chronic, late)
- K. Palliative care
- L. Pharmacologic interventions for symptom management
- M. Non-pharmacologic interventions for symptom management
- N. Interrelationship between disease, treatment and comorbid conditions

III. Oncologic Emergencies - 10%

- A. Etiology, risk factors and prevention strategies
- B. Assessment strategies (e.g., physical examination, differential diagnosis)
- C. Interventions for treatment

IV. Psychosocial Issues - 5%

- A. Psychosocial assessment instruments and techniques
- B. Risk factors and at-risk populations (e.g., disparities in culture, socioeconomic status, age, gender, occupation, cancer history, geographic location)
- C. Psychosocial and emotional sequelae of disease and treatment (e.g., coping, fear of recurrence, depression, post-traumatic stress disorder, family interpersonal relations)
- D. Psychiatric and psychosocial comorbidities (e.g., anxiety, depression, cognitive impairment)
- E. Community resources

V. Professional Practice and Roles of the APRN - 5%

- A. Cultural competence
- B. Legal and regulatory requirements (e.g., licensing, documentation)
- C. Accreditation standards (e.g., Joint Commission, ACOS, HCFA)
- D. Ethical/legal issues
- E. Advanced practice standards of care
- F. Outcomes of APRN interventions and evidence-based care on individuals, groups and systems
- G. Quality improvement strategies
- H. Competency evaluation of self and others (e.g., peer review)
- I. Patient education (e.g., needs assessment, preparation of materials)

CERTIFIED BREAST CARE NURSE (CBCN®)

CBCN® certification is for registered nurses who practice breast care – whether in clinical practice, nursing administration, education, research or consultation.

About the Test

The CBCN® Test is based on the CBCN® Test Content Outline (Test Blueprint). The Test Content Outline is based on the results of a role delineation study of breast care nursing practice completed in 2016. The CBCN® Test Content Outline is composed of five major subject areas, each with a percentage assigned to it. Each major subject area is represented in every test with the appropriate percentage of items. However, not all content sub-areas are included in every form of the test.

The CBCN® Test consists of 165 multiple-choice items (a question or incomplete statement followed by four answers or completions). Of those, 125 items count toward the candidate's score and 40 are "pretest" or experimental items. Candidates do not know which items are scored and which are pretest. To determine the number of scored items from each subject area, multiply the appropriate percentage by 125.

A free, 50-item CBCN® Practice Test is available at www.oncc.org. ONCC practice tests provide examples of the type of items that you can expect to find on an examination; they are not intended to be study guides or to replace other forms of test preparation. A for-purchase practice test is also available.

Eligibility Criteria for Initial CBCN® Certification

Any person who is not currently CBCN®-certified is an initial candidate, including candidates whose certification has lapsed. All eligibility criteria must be met at the time of application and examination.

- A current, active, unencumbered license as a registered nurse in the US, its territories or Canada at the time of application and examination, and
- A minimum of two years (24 months) of experience as an RN within the four years (48 months) prior to application, and
- A minimum of 2,000 hours of breast care nursing practice within the four years (48 months) prior to application, and
- Completed a minimum of 10 contact hours of nursing continuing education in breast care or an academic elective in breast care within the three years (36 months) prior to application. The contact hours must have been provided or formally approved by an acceptable accredited provider or approver of continuing nursing education (CNE) or nursing continuing professional development (NCPD). Up to five (50%) of the 10 required breast care contact hours may be accredited continuing medical education (CME) in breast care.

Nursing practice may be work experience that is direct and/or indirect patient care in clinical practice, nursing administration, education, research, or consultation in the specialty represented by the credential. The position must be one that may be filled by a Registered Nurse. A position that may also be filled by another licensed care provider may qualify as nursing practice so long as the position may be filled by an RN.

Testing is an option for the renewal of CBCN® certification. See eligibility criteria at www.oncc.org/cbcn.

CBCN® Test References

The following is a sampling of resources that may be helpful when preparing for the CBCN® Examination. This list is not all-inclusive; the full reference list is available at www.oncc.org. ONCC examinations are based on a broad body of knowledge and not on the content of any single resource.

To prepare for the examination, review the Test Content Outline, and develop a study plan based on your knowledge strengths and weaknesses. It is good practice to use a current, general resource for overall review, and supplement with resources on specific topics to address your individual needs.

Note: The use of these resources does not guarantee a passing score on the examination. Test candidates are not required to purchase or review these resources. ONCC does not endorse specific resources, and does not receive compensation from the sale or use of any resources.

Aydiner, A., Igci, A., & Soren, A. (Eds.). (2019). *Breast disease: Management and therapies volume 2* (2nd ed.). Springer Nature Switzerland AG.

Bland, K., Copeland, E., Klimberg, V., & Gradishar, W. (Eds.). (2018). *The breast: Comprehensive management of benign and malignant diseases* (5th ed.). Elsevier.

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Christensen, D.M., & Cantril, C. (Eds.). (2020). *Oncology nurse navigation: Delivering patient-centered care across the continuum* (2nd ed.). Oncology Nursing Society.

Eggert, J. (Ed.). (2017). *Cancer basics* (2nd ed.). Oncology Nursing Society.

Harris, J.R., Lippman, M.E., Morrow, M., & Osborne, C.K. (Eds.). (2014). *Diseases of the breast* (5th ed.). Wolters Kluwer.

Haylock, P.J., & Curtiss, C. (Eds.). (2019). *Cancer survivorship: Interprofessional, patient-centered approaches to the seasons of survival*. Oncology Nursing Society.

Katz, A. (2018). *Breaking the silence on cancer and sexuality: A handbook for healthcare providers* (2nd ed.). Oncology Nursing Society.

Kuebler, K. (2017). *Integration of palliative care in chronic conditions: An interdisciplinary approach*. Oncology Nursing Society.

Mahon, S.M. (Ed.). (2018). *Guide to breast care for oncology nurses*. Oncology Nursing Society.

Newton, S., Hickey, M., & Brant, J. (2017). *Mosby's oncology nursing advisor: A comprehensive guide to clinical practice* (2nd ed.). Elsevier Mosby.

Olsen, M., LeFebvre, K., & Brassil, K. (Eds.). (2019). *Chemotherapy and immunotherapy guidelines and recommendations for practice*. Oncology Nursing Society.

Yarbro, C.H., Wujcik, D., & Gobel, B.H. (Eds.). (2018). *Cancer nursing: Principles and practice* (8th ed.). Jones and Bartlett Learning.

CBCN® Test Content Outline

I. Coordination of Care - 26%

- A. Breast health, screening, early detection, risk assessment and reduction
 - 1. Issues related to special populations (e.g., male, elderly, disabled, adolescent, pregnancy, cultural, ethnicity, healthcare disparities)
 - 2. Breast Health
 - a. Breast anatomy
 - b. Hormonal influence
 - 3. Benign pathology
 - a. Anomalies, (e.g., asymmetry, nipple deviation)
 - b. Conditions (e.g., mastodynia, fibroadenomas, infection)
 - 4. Screening and early detection
 - a. Imaging modalities
 - b. Imaging results (e.g., Breast Imaging Reporting and Data System (BI-RADS))
 - c. Screening recommendations based on risk
 - 5. Elements of a clinical breast exam and lymph node examination
 - a. Abnormal physical findings
 - b. Education related to breast awareness
 - 6. Risk assessment
 - a. Epidemiology (population based risk factors)
 - b. Breast cancer risk prediction models (e.g., Gail Model, Tyrer-Cuzick)
 - c. High-risk lesions (lobular carcinoma in situ (LCIS), atypical ductal hyperplasia (ADH))
 - d. Genetic testing
 - 7. Risk factors
 - a. Non-modifiable (e.g., age, gender, prior radiation)
 - b. Modifiable (e.g., lifestyle behaviors)
 - 8. Risk reduction
 - a. Interventions to modify risk (e.g., chemoprevention, prophylactic surgery, clinical trials)
 - b. Health promotion to reduce risk
- B. Patient Navigation Process
 - 1. Advocacy
 - 2. Barriers to care (e.g., financial, cognitive, language, transportation)
 - 3. Multidisciplinary collaboration
- C. Survivorship
 - 1. Familial risk assessment and implications for genetic counseling
 - 2. Rehabilitation (pain, range of motion, lymphedema, cognitive impairment)
 - 3. Survivorship care plan
 - 4. Physical issues
 - a. Bone health (e.g., fracture, bone density, bone modulating agents)
 - b. Breast/chest wall changes (e.g., cosmesis, skin changes, scarring, reconstruction complications)
 - c. Cardiopulmonary toxicity
 - d. Fatigue
 - e. Lymphedema
 - f. Neuropathy (e.g., peripheral, brachial, chest wall, breast)
 - g. Range of motion limitations
 - h. Secondary malignancy
 - i. Sexual and reproductive issues (e.g., infertility, menopausal symptoms)
 - j. Weight gain
 - 5. Surveillance
 - a. Breast cancer screening (e.g., local recurrence, new primary)
 - b. Symptom-directed work-up
 - c. Physical examinations
 - d. Surveillance for secondary malignancies
 - e. Risk modification

II. Diagnosis and Staging - 17%

- A. Process of carcinogenesis
- B. Diagnostic procedures and tests
 - 1. Imaging modalities
 - 2. Imaging results
 - 3. Biopsies (e.g., fine needle aspiration (FNA), core, surgical)
- C. Pathology and tumor characteristics
 - 1. Cellular (e.g., grade, histology)
 - 2. ER/PR receptor
 - 3. HER2 receptor
 - 4. Ki-67 (MIB or MIB-1) receptor
 - 5. Gene assay (e.g., Oncotype DX)
 - 6. Tumor features (LVI, margins)
- D. Staging criteria (AJCC)
 - 1. Clinical (e.g., tumor, node, metastasis (TNM))
 - 2. Pathologic (e.g., pTNM)
 - 3. Additional studies (e.g., positron-emission tomography (PET), bone scan, computed tomography (CT) scan)

III. Treatment Modalities: Local and Systemic - 18%

- A. Local treatment modalities: Surgery
 - 1. Treatment considerations (e.g., performance status, comorbidities)
 - 2. Breast (e.g., breast conservation, tumor localization, mastectomy)
 - 3. Axilla (e.g., sentinel lymph node biopsy, axillary lymph node dissection)
- B. Local treatment modalities: Surgical reconstruction
 - 1. Autologous
 - 2. Implant
- C. Local treatment modalities: Radiation therapy
 - 1. Treatment considerations (e.g., range of motion, wound healing, comorbidities, extent of disease)
 - 2. External beam
 - 3. Brachytherapy (i.e., partial breast irradiation)
- D. Systemic treatment modalities: (e.g., hormonal, chemotherapy, targeted therapy)
 - 1. Treatment considerations (e.g., cardiac status, vascular access, bone health, fertility, comorbidities)
 - 2. Neoadjuvant
 - 3. Adjuvant
 - 4. Metastatic
- E. Special treatment considerations for:
 - 1. Triple negative
 - 2. HER2
 - 3. Inflammatory breast cancer
 - 4. Paget's disease
 - 5. Malignant phyllodes
- F. Treatment consideration for special populations (e.g., male, elderly, disabled, adolescent, pregnancy, fertility preservation, cultural, ethnicity, healthcare disparities, genetic mutations)

IV. Nursing Practice - 28%

- A. Symptom management (assessment, risk factors, pathophysiology, prevention, education, and management)
 - 1. Surgical
 - a. Wound complications
 - b. Arm and shoulder dysfunction
 - c. Cording
 - d. Lymphedema
 - e. Pain
 - f. Neurosensory changes
 - 2. Medical
 - a. Alopecia
 - b. Fatigue
 - c. Gastrointestinal complications
 - d. Myelosuppression

- e. Menopausal symptoms
- f. Cardiovascular complications
- g. Peripheral neuropathy
- h. Cognitive dysfunction
- i. Skin and nail changes
- j. Pulmonary complications
- k. Musculoskeletal issues
- l. Pain
- m. Psychiatric concerns (e.g., anxiety, depression, sleep disturbances)
- 3. Radiation
 - a. Skin changes
 - b. Pain
 - c. Fatigue
 - d. Range of motion
 - e. Cardiopulmonary issues
 - f. Lymphedema
 - g. Infection
- 4. Complementary and integrative modalities
 - a. Exercise
 - b. Nutrition
 - c. Other modalities (e.g., herbs, acupuncture, massage)
- B. Oncologic emergencies (e.g., thromboembolic events, anaphylaxis, sepsis)
- C. Palliative care
- D. End-of-life care
 - 1. Legal and ethical issues (e.g., advance directive, medical power of attorney, do-not-resuscitate order (DNR))
 - 2. Philosophy of hospice care
 - 3. End-of-life care principles (e.g., pathophysiology, symptom management, family and caregiver support, cultural variations, education)
 - 4. Spirituality, grief, and bereavement
- E. Professional performance
 - 1. Professional practice guidelines (e.g., Oncology Nursing Society (ONS), National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology (NCCN Guidelines™), American Society of Clinical Oncology (ASCO), American College of Radiology)
 - 2. Teaching and learning principles (e.g., adult learning)
 - 3. Community needs assessment, program planning, and health promotion
 - 4. ONS Standards of Education: Patient/Significant Other and Public
 - 5. Advocacy and legislative issues impacting breast care delivery and access
 - 6. Patient resources (e.g., local, state, federal, institutional, and internet)
 - 7. Clinical trials (e.g., phases, accessing trials, elements of informed consent)
 - 8. Quality improvement process (e.g., evidence based practice)
 - 9. Regulatory requirements (e.g., mammography standards, compliance issues)
 - 10. Accreditation standards (e.g., National Accreditation Program for Breast Centers)

V. Psychosocial and Spiritual - 11%

- A. Influence of culture, spirituality, gender, sexual preference, age, and healthcare disparities on psychosocial response across the continuum of breast care
- B. Psychosocial components related to breast health
- C. Altered body image
- D. Reproductive and sexual health
- E. Emotional state (e.g., anxiety, depression, fear of recurrence, family conflict, survivorship guilt)
- F. Socioeconomic considerations related to screening, diagnosis, treatment, and follow up
- G. Coping strategies (patient and healthcare provider)
- H. Principles of stress response and crisis management
- I. Psychosocial assessment (e.g., related to spiritual, sexual, distress, coping, family function, relationship role changes, and quality of life)
- J. Communication strategies and issues (e.g., active listening, clarification, family dynamics)

MAKING A TEST APPOINTMENT/ PREPARING FOR TEST DAY

- Plan for a three-hour test session, including 15 minutes for a computer-based testing tutorial and an exit survey in the total session time. There are no scheduled breaks during the test session.
- Find a PSI testing center near you: <https://home.psiexams.com/#/test-center?p=YTLQVL3L>
- To preview the test center environment, go to www.psiexams.com/ONCC.
- You do not need computer experience to take an ONCC test. You will use the computer mouse to point and click on the desired answer for test items or type the letter key that corresponds to your desired answer.

Scheduling a Test Appointment

Follow the instructions on the ATT to make a test appointment. You will need to create an account on the PSI website before scheduling your test appointment. The Candidate ID, first and last name, and email address must exactly match the ATT. Your username will be your email address. Please keep track of your password, as ONCC will not be able to look it up for you. Once registered on the PSI website, you will be able to schedule a test appointment.

Appointment Confirmation

After you schedule your test appointment, PSI will email you an appointment confirmation. Keep this confirmation.

Canceling/Rescheduling a Test Appointment

If you wish to change your test date or time, you must do so at least two days prior to your appointment using the Reschedule/Cancel option on www.psiexams.com/ONCC or by contacting PSI at (855) 557-0622. Please see the table below for applicable fees to change or cancel a test appointment.

15 or more days before scheduled test date	No fee
2-14 days before scheduled test date	\$35 (payable to PSI at the time the change/cancellation is made)
Less than 2 days before test date	Candidate forfeits all fees

*Note: Refunds and transfers will not be granted to candidates who do not cancel a test appointment at least 2 days prior to a scheduled test date.

Transferring to a Different Test Date

You may request a one-time transfer before the expiration of your ATT to a test date that falls within the next 12 months. Submit a transfer request online (www.oncc.org) before your ATT expires. There is a \$100 transfer fee, payable at the time of request. Candidates who are granted a transfer must:

- test within the next 12 months.
- cancel a scheduled test appointment at least two days before the appointment. Candidates who do not cancel a scheduled appointment at least two days in advance will not be granted a transfer, will be charged the full test fee, and must pay another test fee to test at a later date.

Transfers will not be granted for requests received after the ATT has expired. Refunds will not be issued to candidates who transfer. If you apply to renew by testing and later transfer to a test date that falls after your credential expiration date, you must meet all eligibility criteria for initial certification and may not use the credential after it expires.

Requesting a Refund

You may request a refund of all but \$100 (processing fee) of the test fee prior to the expiration of your ATT by submitting an online refund request (www.oncc.org). Refunds will not be granted for requests received after the ATT has expired. If you request a refund, you also must cancel your test appointment at least two days before the test appointment. Candidates who do not cancel a scheduled test appointment will forfeit their test fee, will not receive a refund, and must pay another test fee to test at a later date. Refunds will not be issued to candidates who transfer.

TEST DAY AND BEYOND

Arrival at the Test Center and Check-In

Report to the Test Center at least 15 minutes before your scheduled appointment time. If you arrive more than 15 minutes after the scheduled testing time you will not be admitted. You will have your photograph taken.

No personal items, valuables, or weapons should be brought to the Test Center. Only wallets and keys are permitted. Coats must be left outside the testing room. You will be provided a soft locker to store your wallet, keys, and/or watch with you in the testing room. You may not access these items until after the examination is concluded.

Once you have placed everything into the soft locker, you may be asked to turn out your pants pockets, pull your sleeves above your wrists, and pull your pant legs above your ankles. If all personal items will not fit in the soft locker, you may be asked to return the items to your car, or you will not be permitted to test. The site will not store any personal belongings. If any personal items are observed in the testing room after the examination is started, the administration will be forfeited.

ID Requirements for Testing

- You will be required to show two forms of identification, including one form of photo ID. Both forms of ID must contain your signature and be current, valid, or non-expired. See the table below for acceptable ID.
- The name on the primary ID must exactly match the name on the ATT. Note: a middle name versus a middle initial is acceptable. For other name discrepancies, contact ONCC. If you change your name after registering for a test, contact ONCC before your test date.
- You will not be admitted to the test without proper ID. Candidates who are not permitted to test due to invalid ID will forfeit their test fee and must reapply and pay the full test fee to test at a later date.

Acceptable Identification for Admission to a Test

Two forms of ID are required for test admission: one primary form and one secondary form, or two primary forms. Both forms of ID must be current, valid, and not expired. The name on the ID must exactly match the name on the ATT. Candidates will NOT be admitted without proper ID. Exceptions to ID requirements will not be made under any circumstances.

PRIMARY ID (Must include photo and signature)

- Passport or Passport Card
- Government-issued Driver's License
- US Department of State Driver's License
- US Learner's Permit (plastic card only with photo and signature)
- National/State/Country Identification Card
- Military ID (including spouse/dependent)
- Alien Registration Card (Green Card, Permanent Resident Visa)
- Government-issued local language ID (plastic card with photo and signature)

SECONDARY ID (Must include signature)

- US Social Security Card
- Debit/ATM Card
- Employee ID
- School ID
- Credit Card (Any signature bearing credit card that is not expired)
- Any form of ID on the primary ID list
- RN License

Missed Appointments/Forfeitures

You will forfeit the examination registration and all fees paid under the following circumstances:

- You wish to reschedule an examination but fail to contact PSI at least two business days prior to test appointment.
- You wish to reschedule a second time.
- You appear more than 15 minutes late for an examination, or
- You fail to report for an examination appointment.

Inclement Weather/Power Failure/Other Emergency

In the event of inclement weather or unforeseen emergencies on the day of an examination, PSI will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. Any rescheduled exams will not require additional payment.

Visit www.psonline.com/openings before the examination to determine if PSI has been advised that any Test Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled, all scheduled candidates will receive notification following the scheduled examination time regarding rescheduling or reapplication procedures.

If the electricity is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact.

Security Procedures

The following security procedures apply during examinations:

- You will be given a piece of scratch paper and a pencil or a whiteboard and markers. These will be returned to the proctor at the end of your examination or you will not receive your results report.
- All personal belongings of candidates should be placed in the secure storage provided at each site prior to entering the examination room. Personal belongings include, but are not limited to, the following items:
 - Electronic devices of any type, including cellular/mobile phones, recording devices, electronic watches, cameras, pagers, laptop computers, tablet computers (e.g., iPads), music players, smart watches, radios, or electronic games. No personal calculators are permitted. Candidates will have access to a 4-function calculator within the test platform.
 - Bulky or loose clothing or coats that could be used to conceal recording devices or notes. For security purposes, outerwear such as but not limited to: open sweaters, cardigans, shawls, scarves, hoodies, vests, jackets, and coats are not permitted in the testing room. In the event you are asked to remove the outerwear, appropriate attire, such as a shirt or blouse should be worn underneath.
 - Hats or headgear not worn for religious reasons or as religious apparel, including hats, caps, or visors.
 - Other personal items, including purses, notebooks, reference or reading material, briefcases, backpacks, wallets, pens, pencils, other writing devices, food, drinks, and good luck items.
- Person(s) accompanying an examination candidate may not wait in the examination center, inside the building, or on the building's property. This applies to guests of any nature, including drivers, children, friends, family, etc.
- No smoking, eating, or drinking is allowed in the examination center.
- During the check-in process, all candidates will be asked if they possess any prohibited items. Candidates may also be asked to empty their pockets and lift their sleeves and pant legs.
- Proctors will also carefully inspect eyeglass frames, tie tacks, or any other apparel that could be used to harbor a recording device. Proctors will ask to inspect any such items in candidates' pockets.
- If prohibited items are found during check-in, candidates shall put them in the provided secure storage or return the items to their vehicle. PSI will not be responsible for the security of any personal belongings.
- Any candidate possessing prohibited items in the examination room shall immediately have his or her test results invalidated, and PSI shall notify ONCC of the occurrence.
- Any candidate seen giving or receiving assistance on an examination, found with unauthorized materials, or who violates any security regulations will be asked to surrender all examination materials and to leave the examination center. All such instances will be reported to ONCC.
- Once candidates have been seated and the examination begins, they may leave the examination room only to use the restroom, and only after obtaining permission from the proctor. The candidate will not receive extra time to complete the examination.
- No questions concerning the content of the examination may be asked during the examination.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for the time lost during breaks. All security checks will be repeated before you are readmitted to the test room following a break. If your break exceeds five minutes, additional security checks may be implemented, your test session terminated, or your scores invalidated.
- No documents or notes of any kind may be removed from the Test Center.

Misconduct

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular/smartphones;
- talk or participate in a conversation with other examination candidates;
- give or receive help or are suspected of doing so;
- leave the Test Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings.

Computer Login

After your identification has been confirmed, you will be directed to a testing carrel. The test center proctor will assist you in logging in to your exam. Your photograph, taken before beginning the examination, will remain on-screen throughout your examination session.

Practice Navigating the Exam

Prior to attempting the examination, you will be given 5 minutes to practice taking an examination on the computer. The time you use for this practice is NOT counted as part of your examination time.

Confidentiality Agreement and Terms of Use

At the start of the test session, you will be presented with a confidentiality agreement regarding test content. Candidates who do not agree to the terms of the confidentiality agreement will have their test session terminated. Candidates whose test session is terminated will not receive a refund of test fees.

ONCC Terms and Condition for Testing

This examination and the test questions and answers contained herein are the exclusive confidential and proprietary property of the Oncology Nursing Certification Corporation and are protected by copyright law. The examination is made available to you, the examinee, solely for the purpose of assessing your proficiency.

You are expressly prohibited from recording, copying, reproducing, disclosing, publishing, or transmitting this examination, in whole or in part, in any form or by means, verbal or written, electronic or mechanical, for any purpose. You are also expressly prohibited from removing or trying to remove any examination items from the testing center. No part of this examination may be copied or reproduced in part or whole by any means, whatsoever, including memorization. Future discussion or disclosure of the contents of the examination orally, in writing, or by any other means is prohibited. You shall not give or receive any unauthorized aid in connection with the examination.

Your violation of these terms may result in termination of your participation, invalidation of the results of the examination, civil or criminal legal action, or other consequences.

By clicking "Exit" below and proceeding into the exam, you accept these terms and intend to be legally bound hereby. If you do not wish to be bound by these terms, do not proceed into the exam, and contact a proctor.

Following the Examination

You will receive on-screen results immediately upon exam completion and an email with printable results within one hour of testing. Some centers may be able to provide printed score reports at the test center on request.

Candidates may also access their results from the PSI portal at www.psiexams.com/oncc beginning 24 hours after taking the test. If you do not receive your results report from PSI, contact ONCC to have it resent.

Results Report

ONCC Results Reports inform a candidate if they passed or failed their certification test and provide feedback on the candidate's performance in each of the test subject areas.

Candidates who pass the test will receive a Results Report that indicates "PASS" and includes a Performance Summary Chart. The chart illustrates their performance in each of the major subject areas. Passing candidates will need the results report information to prepare for certification renewal. The report indicates the number of points needed for renewal and the subject areas in which renewal points must be earned.

Candidates who fail the test will receive a numeric score and the numeric score required to pass the test. Performance on an ONCC certification test is expressed as a scaled score (Minimum Score 25, Maximum Score 75). The scaled score required to pass a certification test is 55. This information is intended to help candidates prepare to retake the exam by providing them with feedback on their performance in relation to the passing standard.

When preparing to retake a test, candidates should review their Results Report to see where the numeric score they earned on their previous attempt falls in relation to the minimum score of 25 and the passing score of 55. Using that information along with the Performance Summary chart will allow a candidate to better estimate the amount of additional study needed and the areas in which they should focus their efforts.

Numeric scores are not included on Results Reports for candidates who pass the exam to avoid the unintended and inappropriate use, comparison, or interpretation of the scores.

Certificates and Wallet Cards

Candidates who receive a passing score are sent a personalized certificate and wallet card 4-6 weeks after taking the test. A duplicate or replacement certificate and/or wallet card may be requested for \$10.

Digital Badges

A few weeks after you pass the exam, you will receive an invitation to accept a digital badge. ONCC partnered with Credly to provide you with a digital version of your credentials. Digital badges can be used in email signatures or digital resumes, and on social media sites such as LinkedIn, Facebook, and Twitter. This digital image contains verified metadata that describes your qualifications and the process required to earn them.

Verification of Certification

ONCC provides a free online service for immediate credential verification at www.oncc.org/verify-certification. Third parties who wish to have written verification of a nurse's certification status must make a request in writing, include a \$15 fee and provide the nurse's full name and home address. Certification will be verified in writing only.

ONCC CERTIFICATION POLICIES

Please review these policies before applying for an ONCC certification test. Certification policies are updated periodically. Please check the ONCC website at www.oncc.org/policies for the most current information.

Applications

ONCC adheres to all deadline dates, as published on the ONCC website.

The certification fee in place at the time the complete application is received will apply regardless of circumstances. Complete applications include all requested information, fees, and documentation (i.e., verification forms, transcripts, CE information, or other required documents).

Incomplete applications will not be processed. Candidates whose applications are incomplete will not be permitted to test or have their renewal processed.

Cancellation of Test Results

ONCC reserves the right to cancel the score of any candidate who violates the Candidate Rules or to cancel scores resulting from any testing irregularity.

Fraudulent Use of ONCC Credentials

ONCC shall thoroughly investigate all reports of an individual fraudulently using the OCN[®], AOCN[®], AOCNS[®], AOCNP[®], CPON[®], CPHON[®], CBCN[®], or BMTCN[®] credential. If proof is obtained that an individual who is not authorized to use the OCN[®], AOCNS[®], AOCNP[®], AOCN[®], CPON[®], CPHON[®], CBCN[®], or BMTCN[®] credential has used the credential, ONCC shall write a letter to the individual stating that ONCC has documented proof that the individual has used the OCN[®], AOCNS[®], AOCNP[®], AOCN[®], CPON[®], CPHON[®], CBCN[®], or BMTCN[®] credential and that ONCC has no record of the individual's certification or renewal of expired certification. The individual shall be requested to provide proof of current ONCC certification (e.g., prove that certification was obtained under a different name) or discontinue the use of the credential. The individual shall be informed that documented fraudulent use of an ONCC credential shall result in ONCC taking appropriate action against the individual, which may include sanctions and reporting the fraudulent use to appropriate individuals and/or institutions (e.g., state licensing boards, employers, membership societies).

Nondiscrimination

ONCC does not and shall not discriminate on the basis of age, gender, gender expression, ethnic origin, color, religion, race, disability, marital status, sexual orientation, or military status in any of its activities or operations. These include, but are not limited to, approval of certification/recertification applicants, hiring and firing of staff, selection of volunteers and vendors, and provision of services. ONCC is committed to providing an inclusive and welcoming environment for certification candidates and certified nurses, volunteers, members of its staff, clients, subcontractors, vendors, and clients.

Refunds

Test candidates may request a refund of all but \$100 (processing fee) of the test fee before the expiration of their Authorization to Test (ATT). An online request must be received by ONCC before the expiration of the ATT. Refund requests received after the expiration of the ATT will not be granted. Candidates who request a refund also must cancel their test appointment at least two days before the test appointment (*see Canceling a Test Appointment, page 27*.) Candidates who do not cancel a scheduled test appointment will forfeit their test fee and will not receive a refund.

Release of Information

Names of nurses holding current ONCC certifications shall be available to the public upon written request and through ONCC's online Verification system at www.oncc.org. Confidential information that will not be released

includes names of candidates for certification; names of nurses who fail the examination; and individual test scores. ONCC will discuss an individual candidate's certification-related issue only with the candidate.

Renewal of Certification

- Certification renewal is due every four years.
- It is the candidate's responsibility to apply for the renewal of certification by the required application deadline date as posted at *www.oncc.org*. Although ONCC attempts to provide candidates with multiple renewal notices, failure to receive a renewal notice does not relieve the candidate of the responsibility to apply for renewal before the application deadline date.
- There are three components to certification renewal: practice hours, professional development activities, and successful retesting. Two of the three components are required for certification renewal. The available renewal options are based on combinations of the three components and include Option 1: Practice Hours + Professional Development Activities; Option 2: Practice hours + Successful Retesting; Option 3: Professional Development Activities + Successful Retesting.
- Fees for renewal are published on *www.oncc.org*.
- Candidates who are renewing multiple certification credentials in the same year by Option 1 or Option 3 must meet the eligibility criteria for each certification. Candidates renewing multiple credentials in the same year by Option 1 or Option 3 may use the same set of ILNA points, provided those points meet the criteria for renewal of each certification. The fee to renew multiple certification credentials in the same year by Option 1 or Option 3 is \$100 more than the prevailing fee for the desired renewal option.
- Candidates who are denied renewal by Option 1 may transfer to the next applicable certification test date by paying a transfer fee of \$100.
- Candidates who are denied renewal by Option 1 will not be granted a refund of the renewal fee. This includes candidates who are denied renewal due to insufficient points, insufficient documentation, or failure to submit audit or other documentation requested by ONCC.
- Candidates who choose to renew their certification by Option 2 and who do not attain a passing score on the test may not renew by Option 1.
- Those who do not renew certification within the calendar year of its expiration may not continue to use the certification credential, will be considered initial candidates, and must meet the eligibility criteria for initial certification should they apply to become certified in subsequent years.

Retaking the Examination

Candidates who fail an ONCC examination on the first attempt may immediately apply for a retest, but may not take the same examination more than once during a 90-day test eligibility period. Candidates who fail an ONCC examination on the second attempt may immediately apply for a retest, but may not take the same examination more than once during a 90-day test eligibility period.

Candidates who fail the test on a third attempt must wait one year before taking the test again if the three failed attempts occurred during a three-year period. If the three failures occurred over more than three years, the candidate may immediately apply to retest, but may not take the same test more than one time during a 90-day test eligibility period.

Candidates taking a test for the second or subsequent time are not identified as repeat candidates at the test center. Candidates are not likely to receive the same form of the test as previously taken.

Review and Appeals Process

A review and appeals process is available to individuals seeking an amendment of a decision regarding eligibility for certification, failure of the examination, sanction, or revocation of certification. Requests for review must be sent in writing to Mary Wozny, Director of Operations, ONCC, 125 Enterprise Drive, Pittsburgh, PA 15275-1214, Fax: 412-859-6168. ONCC will provide a written response to the request for review. Candidates may appeal the decision of the review. There is no charge for a review; however, there is a \$50 filing fee to activate the appeals process.

Sanction of Certification

1. ONCC Certification may be sanctioned for any of the following:
 - Failure to meet eligibility requirements or pay required fees
 - Failure to meet requirements for renewal of certification
 - Falsification of any information requested by ONCC
 - Misrepresentation of the OCN[®], AOCNS[®], AOCNP[®], AOCN[®], CPON[®], CPHON[®], CBCN[®], or BMTCN[®] credential
 - Misuse of the OCN[®], AOCNS[®], AOCNP[®], AOCN[®], CPON[®], CPHON[®], CBCN[®], or BMTCN[®] credential
 - Fraudulent use of the OCN[®], AOCNS[®], AOCNP[®], AOCN[®], CPON[®], CPHON[®], CBCN[®], or BMTCN[®] credential
 - Lack of current, active, unencumbered RN license, including licenses currently subjected to formal discipline by any state board of nursing and licenses with provisions or conditions that limit the nurse's practice in any way.
 - Cheating on the certification examination or assessment
 - Assisting others to cheat on the certification examination or assessment
 - Unauthorized possession of ONCC examination, assessment, or other confidential materials
 - 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
 - Gross or repeated negligence or malpractice in professional practice
 - Failure to notify ONCC in writing within 30 days of any restriction placed on the RN license (including APRN license)
2. ONCC may issue sanctions that include, but are not limited to, denials of initial certification, renewal or recertification, revocation, suspension, or any other limitation of certification or combination of sanctions. Upon being notified of a possible violation, ONCC shall, in its sole discretion, investigate the allegation or decline to act on the matter. If ONCC believes that there has been a possible violation of the conditions identified in Section 1, ONCC shall provide the individual with written notice of the allegations.
3. The review and appeals process may be instituted.
4. The official sanction shall state whether official notice of the sanction will be provided to the individual's state licensing board(s), employer(s), professional membership societies, and/or others. Such notice, if authorized by the sanction, shall not be given until the expiration and/or resolution of any appeal.

Candidate Affirmation and Disclosure

To ensure the integrity of the certification process, all ONCC candidates for certification and certification renewal must truthfully complete the application form provided by ONCC and shall provide additional information as requested. Nurses who do not agree to the disclosure and affirmation will not be permitted to apply for certification/recertification. Nurses must agree to the following statements before proceeding with the online application.

For Test Candidates:

- I confirm that I have read, understand, and accept the conditions set forth in the ONCC Certification 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 I have read, understand, and agree to abide by the ONCC Code of Ethics Policy set forth on the ONCC website.
- I confirm that my RN license (including APRN license) is current, active, and unencumbered, and 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.

For candidates applying to test as part of the ONCC FreeTake program: In addition to the above:

- I agree that information about my test application status or test result may be shared with my FreeTake program administrator in order to designate me as eligible to test under the institution's FreeTake agreement, and/or to process payment for my test application.

For candidates applying to test using the DoubleTake option: In addition to the above:

- I confirm that I understand there is an additional fee for the DoubleTake option, payable now.
- I confirm that I understand my DoubleTake fee will not be refunded if I pass the test on the first attempt.
- I confirm that I understand allowing my ATT to expire without scheduling an appointment -OR- failing to show up for a scheduled test appointment will count as a test attempt.
- I confirm that I understand I must apply for the second test attempt within 180 days of the failed attempt or I will forfeit the second test attempt. I understand I will not be charged for the second test attempt if I apply within 180 days of the failed attempt.
- I confirm that I understand that my DoubleTake fee or second test attempt cannot be applied toward a test for another credential.

Use of an ONCC Credential

Candidates who pass an ONCC test, as indicated on the official results report, may use the respective certification mark to verify they have met all eligibility and testing requirements. The specific certification mark may be used only as long as certification is valid. An individual may not use a certification mark after it has expired; to do so constitutes fraud. ONCC certification is a non-transferable, revocable, limited license to use the certification designation, subject to compliance with ONCC rules, as may be revised from time to time. ONCC certification is valid for four years.

ONCC certification policies are updated periodically. Please check the ONCC website at www.oncc.org/policies for the most current information.



Oncology Nursing Certification Corporation

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