

Make your CE programs simply irresistible.



ILNA Coding can make a good CE program even better.

Nearly 40,000 oncology certified nurses are looking for continuing education (CE) / nursing continuing professional development (NCPD) for certification renewal. Your offerings could be more attractive to them – if they know they can use your programs to meet their Individual Learning Needs Assessment (ILNA) requirements for renewal.

Certified nurses earn renewal points for certification renewal by completing professional development in oncology subject areas. Your CE offerings may fit in these subject areas, but certified nurses may not be aware. Including ILNA Coding in your program information adds value to your programs.

Here's how ILNA Coding works.

ONCC reviews your Continuing Nursing Education (CNE)/ Nursing Continuing Professional Development (NCPD) or Continuing Medical Education (CME) programs and confirms how nurses can use the points for certification renewal. This is called ILNA Coding.

It's easy to request and use ILNA Coding.

1. Complete the ILNA Coding Request Form and submit it to ONCC.
2. ONCC will review your request and respond with ILNA Coding information within 5 business days.
3. Add the ILNA Coding information to your program advertisements and information.

There is a fee for this service (see page 3 for details).

ILNA Coding Statements

Once ILNA Coding is approved, you may use the following advertising statement in conjunction with your program.

“The program content has been reviewed by the Oncology Nursing Certification Corporation (ONCC) and is acceptable for recertification points in the following ILNA subject areas:”

Have Questions?

Contact ONCC at 877-769-ONCC (6622) or ilna.coding@oncc.org.

Note: a CE offering must be approved for contact hours by an acceptable accreditor or approver of CNE/NCPD or CME. Coding a program for ILNA categories does not replace educational accreditation. ILNA coding is only for the purposes of recertification through ONCC.

Request for ILNA CE Coding - CE Providers

CE PROVIDER INFORMATION

CE Provider: _____

Contact Name: _____

Address: _____

Email: _____ Phone: _____

Check whether the CE Provider is: For-profit Non-profit

FEES

Number of CE Contact Hours	For-Profit CE Providers	Non-Profit CE Providers
0.1 – 4.0	\$75	\$40
4.1 – 8.0	\$150	\$75
8.1 – 12.0	\$200	\$100
12.1 – 16.0	\$300	\$150
16.1 – 20.0	\$400	\$200
More than 20 hours	Call for fee	

Need it faster? Expedited service available for additional fee.

\$50 for expedited coding. Coding will be completed in two business days.

PAYMENT INFORMATION

Please check one:

Check/Money Order (payable to Oncology Nursing Certification Corporation)

Visa MasterCard American Express Discover

Cardholder's Name _____ Signature _____

Card number _____ Expiration _____ CSC/CSV Number _____ Total Amount Due \$ _____

SUBMISSION INSTRUCTIONS

Submit the Request for ILNA Coding, a copy of the program brochure or content outline. Please allow five business days for ONCC to process your coding.

Please submit by mail or fax to ONCC:

Oncology Nursing Certification Corporation

Fax: 412-859-6167

Attn: Program Managers

125 Enterprise Drive

Pittsburgh, PA 15275

Disclaimer: ONCC review is only for designating content for renewal points and is not for educational accreditation. Programs must be formally approved for CNE/NCPD or CME hours by an acceptable accreditor/approver. If the CE provider does not obtain formal approval to award CNE/NCPD or CME by an acceptable accrediting/approval body, no information related to ONCC recertification or ILNA categories may be used in relation to the program.

Request for ILNA CE Coding - CE Providers

Name: _____

Address: _____

Email: _____ Phone: _____

CE PROGRAM INFORMATION

CE Program Title: _____

CE Provider Name: _____

Accrediting Organization: _____

(The name of organization that has approved the program for contact hours. To qualify for renewal points, a CE program must be approved for contact hours by an acceptable accreditor or approver of CNE/NCPD/CME).

Total CE: _____

Start date/time of program _____ End date/time of program _____

Expiration date (if online/on-demand) _____

Name/Email of Contact _____

List the program objectives below, and the estimated length of time that will be allotted to each. Please attach a brochure, content outline, or program handout when submitting this form.

Objective(s):

Estimated Program
Time for Objective:
