

# ONCOLOGY NURSING CERTIFICATION TEST REGISTRATION MANUAL

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**Oncology Nursing  
Certification Corporation**  
*Credibility. Contribution. Care.*

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Questions? Contact us. We're here to help.



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## 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.

# 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) provides the premier nationally accredited certifications in oncology and related specialties. Learn more about ONCC at [www.oncc.org/about-oncc](http://www.oncc.org/about-oncc).

### *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 and Oncology Nursing Certification Corporation. Our values are: Integrity, Innovation, Advocacy, Excellence, and Agility.

## DEI Commitment Statement

The Oncology Nursing Society (ONS), the Oncology Nursing Foundation (ONF), and the Oncology Nursing Certification Corporation (ONCC) are committed to supporting and advancing oncology nurses to deliver quality and equitable care to patients with cancer. We know that diversity, equity, and inclusion (DEI) are critical to our efforts in supporting those who provide care for diverse patient populations. We define DEI as:

*Diversity* means all the ways that individuals differ from one another, which includes race, ethnicity, and gender as well as age, differing abilities, military service, sexual orientation, gender identity, religion and beliefs, background, experience, and education.

*Equity* creates fair treatment and access by establishing and upholding policies and processes that remove and prevent the formation of barriers for all stakeholders who engage with ONS, ONF, and ONCC.

*Inclusion* fosters an environment where all stakeholders are able to participate fully and have a sense of belonging because they feel welcomed, respected, and valued.



# 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®) : *Page 6*
- Certified Pediatric Hematology Oncology Nurse (CPHON®) : *Page 10*
- Blood and Marrow Transplant Certified Nurse (BMTCN®) : *Page 14*
- Advanced Oncology Certified Nurse Practitioner (AOCNP®) : *Page 18*
- Certified Breast Care Nurse (CBCN®) : *Page 22*

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 questions. Each question includes a statement or question, followed by four completions or answer options. Only one answer is correct.

## Test Centers

ONCC examinations are offered by computer-based testing at more than 1,500 PSI test centers worldwide, including hundreds of test centers in the United States. Testing is available year-round at centers in the US, its territories, and Canada. International testing is available once per year for a limited time period. You can locate ONCC test sites and addresses at [www.psiexams.com/ONCC](http://www.psiexams.com/ONCC).

## NEW! Testing Outside the US, Its Territories, or Canada

ONCC examinations will be offered outside the US, its territories, and Canada **June 1 - 30, 2024**.

- Candidates wishing to test outside the US must submit a paper application form available at [www.oncc.org/candidates-outside-united-states](http://www.oncc.org/candidates-outside-united-states).
- There is an additional \$75 (US) international testing fee due with the test fee at the time of application.
- Candidates who are licensed outside the US, its territories, or Canada must have their license evaluated for US equivalency by a foreign credential evaluation service. Information on this process is available at [www.oncc.org/candidates-outside-united-states](http://www.oncc.org/candidates-outside-united-states). The test application cannot be processed until the evaluation is received.
- The deadline to apply to test outside the US, its territories, and Canada is **March 1, 2024**.

## Test Fees

ONS/APHON Member	\$300
Nonmember	\$420

# TEST APPLICATION INSTRUCTIONS

When you are ready to test, apply online at [www.oncc.org/get-certified](http://www.oncc.org/get-certified). Applicants wishing to test outside the US, its territories, or Canada must submit a paper application available at [www.oncc.org/candidates-outside-united-states](http://www.oncc.org/candidates-outside-united-states).

- Gather the information/documentation you need to complete the application (i.e., nursing license, CE documentation).
- Provide all required information, documentation, and fees. Incomplete applications will not be processed until all materials are received.
- ONCC accepts Visa, MasterCard, American Express, and Discover for online payment. ONCC's online registration system is a secure site. Your credit card payment information will be transmitted via an encrypted format. On the payment page, you'll see the Verisign symbol and the page's URL address will begin with "https." These signs indicate your data will be transmitted securely.

### 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 \$320 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, nor are candidates testing outside the US, its territories, or Canada.

### Confirmation Your Application Has Been Received

ONCC will send you an email confirmation that 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 four 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 or update your account, 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/testing-and-renewal*) 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 2020. 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 questions. However, not all content sub-areas are included in every form of the test.

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

A free, 50-question OCN® Practice Test is available at [www.oncc.org/practice-tests](http://www.oncc.org/practice-tests). ONCC practice tests provide examples of the type of questions 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 additional practice test is available for purchase.

## 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 (50%) required contact hours in oncology may be continuing medical education (CME).

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 OCN® certification renewal. See renewal eligibility criteria at [www.oncc.org/oncology-certified-nurse-ocn-renew](http://www.oncc.org/oncology-certified-nurse-ocn-renew).



## 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/oncology-certified-nurse-ocn](http://www.oncc.org/oncology-certified-nurse-ocn). ONCC examinations are based on a broad body of knowledge and not on the content of any single resource.

To prepare for the exam, 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.

American Cancer Society. (2023). *Cancer facts and figures, 2023*. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2023/2023-cancer-facts-and-figures.pdf>

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

Bush, N.J., & Gorman, L.M. (Eds.). (2018). *Psychosocial nursing care 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.A., Byar, K.L., & Parks, L.S. (Eds.). (2022). *Cancer basics* (3rd ed.). Oncology Nursing Society.

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

Harding, M.M., Kwong, J., Hagler, D., & Reinisch, C. (Eds.). (2023). *Lewis's medical-surgical nursing: Assessment and management of clinical problems* (12th ed.). Elsevier.

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.

Mahon, S.M. (2021). *Understanding genomic and hereditary cancer risk: A handbook for oncology nurses*. Oncology Nursing Society.

McQuestion, M., Drapek, L., & Witt, M. (Eds.). (2021). *Manual for radiation oncology nursing practice and education* (5th ed.). Oncology Nursing Society.

Olsen, M., LeFebvre, K.B., Walker, S.L., & Prechtel Dunphy, E. (Eds.). (2023). *Chemotherapy and immunotherapy guidelines and recommendations for practice* (2nd ed.). Oncology Nursing Society.

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

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 and coordination of care
- 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. Family and social support concerns
  - 4. Sexuality concerns
  - 5. Discrimination concerns
- G. Treatment-related considerations
  - 1. Delayed-onset side effects
  - 2. Chronic side effects
  - 3. Subsequent 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)
  - 4. Molecular testing and genetics
- B. Site-specific cancer considerations
  - 1. Pathophysiology
  - 2. Common metastatic locations
  - 3. Diagnostic measures
  - 4. Prognosis
  - 5. Classification
  - 6. Staging and histological grading
- C. Scope and Standards of Practice
  - 1. Accreditation (e.g., The Joint Commission, QOPI, MAGNET)
  - 2. Collaboration
  - 3. Communication
  - 4. Culturally congruent care
  - 5. Environmental health (e.g., safety, personal protective equipment, safe handling)
  - 6. Ethics (e.g., patient advocacy)
  - 7. Evidence-based practice and research
  - 8. Leadership
  - 9. Legal, license, and protection of practice (including documentation)
  - 10. Professional practice evaluation
  - 11. Quality of practice
  - 12. Resource utilization
  - 13. Self-care (e.g., managing compassion fatigue)
  - 14. Standards of care (nursing process)

### III. Treatment Modalities - 19%

- A. Surgical and procedural interventions
- B. Blood and marrow transplant
- C. Radiation therapy
- D. Chemotherapy
- E. Biotherapy
- F. Immunotherapy
- G. Vascular access devices (VADs) for treatment administration
- H. Targeted therapies



#### **IV. Symptom Management and Palliative Care - 21%**

- 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)
- G. Pain Management

#### **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
- O. Immune-related adverse events
- P. Venous thromboembolism

#### **VI. Psychosocial Dimensions of Care - 12%**

- A. Cultural, spiritual, and religious diversity
- B. Financial concerns
  - 1. Employment
  - 2. Insurance
  - 3. Resources
- C. Altered body image
- D. Learning preferences 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 distress
  - 1. Anxiety
  - 2. Loss and grief
  - 3. Depression
  - 4. Loss of personal control
  - 5. Spiritual distress
  - 6. Caregiver fatigue
  - 7. Crisis management (e.g., domestic violence, suicidal ideation)
- I. Sexuality
  - 1. Reproductive issues (e.g., contraception, fertility)
  - 2. Sexual dysfunction (e.g., physical and psychological effects)
  - 3. Intimacy
  - 4. Considerations for sexual and gender minorities

# 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 2021. 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 questions. However, not all content sub-areas are included in every form of the test.

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

A free, 50-question CPHON® Practice Test is available at [www.oncc.org/practice-tests](http://www.oncc.org/practice-tests). ONCC practice tests provide examples of the type of questions 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 additional practice test is available for purchase.

## 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 of the 10 (50%) 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 CPHON® certification renewal. See renewal eligibility criteria at [www.oncc.org/certified-pediatric-hematology-oncology-nurse-cphon-renew](http://www.oncc.org/certified-pediatric-hematology-oncology-nurse-cphon-renew).

## 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/certified-pediatric-hematology-oncology-nurse-cphon](http://www.oncc.org/certified-pediatric-hematology-oncology-nurse-cphon). 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.

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

Herring, R.A. (Ed.). (2019). *Pediatric chemotherapy and biotherapy curriculum* (4th ed.). Association of Pediatric Hematology/Oncology Nurses.

Hockenberry, M.J., & Wilson, D. (Eds.). (2019). *Wong's nursing care of infants and children* (11th 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.

Lubejko, B.G., & Wilson, B.J. (2019). *Oncology nursing scope and standards of 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.

Vallerand, A.H., Sanoski, C.A., & Deglin, J.H. (2022). *Davis's drug guide for nurses* (18th ed.). F.A. Davis Company.

## CPHON® Test Content Outline

- I. Care Continuum - 6%**
  - A. Transition of care
    1. Primary care
    2. Levels of care (e.g., rehabilitation, home, outpatient)
    3. End-of-life care
  - B. Health promotion and maintenance
  - C. Survivorship
  
- II. Pediatric Hematology and Oncology Nursing Practice - 18%**
  - A. Pediatric cancers and hematologic disorders
    1. Clinical presentation
    2. Anatomy, physiology, and pathophysiology
    3. Genetics (including genomics)
    4. Diagnostic testing
    5. Diagnosis and prognosis
      - a. laboratory values
      - b. staging and grading
      - c. cytogenetics and histology
  - B. Clinical trials
    1. Phases
    2. Informed consent
  - C. Professional performance
    1. Scope and standards of nursing practice
    2. Patient and family education
    3. Ethical principles and practice
    4. Professional practice guidelines
    5. Regulatory standards and guidelines
  
- III. Treatment Modalities and Side Effects - 21%**
  - A. Hematology
    1. Chemotherapy
    2. Biotherapy
    3. Immunotherapy
    4. Blood product therapy
    5. Hematopoietic stem cell transplantation
    6. Surgery
    7. Coagulation therapy
  - B. Oncology
    1. Chemotherapy
    2. Biotherapy
    3. Immunotherapy
    4. Blood product therapy (e.g., leukapheresis)
    5. Cellular therapies (e.g., CAR-T)
    6. Radiation therapy (e.g., I-131-MIBG, proton beam radiation)
    7. Hematopoietic stem cell transplantation
    8. Surgery
  
- IV. Symptom Management and Supportive Care - 26%**
  - A. System-specific 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
    12. Ophthalmological
    13. Otological (Auditory)
    14. Lymphatic

- B. General acute, chronic, and late effects
  - 1. Pain
  - 2. Sleep disturbance
  - 3. Fatigue
  - 4. Mental health
- C. Supportive care
  - 1. Medical devices (e.g., venous access, pumps, shunts, tubes)
  - 2. Blood product administration
  - 3. Colony-stimulating factors
  - 4. Interdisciplinary care
  - 5. Palliative care
  - 6. Complementary and integrative modalities

**V. Pediatric Hematologic and Oncologic Emergencies - 21%**

- A. Infection
  - 1. Sepsis
  - 2. Typhlitis
- B. Gastrointestinal
  - 1. Pancreatitis
  - 2. 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. Sinusoidal obstructive syndrome (veno-occlusive disease)
  - 5. Splenic sequestration
  - 6. Vaso-occlusive crisis
  - 7. Stroke
  - 8. Joint bleed (e.g., hemophilia)
  - 9. Thrombosis
- E. Cardiopulmonary
  - 1. Acute chest syndrome
  - 2. Respiratory distress (e.g., mediastinal mass)
  - 3. Pleural effusions
  - 4. Arrhythmias
- F. Neurology
  - 1. Increased intracranial pressure
  - 2. Seizures
  - 3. Posterior reversible encephalopathy syndrome (PRES)
  - 4. Spinal cord compression
- G. Hypersensitivity reactions
- H. Extravasation

**VI. Psychosocial Dimensions of Care - 8%**

- A. Social relationships and family dynamics
  - 1. Effects of acute and chronic illness on the patient and family
  - 2. Patient and family/caregiver support
  - 3. Integration of patient care into family, school, work, camp, and social environment
- B. Principles of growth and development
- C. Grief and bereavement
- D. Cultural considerations and diversity
- E. Sexuality and gender identity
- F. Socioeconomic issues
- G. Community resources

# 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 2020. 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 questions. However, not all content sub-areas are included on every form of the test.

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

A free, 50-question BMTCN® Practice Test is available at [www.oncc.org/practice-tests](http://www.oncc.org/practice-tests). ONCC practice tests provide examples of the type of questions 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 additional practice test is available for purchase.

## 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 of the 10 (50%) 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 renewal eligibility criteria at [www.oncc.org/blood-marrow-transplant-certified-nurse-bmtcn-renew](http://www.oncc.org/blood-marrow-transplant-certified-nurse-bmtcn-renew).

## 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/blood-marrow-transplant-certified-nurse-bmtcn](http://www.oncc.org/blood-marrow-transplant-certified-nurse-bmtcn). 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.

Eggert, J., Byar, K.L., & Parks, L.S. (Eds.). (2022). *Cancer basics* (3rd ed.). Oncology Nursing Society.

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Lee, D.W., & Shah, N.N. (Eds.). (2020). *Chimeric antigen receptor T-cell therapies for cancer: A practical guide*. Elsevier.

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

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

Yarbro, C.H., Wujcik, D., & Gobel, B.H. (Eds.). (2017). *Cancer nursing: Principles and practice* (8th ed.). Jones and Bartlett.



## BMTCN® Test Content Outline

### I. Foundations of Transplant - 19%

- 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. Hematologic indications for transplantation (malignant and non-malignant)
- C. Types of transplants
  - 1. Autologous
  - 2. Allogeneic
    - a. Matched related donors (MRDs)
    - b. Matched unrelated donors (MURDs)
    - c. Mismatched unrelated donors
    - d. Umbilical cord
    - e. Haploidentical
  - 3. CAR-T
- 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. Transplant Process and Infusion - 17%

- A. Cellular therapy product collection and storage
- B. Stem cell transplant product mobilization, collection, harvest, and storage
- C. Conditioning / 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, CAR T)

### **III. Early Post-Transplant Management and Education - 21%**

- 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; gastrointestinal)
- I. Graft rejection or failure
- J. Chimerism
- K. Symptom management for alterations in physiologic function (e.g., pain, nausea, vomiting, fatigue)

### **IV. Late Post-Transplant Management and Education - 20%**

- 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. Subsequent malignancy
- F. Follow-up care and milestone visits

### **V. Quality of Life - 11%**

- 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., hospice, legacy building)

### **VI. Professional Performance - 12%**

- A. Standards of nursing care
- 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. Self-appraisal and professional development
  - 9. Resource utilization
  - 10. Environmental health and safety (e.g., 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, The Joint Commission)
- E. Self-care

# 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

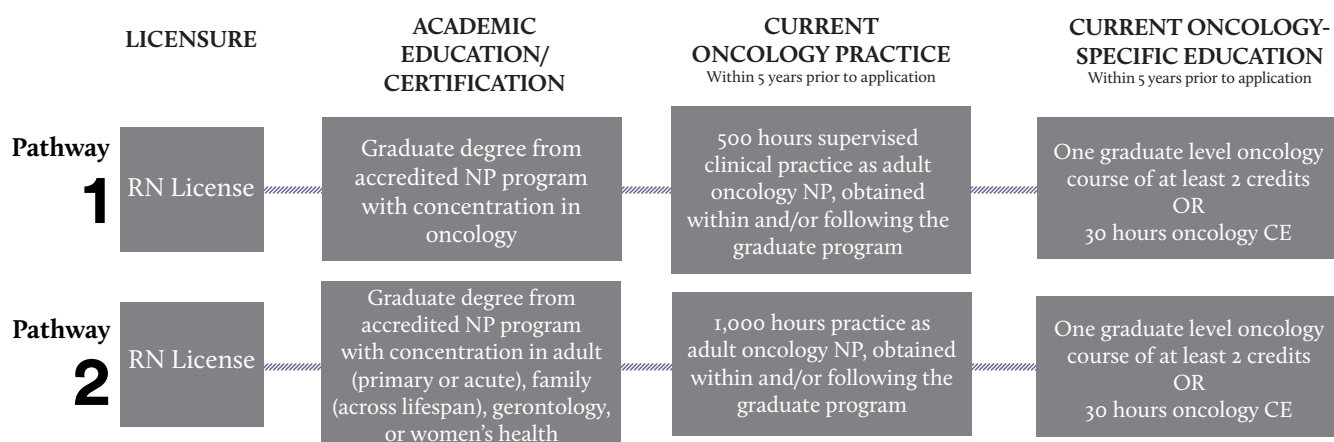
The AOCNP® Test is based on the AOCNP® Test Content Outline (Test Blueprint). The Test Content Outline is based on the results of a role delineation study of advanced oncology nursing practice completed in 2022. The AOCNP® Test Content Outline is composed of five major subject areas, each with a percentage assigned to it. Each major subject area is represented in every test with the appropriate percentage of questions. However, not all content sub-areas are included in every form of the test.

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

A free, 50-question AOCNP® Practice Test is available at [www.oncc.org/practice-tests](http://www.oncc.org/practice-tests). ONCC practice tests provide examples of the type of questions 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 additional practice test is available for purchase.

## 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 renewal eligibility criteria at [www.oncc.org/advanced-oncology-certified-nurse-practitioner-aocnp-renew](http://www.oncc.org/advanced-oncology-certified-nurse-practitioner-aocnp-renew).

## 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/advanced-oncology-certified-nurse-practitioner-aocnp](http://www.oncc.org/advanced-oncology-certified-nurse-practitioner-aocnp). 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.

Camp-Sorrell, D., Hawkins, R.A., & Cope, D.G. (Eds.). (2022). *Clinical manual for the oncology advanced practice nurse* (4th ed.). Oncology Nursing Society.

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

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

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

Olsen, M., LeFebvre, K.B., Walker, S.L., & Dunphy, E.P. (Eds.). (2023). *Chemotherapy and immunotherapy guidelines and recommendations for practice* (2nd ed.). Oncology Nursing Society.

Pagana, K.D., Pagana, T.J., & Pagana, T.J. (2021). *Mosby's manual of diagnostic and laboratory tests* (7th ed.). Elsevier.

## AOCNP® Test Content Outline

### I. Cancer Continuum - 28%

#### A. Screening and Prevention

1. At-risk populations (e.g., disparities in culture, socioeconomic status, age, LGBTQIA, gender identity, occupations, medical history, geographic location)
2. Screening and early detection (e.g., colonoscopy, mammogram, lung screening)
3. Screening for subsequent malignancies
4. Hereditary cancer risk assessment

#### B. Assessment and Diagnosis

1. Diagnostic tests, procedures, and results (e.g., imaging, predictive vs. prognostic biomarkers)
2. Patient assessment (e.g., performance status scales)
3. Staging guidelines
4. Individualized treatment planning based on history, pathology/biomarkers, laboratory, and radiologic results
5. Reproductive planning

#### C. Plan of care across the cancer continuum

1. Established guidelines for care
2. Patient navigation (i.e., care coordination for patient and family/caregiver)
3. Survivorship (including survivorship care plans)
4. Surveillance for primary cancer recurrence
5. Interprofessional care (i.e., multidisciplinary care)
6. End-of-life care (e.g., symptom management, grief and bereavement, 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, cellular therapy)

#### C. Localized therapy (e.g., intravascular, intraperitoneal, intrathecal, intra-arterial)

#### D. Surgical interventions

#### E. Radiation therapy

#### F. Blood and marrow transplantation

#### G. Multimodal therapy

#### H. Complementary, alternative, and integrative therapies

#### I. Etiology, incidence, and patterns for treatment-related symptoms (e.g., acute, late, long term)

#### J. Response to therapy (e.g., imaging, biomarkers, clinical response)

#### K. Palliative care

#### L. Pharmacologic interventions for symptom management

#### M. Nonpharmacologic interventions for symptom management

#### N. Interrelationship between disease, treatment, and comorbid conditions

#### O. Controlled substance safety

### III. Oncologic Emergencies - 12%

#### A. Etiology, risk factors, and prevention strategies

#### B. Assessment strategies (e.g., physical examination, differential diagnosis)

#### C. Interventions for treatment

#### **IV. Psychosocial Issues - 10%**

- A. Psychosocial assessment instruments, tools, and questionnaires
- B. Risk factors and at-risk populations (e.g., disparities in culture, socioeconomic status, age, LGBTQIA, gender identity, occupations, medical 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 relationships)
- 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 and implicit bias
- B. Legal and regulatory requirements (e.g., licensing, documentation)
- C. Accreditation standards (e.g., Commission on Cancer, National Cancer Institute, FACT)
- 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., new hires, peer review)
- I. Peer education and support (e.g., needs assessment, preparation of materials, mentorship)

# 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 2020. 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 questions. However, not all content sub-areas are included in every form of the test.

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

A free, 50-question CBCN® Practice Test is available at [www.oncc.org/practice-tests](http://www.oncc.org/practice-tests). ONCC practice tests provide examples of the type of questions 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 additional practice test is available for purchase.

## 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 of the 10 (50%) 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 CBCN® certification renewal. See renewal eligibility criteria at [www.oncc.org/certified-breast-care-nurse-cbcn-renew](http://www.oncc.org/certified-breast-care-nurse-cbcn-renew).



## 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/certified-breast-care-nurse-cbcn](http://www.oncc.org/certified-breast-care-nurse-cbcn). 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., & Soran, A. (Eds.). (2019). *Breast disease: Management and therapies volume 2* (2nd ed.). Springer Nature Switzerland AG.

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

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

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Olsen, M., LeFebvre, K.B., Walker, S.L., & Prechtel Dunphy, E. (Eds.). (2023). *Chemotherapy and immunotherapy guidelines and recommendations for practice* (2nd ed.). Oncology Nursing Society.

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

**I. Care Continuum - 26%**

- A. Breast health, screening, and early detection
  - 1. Issues related to special populations (culture, ethnicity, disability, elderly, sexual and gender minorities, healthcare disparities, male, pregnancy)
  - 2. Breast health
    - a. Breast anatomy
    - b. Hormonal influence
    - c. Breast development and changes
  - 3. Benign pathology
    - a. Anomalies (e.g., asymmetry, nipple deviation)
    - b. Conditions (e.g., mastodynia, fibroadenomas, infection, nipple discharge)
  - 4. Screening and early detection
    - a. Imaging modalities
    - b. Imaging results (e.g., Breast Imaging Reporting and Data System [BI-RADS], breast density)
    - 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
- B. Risk and predisposition assessment
  - 1. Risk assessment
    - a. Epidemiology (population based risk factors)
    - b. Breast cancer risk prediction models (e.g., Tyrer-Cuzick, Gail Model)
    - c. High-risk lesions (e.g., lobular carcinoma in situ [LCIS], atypical ductal hyperplasia [ADH])
    - d. Genetic testing
  - 2. Risk factors
    - a. Modifiable (e.g., lifestyle behaviors)
    - b. Non-modifiable (e.g., age, family history, prior radiation)
  - 3. Risk reduction
    - a. Interventions to modify risk (e.g., chemoprevention, prophylactic surgery, clinical trials)
    - b. Health promotion to reduce risk
- C. Patient navigation process
  - 1. Advocacy
  - 2. Barriers to care (e.g., financial, cognitive, language, transportation)
  - 3. Multidisciplinary collaboration
- D. Survivorship
  - 1. Familial risk assessment and implications for genetic counseling
  - 2. Survivorship care plan
  - 3. 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. Sexual and reproductive issues (e.g., infertility, menopausal symptoms)
    - i. Weight gain
  - 4. Surveillance
    - a. Breast cancer screening (e.g., local recurrence, new primary)
    - b. Symptom-directed work-up
    - c. Physical examinations
    - d. Surveillance for subsequent malignancies
- E. 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

## 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
  - 1. Cellular (e.g., grade, histology)
  - 2. ER/PR receptor
  - 3. HER2 receptor
  - 4. Ki-67 (MIB or MIB-1) receptor
  - 5. Gene assay
  - 6. Prognostic features (e.g., lymphovascular invasion, extranodal extension)
- D. Staging criteria (AJCC)
  - 1. Clinical
  - 2. Pathologic
  - 3. Prognostic
  - 4. Additional studies (e.g., positron-emission tomography [PET], bone scan, computed tomography [CT] scan)

## III. Treatment Modalities - 17%

- A. 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. Surgical reconstruction
  - 1. Autologous
  - 2. Implant
  - 3. Treatment considerations (e.g., delayed v. immediate, comorbidities, risk factors)
- C. Radiation therapy
  - 1. Treatment considerations (e.g., range of motion, wound healing, comorbidities, extent of disease)
  - 2. External beam
  - 3. Brachytherapy
- D. Systemic (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 disease
  - 2. HER2 receptor status
  - 3. Inflammatory breast cancer
  - 4. Paget disease
  - 5. Phyllodes tumor (malignant and benign)
  - 6. Targetable mutations (e.g., PI3K, PD-L1)
  - 7. Androgen receptor status
- F. Treatment consideration for special populations (e.g., culture, ethnicity, disability, elderly, healthcare disparities, male, young adult, fertility preservation)

## IV. Nursing Practice - 30%

- A. Symptom management (assessment, risk factors, pathophysiology, prevention, education, and management)
  - 1. Surgical
    - a. Wound complications
    - b. Decreased range of motion
    - c. Cording
    - d. Lymphedema
    - e. Pain
    - f. Neurosensory changes
  - 2. Medical
    - a. Alopecia

- b. Fatigue
  - c. Gastrointestinal complications
  - d. Myelosuppression
  - e. Menopausal symptoms (e.g., vaginal dryness, hot flashes)
  - 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 and tissue changes
    - b. Pain
    - c. Fatigue
    - d. Range of motion
    - e. Cardiopulmonary issues
    - f. Lymphedema
    - g. Infection
    - h. Esophagitis
  4. Complementary and integrative modalities
    - a. Exercise (e.g., walking)
    - b. Nutrition
    - c. Rehabilitation (e.g., physical therapy, occupational therapy)
    - d. Movement therapy (e.g., yoga, Tai Chi, aquatic therapy)
    - e. Other modalities (herbs and supplements, mindfulness, hypnosis, massage, chiropractic treatment, acupuncture)
- B. Oncologic emergencies (anaphylaxis, extravasation, hypercalcemia, hypersensitivity, pleural effusion, sepsis, spinal cord compression, thromboembolic events)
- C. Palliative care
- D. 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 [ACRO])
  2. Teaching and learning principles (e.g., adult learning)
  3. Community needs assessment, program planning, and health promotion
  4. Accreditation standards (e.g., National Accreditation Program for Breast Centers)
  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)

**V. Psychosocial Dimensions of Care - 10%**

- A. Influence of culture, spirituality, gender/gender identity, sexual preference, age and healthcare disparities on psychosocial response across the continuum of breast care
- B. Family dynamics
- C. Altered body image
- D. Reproductive and sexual health
- E. Emotional state (e.g., anxiety, depression, fear, grief, stress, survivorship guilt)
- F. Socioeconomic considerations related to screening, diagnosis, treatment, and follow up
- G. Coping strategies
  1. Patient
  2. Family/caregiver
  3. Healthcare provider
- H. Crisis management (e.g., domestic violence, suicidal ideation)
- I. Psychosocial assessment (e.g., related to spirituality, sexuality, distress, coping, family function, relationship role changes, and quality of life)
- J. Communication strategies and issues (e.g., active listening, clarification, language barriers)
- K. Financial issues (e.g., benefits, insurance, reimbursement)
- L. Social support

# 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://test-takers.psiexams.com/oncc>
- To preview the test center environment, go to [www.psiexams.com/ONCC](http://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 questions or type the letter key that corresponds to your desired answer.

## Scheduling a Test Appointment

Follow the instructions on the Authorization to Test (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](http://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. 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.

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

## 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 through your ONCC account before your ATT expires. A \$100 transfer fee is 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 through your ONCC account. 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 with secure storage for your wallet, keys, and/or watch. You may not access these items until after the examination is concluded.

Once you have placed everything into secure storage 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 secure storage 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 exam day, PSI will determine whether circumstances warrant the cancellation and rescheduling of an examination. Any rescheduled exams will not require additional payment. Visit [www.psonline.com/openings](http://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 the 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 be asked to empty their pockets and lift their sleeves and pant legs.
- Proctors will 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 be reported as a failed attempt, 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 five 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 Conditions 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](http://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

Candidates who receive a passing score are sent a personalized certificate 4-6 weeks after taking the test. A duplicate or replacement certificate 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 certification and the process required to earn it.

## Verification of Certification

ONCC provides a free online service for immediate credential verification at [www.oncc.org/verify-certification](http://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

Candidates applying for ONCC certification should be aware of the following certification-related 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](http://www.oncc.org/policies) for the most current and complete information.

## Applications

The certification fee in place at the time the complete application is submitted will apply, regardless of circumstance. Complete applications include all requested information, agreement to the disclosure and affirmation statements, fees, and documentation (e.g., verification forms, transcripts, continuing education information, or other required documents).

Incomplete applications will not be processed. Candidates whose applications are incomplete will be notified and provided with an opportunity to provide the missing information. Candidates whose applications are incomplete will not be permitted to test until all required documentation is received by ONCC and the application is approved.

All candidates will submit applications via online registration. Candidate documentation will be submitted electronically by uploading to the online registration system.

## Diversity, Equity, and Inclusion; Non-discrimination; and Anti-bias

ONCC achieves its mission by engaging and serving the nursing community, a population composed of a wide variety of individuals that have many differences. As a credentialing organization, ONCC is committed to respecting, accepting, and embracing the diversity of all our candidates, certificants, and their employers; volunteers; vendor partners; employees; and our other stakeholders. ONCC supports individual success by supporting inclusive environments and unbiased treatment through our credentialing processes, events, recognition programs, and workplaces. ONCC actively works to eliminate bias and increase sensitivity in its examination programs. All individual items, tests and assessments, directions, and the ONCC Handbooks are reviewed for bias and sensitivity by specially trained testing agency staff and/or by ONCC staff using the ETS Guidelines for Fairness Review of Assessment. More information about ONCC policies in this regard and our DEI Statement are available at [www.oncc.org/policies](http://www.oncc.org/policies).

## 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. Full details of the affirmation and disclosure statements are available at [www.oncc.org/policies](http://www.oncc.org/policies).

## Handling of Irregular Incidents (Cancellation of Results)

All incidents of suspected and/or confirmed irregular behavior shall be reported to ONCC immediately. Proctors shall manage and report to ONCC irregularities with appropriate level of documented details to support incident investigation that might follow. ONCC shall investigate such incidents and take appropriate action, based on the collective judgment of the ONCC Board, staff, legal counsel (when appropriate), and testing agency staff. Cheating during an examination or assessment or assisting others to cheat during an examination or assessment shall be grounds for revocation of certification and/or other disciplinary action. ONCC reserves the right to cancel scores or assessment diagnostic results resulting from any irregularity.

## Refunds

A portion of the application fee will be returned to a candidate who cannot take the test and submits a written request for a fee refund. This request must be received prior to the expiration date of the current Authorization to Test (ATT), or the candidate forfeits all fees. The candidate must also cancel the appointment (if made) by calling the testing company at least two days before the scheduled appointment. Candidates may also be required to pay a fee to the testing company if the appointment is cancelled within the “fee required” timeframe. *See table, below.*

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.

## Transfers

### 1. Test Date Transfers Within Same Testing Window

If, after successful application, a candidate cannot take the test at the scheduled appointment time/date, the candidate may reschedule the test appointment for another day and/or time within the same testing window. The candidate must contact the testing company to reschedule; cancellation/reschedule fees may be incurred by the candidate and are payable directly to the testing company. *See table, below.*

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.

### 2. Transferring to a Different Testing Window

If, after successful application, a candidate cannot take the test at the scheduled appointment time/date and wishes to transfer to a different testing window, the candidate may request a withdrawal from that particular administration for a later administration within the ensuing 12 months. A test window transfer is granted one time only. The candidate must notify ONCC in writing via a Transfer Request Form prior to the expiration of their current Authorization to Test (ATT). The candidate must also cancel the appointment (if made) by contacting the testing company, following the above Cancellation/Reschedule table. The candidate will pay a \$100.00 administrative fee to ONCC for this service. The candidate may also incur a cancellation fee from the testing company, as described in the Cancellation/Reschedule table. The candidate's eligibility will be verified to ensure all criteria are met for the subsequent test administration. A new application form will be requested if the candidate's eligibility is questionable. If the candidate fails to take the test during the interval to which they transferred, the candidate will forfeit all test fees and must submit a new application and pay the full test fee for a subsequent administration. Transfers to a different testing window will be honored provided the above conditions are met.

### 3. Transfer from Certification Renewal Option 1 to Option 2

Candidates who attempt to renew certification by Option 1 but do not meet the required criteria, may pay only the transfer fee to take the test during a subsequent testing interval. The candidate's eligibility will be verified to ensure all criteria are met for the subsequent testing interval. A new application form will be requested if the candidate's eligibility is questionable. The candidate must make the request in writing.

### 4. Transfer from Certification Renewal Option 2 to Option 1

Candidates who submit an application to renew certification by Option 2 may transfer to renew certification by Option 1, prior to taking the test. The candidate will pay only the transfer fee and submit professional development documentation to ONCC by the posted deadline. The candidate must make the request in writing. Candidates who use Option 2 for certification renewal and who fail the examination may not transfer to Option 1.

## 5. Failure to Report to Computer-Based Tests (CBT) Appointment

If a candidate fails to arrive for the scheduled appointment or does not cancel or reschedule the appointment as outlined in the Cancellation/Reschedule table, the candidate will forfeit all test fees and the test appointment. The candidate must submit a new application and pay the full test fee for a subsequent administration.

### Reporting of Results

The passing score for all examinations shall be set at a scaled score of 55. Prior to leaving the test center, test candidates will receive an immediate official pass/fail result on their computer screen. Candidates are subsequently provided by email a results report which provides their pass/fail result and information on the candidate's performance in each of the test subject areas. The email message also includes instructions to access the vendor portal, view, and print their archived results report. Computer-based tests (CBT) are scored twice as part of the routine quality assurance procedure. Because of the nature of CBT, hand scoring is not available to CBT candidates. Additional information about Results Reporting is available online at [www.oncc.org/policies](http://www.oncc.org/policies).

### Retaking the Examination

Candidates who fail an ONCC examination on the first attempt may apply for a retest immediately following the expiration of the current ATT, 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 apply for a retest immediately following the expiration of the current ATT, 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 apply to retest immediately following the expiration of the current ATT, 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.

### 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 shall thoroughly investigate all reports of an individual fraudulently using any ONCC® mark and may take appropriate action against the individual, which may include sanctions and reporting the fraudulent use to individuals and/or institutions (e.g., state licensing boards, employers, membership societies). 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. Additional information about fraudulent use is available online at [www.oncc.org/policies](http://www.oncc.org/policies).

### Security and Confidentiality - Release of Information

Certification is a voluntary credentialing process with the goal of protecting the public. The purpose of certification is to ensure the public that the certified nurse has met all eligibility criteria and mastered particular knowledge to provide competent nursing care as measured by the examination. The names of nurses certified by ONCC shall be available to the public. ONCC will provide an online system to verify the current credential status of nurses certified by ONCC. Please visit <https://www.oncc.org/verify-certification> for details.

All requests for names of ONCC certified nurses must be made in writing, only names of currently certified nurses will be released for such requests, and verification will be provided only in writing. A fee may be charged for the written verification of ONCC credentials.

ONCC will not disclose confidential applicant/certificant information unless authorized in writing by the individual or as required by law. All application information is confidential and will not be shared with any party other than ONCC's examination development or administration vendors for certification processing purposes. Information about applicants/certificants and their examination results is confidential. Examination scores are provided only to the individual candidate unless a signed release is provided. ONCC will discuss certification and assessment-related issues only with the candidate. Additional information is available at [www.oncc.org/policies](http://www.oncc.org/policies).

### **Continuing Competency and Renewal of Certification**

Certification is valid for four years and must be renewed at that time. The four-year time period is appropriate given the rate of development of new knowledge in the specialty of oncology, the frequency with which new editions of oncology nursing textbooks are published, the rate at which updated educational tools and resources are issued by expert sources (e.g., the Oncology Nursing Society and the Association of Pediatric Hematology/Oncology Nurses), and the recertification intervals for other specialty nursing certifications. The four-year time period also is aligned with the ONCC policy of conducting Role Delineation Studies once every four years for each of its certification programs to document changes to the required knowledge base.

It is the responsibility of the certified nurse to apply for renewal of certification by the required application date. ONCC shall attempt to provide renewal notices to all certified nurses prior to the expiration date of the current credentials. Failure to receive a renewal notice does not relieve the certified nurse of the responsibility to apply for renewal prior to the application deadline date.

### **Eligibility and Licensure**

All certification renewal candidates must have a current, active, unencumbered license as a registered nurse in the United States or Canada to be eligible to renew certification. An unencumbered license is one that is not currently subjected to formal discipline by any state board of nursing and has no provisions or conditions that limit the nurse's practice in any way.

Nurses educated and/or licensed outside the United States, its territories, or Canada must have their education and licensure evaluated for equivalency by a foreign credential evaluation service. Only those whose evaluation indicates U.S. equivalency will be eligible to renew certification.

Candidates and ONCC-certified nurses must notify ONCC in writing within 30 days if any restriction of any kind is placed on their RN license (including APRN license). Failure to notify ONCC may result in sanctions.

### **Conduct, Allegation Notice, Review, Sanction, and Appeals**

ONCC defines and grants nursing credentials and renewal of credentials/certification to those nurses who meet the established requirements, thereby demonstrating they have specific knowledge and experience. Under certain circumstances, initial or renewal of certification may be denied or active certification sanctioned due to a variety of reasons, including but not limited to cheating on an ONCC certification exam, misuse/fraudulent use of an ONCC mark, or violation of ONCC's Code of Conduct. Nurses will have the opportunity to appeal any and all actions taken against them by ONCC. The full Conduct, Allegation Notice, Review, Sanction, and Appeals policy is available at [www.oncc.org/policies](http://www.oncc.org/policies).



**Oncology Nursing  
Certification Corporation**

*Credibility. Contribution. Care.*

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