

## ONCC Employer Recognition Award Nomination Form

## **NOMINEE INFORMATION**

1. Name of organization being nominated:		
Contact Person:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	
Number of registered nurses employed by the organization:		Less than 25
		25 or more

**2.** Name(s) and city/state(s) of ONCC certified nurse(s) making the nomination: If nomination is by more than one nurse, please place an \* next to the name of the nurse to be contacted if further information is needed, along with contact information.

Nominations must be received at <u>ONCCNominations@oncc.org</u> Please contact: ONCC 125 Enterprise Drive Pittsburgh, PA 15275-1214 Fax: 412-859-6167 Phone: 877-769-6622 (toll free) Email: ONCCNominations@oncc.org



## INSTRUCTIONS

Provide a detailed description of how this employer meets any or all of the following criteria. Please use specific examples. You may attach up to 10 pages of supporting documentation.

A. Sustained support of the OCN<sup>®</sup>-, CPON<sup>®</sup>-, CPHON<sup>®</sup>-, AOCN<sup>®</sup>-, AOCNP<sup>®</sup>-, AOCNS<sup>®</sup>-, CBCN<sup>®</sup>-, or BMTCN<sup>®</sup>-certified nurse role.

I. Describe how the organization indicates a preference/requirement for certified nurses in job descriptions or advertisements.



2. Describe how the organization provides financial support for certification examinations, renewal, and/or examination preparation.



3. Describe how the organization provides recognition of nurses who attain certification.

Nominations must be received at <u>ONCCNominations@oncc.org</u> Please contact: ONCC 125 Enterprise Drive Pittsburgh, PA 15275-1214 Fax: 412-859-6167 Phone: 877-769-6622 (toll free) Email: ONCCNominations@oncc.org