

Facility name: _____

Retest for Success ONP-C® Special Application

Print or type all information requested.

Certification examinations are offered year-round, with the exception of the holidays listed on page 1 in the candidate handbook. Applications must be submitted by mail using the documents in this handbook.

1. **Name:** (Last, First, Middle Initial) _____

2. **Social Security Number:** _____ - _____ - _____

3. **Home Address:** (City, State, Zip Code) _____

4. **Phone:** Home (_____) _____ Work (_____) _____

5. **Email:** _____

6. **Status:** I am a new applicant.

I am a reapplicant.

Note: Re-test discount is not available with the use of this application form.

7. **Examination Fee:** \$340 NAON member \$455 nonmember

8. APPLICATION FEE

Indicate total payment amount: _____

Indicate payment method:

Personal Check, Company Check, Cashier's Check or Money Order (payable to ONCB)

Credit Card: VISA MasterCard American Express Discover

If payment is made by credit card, the following information must be provided.

Account Number: _____ Exp. Date: _____

Name as it appears on card: _____

Signature: *(Please sign in ink only)* _____

9. STATEMENT OF ELIGIBILITY – ONP-C® Examination:

I meet all of the following eligibility requirements for the ONCB® certification examination at the time of application submission:

- current, full and unrestricted license as a registered nurse (RN) in the United States, or its possessions, or
- three full years of experience practicing as an RN, or with an equivalent license, at the time of application
- advance practice hours: 1,500 hours for current ONCs, 2,500 hours for non-ONCs
- Master's degree in nursing obtained from an accredited educational program in the United States, with preparation as a clinical nurse specialist or nurse practitioner

To the best of my knowledge, all information contained in this application is true. As part of the "Retest for Success" program, I understand my pass/fail performance on the examination will be released by ONCB only to the designated point of contact for my contracted facility. I understand my examination scores will not be provided to this designee or any other person under any circumstances.

Signature: _____ Date: _____

Submit this application and your examination fee to:

PSI/AMP • 18000 W. 105th Street

Olathe, KS 66061-7543 • Attn: ONCB Retest for Success

Please complete the following survey to provide important research data to the Orthopaedic Nurses Certification Board. The information will be handled anonymously and will be used only for research to assist in the assessment of test validity.

Demographic Survey

1. Check the appropriate advanced practice credential:
 - 1. Clinical Nurse Specialist
 - 2. Family Nurse Practitioner
 - 3. Adult Nurse Practitioner
 - 4. Acute Care Nurse Practitioner
 - 5. Pediatric Nurse Practitioner
 - 6. Other
2. Check the client problem(s) in the following list that best describe the conditions of most of your clients. You may choose more than one.
 - 1. Pediatric/congenital
 - 2. Degenerative
 - 3. Metabolic Bone Disease
 - 4. Inflammatory Disease
 - 5. Neuromuscular Disorders
 - 6. Infections
 - 7. Oncology
 - 8. Trauma
 - 9. Sports Injury
 - 10. Other
3. Highest level of education completed:
 - 1. Master's Degree – Nursing
 - 2. Doctorate – Nursing
 - 3. Doctorate – Non-Nursing
 - 4. Other
4. Was your advance practice nursing education completed in the USA?
 - 1. Yes
 - 2. No, *ineligible. You are ineligible to test if APN education was not completed in the U.S.*
5. Years of experience as a registered nurse:
 - 1. 3-5 years
 - 2. 6-10 years
 - 3. More than 10 years
6. Years of experience as an RN in orthopaedic nursing:
 - 1. Less than one year
 - 2. 1-3 years
 - 3. 4-6 years
 - 4. 7-10 years
 - 5. More than 10 years
7. Years of experience as an APN in orthopaedic nursing:
 - 1. Less than one year
 - 2. 1-3 years
 - 3. 4-6 years
 - 4. 7-10 years
 - 5. More than 10 years
8. Do you have prescriptive privileges in the jurisdiction where you practice?
 - 1. Yes
 - 2. No
9. Which of the following settings best describes where you work? If you work in more than one setting, please mark all settings where you spend at least one-third of your practice time.
 - 1. Hospital: Orthopaedic Unit – Adult
 - 2. Hospital: Orthopaedic Unit – Pediatric
 - 3. Hospital: Medical – Surgical Unit
 - 4. Hospital: Pediatric Unit
 - 5. Hospital: Shock-trauma Unit
 - 6. Hospital: Intensive Care Unit
 - 7. Hospital: Emergency Room
 - 8. Hospital: Operating Room
 - 9. Hospital: Recovery Room
 - 10. Hospital: Education Department
 - 11. Hospital: Administration
 - 12. Hospital: Other
 - 13. Nursing Home: Skilled Care Facility
 - 14. Nursing Home: Intermediate Care Facility
 - 15. Nursing Home: Residential Care Facility
 - 16. Nursing Home: Other
 - 17. Community/Home Care Setting: Office/Group Practice
 - 18. Community/Home Care Setting: School
 - 19. Community/Home Care Setting: Client's Home
 - 20. Community/Home Care Setting: Occupational/Industrial Health
 - 21. Community/Home Care Setting: Ambulatory Surgical Center
 - 22. Community/Home Care Setting: Other
10. If you work in a hospital or long-term care facility, how large is it?
 - 1. Less than 100 beds
 - 2. 100-299 beds
 - 3. 300-499 beds
 - 4. 500 or more beds
11. Which of the following best describes the ages of most of your patients? You may choose more than one.
 - 1. Newborns
 - 2. Infants/Children
 - 3. Adolescents (age 12-21)
 - 4. Adults (age 22-65)
 - 5. Elderly (over 65)
12. What hours do you usually work?
 - 1. Days
 - 2. Evenings
 - 3. Nights
 - 4. Rotating Shifts
 - 5. Other
13. How many years have you been working in your current position?
 - 1. Less than one year
 - 2. 1-3 years
 - 3. 4-6 years
 - 4. 7-10 years
 - 5. More than 10 years
14. How did you become aware of the ONCB® certification program? You may choose more than one.
 - 1. ONCB® Forum or ONCNet News
 - 2. ONCB® Certification Application/ Handbook
 - 3. Orthopaedic Nursing Journal
 - 4. NAON News
 - 5. NAON Congress
 - 6. Educational offering other than NAON Congress
 - 7. Nurse colleague
 - 8. Physician
 - 9. Employer
 - 10. ONCB® web site
 - 11. NAON web site
 - 12. Other
15. Are you currently certified in any other specialty?
 - 1. Yes
 - 2. No
16. Professional Memberships:
 - 1. NACNS
 - 2. AANP
 - 3. ACNP
 - 4. ANA
 - 5. NAON
 - 6. AMSN
 - 7. AORN
 - 8. ONS
 - 9. ARN
 - 10. Sigma Theta Tau
 - 11. Other