

Facility name: _____

Retest for Success ONC[®] 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:** \$290 NAON member \$405 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 – ORTHOPAEDIC AND GENERAL NURSING EXPERIENCE:

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

a) minimum of 1,000 hours working as an RN in orthopaedic nursing practice within the past three years, and

b) minimum of two years experience working as an RN (any area) at the time of application.

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 nursing role:
 - 1. Head Nurse/Unit Manager
 - 2. Staff Nurse/Clinician
 - 3. Educator
 - 4. Administrator
 - 5. Clinical Specialist/
Nurse Practitioner
 - 6. Coordinator/Supervisor
 - 7. 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. Other
3. Highest level of education completed:
 - 1. Diploma
 - 2. Associate Degree – Nursing
 - 3. Associate Degree – Other
 - 4. Bachelor's Degree – Nursing
 - 5. Bachelor's Degree – Other
 - 6. Master's Degree – Nursing
 - 7. Master's Degree – Other
 - 8. Doctorate
4. Years of experience as a registered nurse:
 - 1. 2-5 years
 - 2. 6-10 years
 - 3. More than 10 years
5. 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
6. 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
7. 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
8. 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)
9. What hours do you usually work?
 - 1. Days
 - 2. Evenings
 - 3. Nights
 - 4. Rotating Shifts
 - 5. Other
10. 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
11. 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
12. Are you currently certified in any other specialty?
 - 1. Yes
 - 2. No
13. Professional Memberships:
 - 1. ANA
 - 2. NLN
 - 3. AORN
 - 4. EDNA
 - 5. ONS
 - 6. NAON
 - 7. ARN
 - 8. Sigma Theta Tau
 - 9. Other