

**Orthopaedic
Nurses
Certification
Board**

**Candidate
Handbook**



Table of Contents

ABOUT ONCB [®]	2	TAKING THE EXAMINATION	5
MISSION STATEMENT	2	Identification	5
INDEPENDENT TESTING AGENCY	2	Security	6
NONDISCRIMINATION POLICY	2	Examination Restrictions	6
EXAMINATION ADMINISTRATION		Misconduct	6
Computer-Based Administration	2	Copyrighted Examination Questions	6
Computer-Based Examination Windows and		Practice Examination	6
Application Deadlines	2	Timed Examination	6
Paper/Pencil Administration	2	Candidate Comments	7
NO REFUNDS	2	SAMPLE QUESTIONS FOR THE ONC [®] EXAMINATION	7
SCHEDULING AN EXAMINATION	2	FOLLOWING THE EXAMINATION	8
Rescheduling or Canceling an Examination	3	Pass/Fail Score Determination	8
Assessment Center Locations	3	Scores Cancelled by the ONCB [®] or AMP	8
Special Arrangements for Candidates with Disabilities	3	If You Pass the Examination	8
Telecommunication Devices for the Deaf	4	If You Do Not Pass the Examination	8
Missed Appointments and Cancellations	4	Failing to Report for an Examination	8
Inclement Weather, Power Failure or Emergency	4	Confidentiality	8
ABOUT THE ONC [®] EXAMINATION	4	Duplicate Score Report	8
Detailed Content Outline – ONC Examination	4	Recertification	8
ONC [®] Eligibility Criteria	4	REFERENCES	10
ONC [®] Examination Fees	5	APPLICATION FOR THE ONC [®] CERTIFICATION	
ABOUT THE OCNS-C [®] AND ONP-C [®] EXAMINATIONS	5	EXAMINATION	11
Detailed Content Outline – OCNS-C [®] Examination	5	APPLICATION FOR THE OCNS-C [®] OR ONP-C [®]	
Detailed Content Outline – ONP-C [®] Examination	5	CERTIFICATION EXAMINATION	13
OCNS-C [®] or ONP-C [®] Eligibility Criteria	5	APPLICATION FOR EXAMINATION AT THE AAOS	
OCNS-C [®] and ONP-C [®] Examination Fees	5	ANNUAL MEETING OR NAON CONGRESS	15
		REQUEST FOR SPECIAL EXAMINATION	
		ACCOMMODATIONS	19
		DOCUMENTATION OF DISABILITY-RELATED NEEDS	20

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About ONCB[®]

The Orthopaedic Nurses Certification Board (ONCB[®]) was established in 1986 to promote the highest standards of orthopaedic nursing practice through the development, implementation and coordination of all aspects of certification for orthopaedic nurses. The ONC[®] examination is accredited by ABNS.

ONCB[®] is a member of the American Board of Nursing Specialties (ABNS). ABNS is an advocate for consumer protection by establishing and maintaining standards for professional specialty nursing certification.

Mission Statement

The Orthopaedic Nurses Certification Board (ONCB[®]) exists to establish credentialing mechanisms for validating proficiency in nursing.

Certification granted by the ONCB[®] is pursuant to a voluntary procedure intended solely to test for special knowledge. The ONCB[®] does not purport to license, to confer a right or privilege upon, nor otherwise to define the qualifications of any person for nursing practice. The significance of certification in any jurisdiction or institution is the responsibility of the candidate to determine. The candidate should contact the appropriate state Board of Nursing or institution for clarification.

Independent Testing Agency

ONCB[®] has contracted with Applied Measurement Professionals, Inc. (AMP) to assist in the development, administration, scoring and analysis of the ONCB[®] certification examinations. AMP, located in the greater Kansas City area, is a leading provider of licensing and certification examinations for professional organizations.

Nondiscrimination Policy

ONCB[®] and AMP do not discriminate among candidates on the basis of race, color, creed, gender, religion, national origin, disability or marital status.

Examination Administration

Computer-Based Administration

Examinations are delivered by computer at over 170 AMP Assessment Centers geographically located throughout the United States. Examinations are administered by appointment only Monday through Saturday at 9:00 a.m. and 1:30 p.m. Candidates are scheduled on a first-come, first-served basis. An application is included in the back of this handbook. It is YOUR responsibility to ensure that the application has been properly completed and that all information provided is accurate. Examinations are not offered on the following holidays during the two offered windows: Memorial Day, Columbus Day, Veteran's Day, Thanksgiving Day and the day after Thanksgiving.

Computer-Based Examination Windows and Application Deadlines

Testing Window	May 1 - June 30	October 1 - November 30
Application Window	January 1 - March 31	June 1 - August 31

All applications must be RECEIVED at AMP by the application deadline.

Paper/Pencil Administration

A paper/pencil administration of the examination will be offered in March 2010 during the annual meeting of the American Association of Orthopaedic Surgeons (AAOS) and in May 2010 during the Annual Congress of the National Association of Orthopaedic Nurses (NAON). To apply for the paper/pencil administration candidates must submit the application form on page 15 of this handbook so it is received by AMP by the deadline listed.

No Refunds

Payment may be made by credit card (VISA, MasterCard, American Express or Discover), check (company, personal or cashier's) or money order made payable to AMP. Cash is not an acceptable form of payment. Fees are nonrefundable and may not be transferred to another appointment.

Credit card transactions that are declined will be subject to a \$25 handling fee. A certified check or money order for the amount due, including the handling fee, must be sent to AMP to cover declined credit card transactions.

Scheduling an Examination

When the admission requirements are satisfied, you may register by one of the following methods:

Note: Online application submission is not available for the paper/pencil administrations.

1. Apply and/or schedule online.

Visit AMP's website at www.goAMP.com to complete your application online. Click on "Candidates." The computer screens guide you through the complete process. Once you complete the online application process you will receive an immediate response from AMP. You will either be notified of additional information required to complete the application process or you will be prompted to schedule your examination appointment.

Online application submission is available for all individuals paying the examination fee by credit card (VISA, MasterCard, American Express and Discover).

Or



2. Mail your application form. THIS IS A TWO-STEP PROCESS

- A. Complete all sections of the application form. Mail it to AMP with the required documentation and examination fee (paid by credit card, personal check, company check, cashier's check or money order) to the address indicated on the form.

Within approximately two weeks after receipt by AMP, your application will be processed and a confirmation notice of eligibility sent. If eligibility cannot be confirmed, a letter explaining why the application is incomplete will be sent. If a confirmation notice is not received within four weeks, contact AMP at 888/519-9901. One in ten applicants will be notified by AMP of audit requiring the candidate to provide evidence of current nursing licensure, NAON membership (if applicable), and hours of employment. Documentation must be returned before the examination can be scheduled.

AND

- B. The confirmation notice will contain a toll-free telephone number and website address for you to schedule an examination appointment. This toll-free line is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday, and 8:30 a.m. to 5:00 p.m. on Saturday. Appointments can be scheduled online, 24 hours a day, 7 days a week.

If you contact AMP by 3:00 P.M. Central Time on...	Depending on availability, your examination may be scheduled as early as...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday/Saturday
Thursday	Monday
Friday	Tuesday

If special accommodations are being requested and you submit your application online, please contact AMP at 888/519-9901. If you submit the paper application, complete the *Request for Special Examination Accommodations* form on page 19 and submit it with your application to AMP at least 45 days prior to the desired examination date.

Rescheduling or Canceling an Examination

You may reschedule your examination ONCE at no charge by calling AMP at 888/519-9901 at least two business days prior to your scheduled appointment. For a computer administration, the following schedule applies.

If the examination is scheduled on...	You must contact AMP by 3:00 p.m. Central Time to reschedule the examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

If you wish to reschedule a second time, appear more than 15 minutes late for your appointment and cannot be seated, or fail to report for the scheduled examination, you may reapply for examination by contacting AMP at www.goAMP.com or 888/519-9901. A new, complete application and examination fee are required to reapply for examination.

If you cancel your examination after confirmation of eligibility is received, you will forfeit your application and all fees paid to take the examination. A new, complete application and examination fee are required to reapply for examination.

Assessment Center Locations

AMP Assessment Centers have been selected to provide accessibility to the most candidates in all states and major metropolitan areas. A current listing of AMP Assessment Centers, including addresses and driving directions, may be viewed at AMP's website located at www.goAMP.com. Specific address information will be provided when you schedule your examination appointment.

Special Arrangements for Candidates with Disabilities

ONCB[®] and AMP comply with the Americans with Disabilities Act and strive to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. AMP will provide reasonable accommodations for candidates with disabilities.

Wheelchair access is available at AMP Assessment Centers. Candidates with visual, sensory or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements. To request special accommodations, complete the Request for Special Examination Accommodations and Documentation of Disability forms included in this handbook and submit the completed forms with your application form and fee. Please inform AMP of your need for special accommodations when calling to schedule your examination.



Telecommunication Devices for the Deaf

AMP is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at 913/895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

Missed Appointments and Cancellations

You will forfeit the examination registration and all fees paid to take the examination under the following circumstances.

- You wish to reschedule an examination but fail to contact AMP at least two business days prior to the scheduled testing session,
- 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.

A complete application form and examination fee are required to re-register for the examination.

Inclement Weather, Power Failure or Emergency

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

You may visit AMP's website at www.goAMP.com prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, your examination will be restarted where you left off and you may continue the examination. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

About the ONC[®] Examination

The ONC[®] examination is based on periodic analyses of orthopaedic nursing practice. It consists of 150 multiple-choice questions, which includes 135 questions used to compute your score, plus 15 questions that are not scored, but are being pretested for future use. You will have three hours to complete this examination.

Detailed Content Outline – ONC[®] Examination

Content Areas

- A. Degenerative disease 30%
- B. Trauma 21%
- C. Sports injuries 15%
- D. Neuromuscular/pediatric/congenital 8%
- E. Inflammatory disorders 8%
- F. Operative orthopaedics 8%
- G. Metabolic bone diseases 7%
- H. Oncology 3%

Test Objectives

The examination measures the nurse's ability to:

1. Teach self-care to achieve maximum functional capacity. (25%)
2. Select appropriate management strategies for patients' altered comfort. (25%)
3. Select appropriate measures to prevent, minimize, or alleviate complications. (25%)
4. Identify activity and positioning parameters, as well as appropriate assistive devices, for a given orthopaedic condition. (15%)
5. Identify strategies to promote adequate nutrition prophylactically and therapeutically. (5%)
6. Select appropriate emotional support strategies in relation to specific orthopaedic problems. (5%)

ONC[®] Eligibility Criteria

BSN Not Required

Candidates for the ONC[®] examination must meet the following eligibility criteria **at the time of application**:

- Hold a current, full and unrestricted license as a registered nurse (RN) in the United States, or its possessions, or
- Hold a current, full and unrestricted license to practice as a first-level, general nurse in the country in which one's general nursing education was completed, and meet the eligibility criteria for licensure as a registered nurse (RN) in the United States in accordance with requirements of the Commission on Graduates of Foreign Nursing Schools, International.
- Have two full years of experience practicing as an RN, or with an equivalent license as described above.
- Have a minimum of 1,000 hours of work experience as an RN in orthopaedic nursing practice within the past three years.

The ONCB[®] accepts, but does not limit the practitioner to orthopaedic experience in the areas of administration, adult care, clinic, critical care, education, emergency room, home health care, long-term care, medical-surgical nursing, office practice, oncology, operating room, and pediatrics.



ONC[®] Examination Fees

NAON members: \$275
 Non-NAON members: \$390

Membership in NAON must be current through the examination date to be eligible for the reduced fee.

About the OCNS-C[®] and ONP-C[®] Examinations

The ONP-C[®] and OCNS-C[®] examinations consist of 150 multiple-choice questions, which includes 135 questions used to compute your score, plus 15 questions that are not scored, but are being pretested for future use. You will have three hours to complete each of these examinations.

Detailed Content Outline – OCNS-C[®] Examination

CNS Content Areas

- A. Degenerative disease 39%
- B. Trauma 28%
- C. Sports injuries 7%
- D. Neuromuscular/pediatric/congenital 5%
- E. Inflammatory disorders 8%
- F. Metabolic bone disease 10%
- G. Oncology 3%

CNS Role

The OCNS-C[®] examination measures the nurse's ability to function in the following roles:

- 1. Clinician 30%
- 2. Educator 35%
- 3. Consultant 25%
- 4. Manager 5%
- 5. Research 5%

Detailed Content Outline – ONP-C[®] Examination

NP Content Areas

- A. Degenerative disease 35%
- B. Trauma 20%
- C. Sports injuries 15%
- D. Neuromuscular/pediatric/congenital 6%
- E. Inflammatory disorders 5%
- F. Metabolic bone disease 8%
- G. Oncology 3%
- H. Operative orthopaedics 5%

NP Role

The ONP-C[®] examination measures the nurse's ability to function in the following roles:

- 1. Clinician 60%
- 2. Educator 15%

- 3. Consultant 10%
- 4. Manager 5%
- 5. Research 5%

OCNS-C[®] or ONP-C[®] Eligibility Criteria

Candidates for the OCNS-C[®] or ONP-C[®] certification examination must meet the following eligibility criteria at the time of application:

- Hold a current, full and unrestricted license as a registered nurse (RN) in the United States, or its possessions, or
- Have three full years of experience practicing as an RN, or with an equivalent license as described above.
- Meet designated advance practice hours: 1,500 hours for current ONC[®]s, 2,500 hours for non-ONC[®]s.
- Hold a Master's degree in nursing with preparation as a clinical nurse specialist or nurse practitioner. Certificate-prepared nurse practitioners (non-Master's degree) are not eligible to test.

OCNS-C[®] and ONP-C[®] Examination Fees

NAON members: \$325
 Non-NAON members: \$440

Membership in NAON must be current through the examination date to be eligible for the reduced fee.

Taking the Examination

Your examination will be given by computer at an AMP Assessment Center. You do not need any computer experience or typing skills to take your examination. On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. Look for the signs indicating AMP Assessment Center Check-in. **IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME, YOU WILL NOT BE ADMITTED.**

Identification

To gain admission to the Assessment Center, you must present two forms of identification, one with a current photograph. Both forms of identification must be valid and include your current name and signature. You will be required to sign a roster for verification of identity.

Acceptable forms of photo identification include a current driver's license with photograph, a current state identification card with photograph, a current passport, or a current military identification card with photograph. Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as the primary form of identification, but may be used as secondary identification if they include your name and signature.

You must have proper identification to gain admission to the Assessment Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of your examination fee.



Security

ONCB[®] and AMP maintain examination administration and security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the testing room. Use of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- No calculators are permitted.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- No personal items, valuables, or weapons should be brought to the Assessment Center. AMP is not responsible for items left in the reception area.

Examination Restrictions

- Pencils will be provided during check-in.
- Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- You will be provided with one piece of scratch paper at a time to use during the examination. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive a score report. No documents or notes of any kind may be removed from the examination room.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

Misconduct

Individuals who engage in any of the following conduct may be dismissed from the examination, their scores will not be reported and examination fees will not be refunded. Examples of misconduct are when a candidate:

- creates a disturbance, is abusive, or otherwise uncooperative;
- displays and/or uses electronic communications equipment such as pagers, cellular phones, PDAs;
- talks or participates in conversation with other examination candidates;
- gives or receives help or is suspected of doing so;
- attempts to record examination questions or make notes;

- attempts to take the examination for someone else; or
- is observed with notes, books or other aids.

Copyrighted Examination Questions

All examination questions are the copyrighted property of ONCB[®]. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

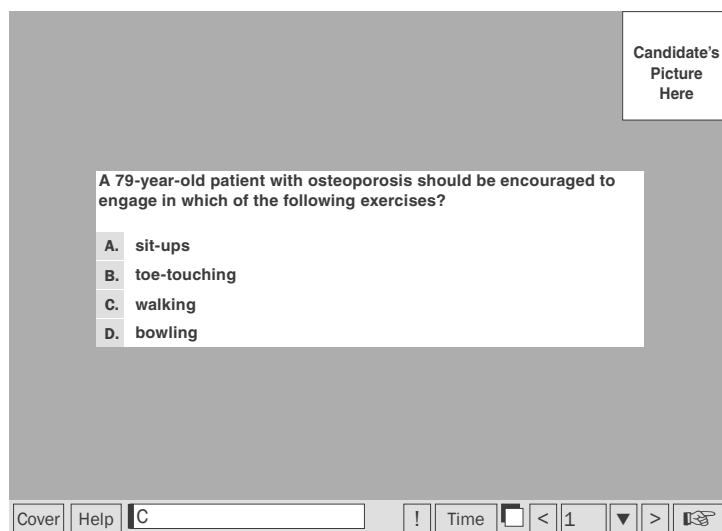
Practice Examination

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your Social Security number. You will take your photograph which will remain on screen throughout your examination session. This photograph will also print on your score report.

Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

Timed Examination

Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen.



The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the "Time" box in the lower right portion of the screen or select the Time key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the



screen. Choices of answers to the examination question are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking in the option using the mouse. To change your answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

Candidate Comments

During the examination, comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

Sample Questions for the ONC[®] Examination

1. A 79-year-old patient with osteoporosis should be encouraged to engage in which of the following exercises?
 - A. sit-ups
 - B. toe-touching
 - C. walking
 - D. bowling

Key: C

Rationale: Walking as a weight-bearing exercise is one of the easiest and most beneficial forms of exercise for bone health. It can be tolerated by most age categories. The other activities allow twisting of the spine that can be dangerous for an individual with osteoporosis.

Sedlak, C.A., & Doheny, M.O. (2002). Metabolic conditions. In A.B. Maher, S.W. Salmond, & T.A. Pellino (Eds.). Orthopaedic Nursing (3rd ed.). Philadelphia: W.B. Saunders. p. 437

2. A 58-year-old male is diagnosed with acute gout. The nurse is likely to note which of the following when taking his vital signs?
 - A. hypertensive crisis
 - B. bradycardia
 - C. tachypnea
 - D. elevated temperature

Key: D

Rationale: The patient may develop a low-grade fever due to the inflammatory process. The other findings are not problems that result from acute gout.

Schoen, D.C. (2000). Adult Orthopaedic Nursing. Philadelphia: Lippincott. (p. 62)

3. Which of the following drugs are CONTRAINDICATED in patients with myasthenia gravis (MG)?
 - A. anticholinergics
 - B. antidysrhythmics
 - C. immunosuppressants
 - D. corticosteroids

Key: B

Rationale: Antidysrhythmics are among the drugs that are contraindicated or used cautiously in patients with MG. The other drugs are commonly used for treatment of the disease.

Hendrickson, S.G., Elms, S.A., & Shaw, V. (2007). Chronic neurologic problems. In S.L. Lewis, M.M. Heitkemper, S.R. Dirksen, P.G. O'Brien, & L. Bucher (Eds.). Medical-Surgical Nursing: Assessment and Management of Clinical Problems (7th ed.). (p. 1556)

4. An infant with developmental dysplasia of the hip (DDH) is also at risk for which of these congenital defects?
 - A. polydactyly
 - B. foot deformities
 - C. spine deformities
 - D. arachnodactyly

Key: B

Rationale: The presence of other anomalies, especially torticollis and clubfoot, is associated with and increased incidence of developmental dysplasia.

Alexander, M. (2002). Congenital and developmental disorders. In A.B. Maher, S.W. Salmond, & T.A. Pellino (Eds.). Orthopaedic Nursing (3rd ed.). Philadelphia: W.B. Saunders. (p. 553)



Following the Examination

After completing the examination, you are asked to complete a short evaluation of your examination experience. Then, you are instructed to report to the examination proctor to receive your score report. Scores are reported in printed form only, in person or by U.S. mail. Scores are not reported over the telephone, by electronic mail or by facsimile.

Candidates will receive a score report indicating “pass” or “fail.” Your pass/fail status is determined by your raw score. Additional detail is provided in the form of raw scores by major content category. A raw score is the number of questions you answered correctly.

Pass/Fail Score Determination

The methodology used to set the minimum passing score is the Angoff method, applied during the performance of a Passing Point Study by a panel of experts in the field. The experts evaluated each question on the examination to determine how many correct answers are necessary to demonstrate the knowledge and skills required to pass this examination portion. Your ability to pass the examination depends on the knowledge and skill you display, not on the performance of other candidates.

Passing scores may vary slightly for each version of the examination. To ensure fairness to all candidates, a process of statistical equating is used. This involves selecting an appropriate mix of individual questions for each version of the examination that meet the content distribution requirements of the examination content blueprint. Because each question has been pretested, a difficulty level can be assigned. The process then considers the difficulty level of each question selected for each version of the examination, attempting to match the difficulty level of each version as closely as possible. To assure fairness, slight variations in difficulty level are addressed by adjusting the passing score up or down, depending on the overall difficulty level statistics for the group of scored questions that appear on a particular version of the examination.

Scores Cancelled by the ONCB[®] or AMP

ONCB[®] and AMP are responsible for the validity and integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. ONCB[®] and AMP reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

If You Pass the Examination

Each successful candidate will receive a pin and a certificate of attainment from ONCB[®] and will be able to use the designation “ONC[®],” “OCNS-C[®],” or “ONP-C[®]” to indicate certification status. NOTE: Please allow a minimum of 8 weeks after the end of your test month for receipt of the pin and certificate from the ONCB office. Names of successful candidates will be published in *Orthopaedic Nursing*, the official journal of the National Association of Orthopaedic Nurses and on the ONCB[®] website. Individuals who do not wish their names to be reported must contact the ONCB[®] directly to make this request. Certification is awarded for a period of 5 years contingent upon maintenance of a full and unrestricted license as an RN.

If You Do Not Pass the Examination

Any candidate who does not pass the examination will receive a report of the percentage of correct answers for each content area. The ONCB[®] does not limit the number of times a candidate may retake the certification examination. A candidate may retest by submitting an application, documentation, and applicable fees as previously described.

Failing to Report for an Examination

If you fail to report for an examination, you will forfeit the registration and all fees paid to take the examination. A completed application form and examination fee are required to reapply for examination.

Confidentiality

Information about candidates for testing and their examination results are considered confidential. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

Duplicate Score Report

You may purchase additional copies of your results at a cost of \$25 per copy. Requests must be submitted to AMP, in writing within 12 months of the examination. The request must include your name, Social Security number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to AMP in the form of a money order or cashier's check. Duplicate score reports will be mailed within approximately two weeks after receipt of the request and fee.

Recertification

Your certification will be valid for 5 years. You will earn recertification either by retaking and passing the certification examination before the expiration date of your current certification term, or by meeting continuing education and practice requirements as established by ONCB[®]:



- The ONC[®] must earn 100 contact hours of continuing nursing education over the 5-year period (70 hours in orthopaedic nursing, 30 in general nursing education). More information about recertification can be viewed at <http://www.oncb.org/oncrecertification.html>.
- The OCNS-C[®] or ONP-C[®] must earn 125 contact hours of continuing nursing education over the 5-year period (100 hours in orthopaedic nursing, 25 in general nursing education). More information about APN recertification can be viewed at <http://www.oncb.org/apnexams.html>.
- Meeting stated eligibility requirements for initial certification, including the requirement for hours of nursing practice as a registered nurse or advanced practice nurse, as determined by the credential.
- Submitting completed application form for recertification and paying all applicable fees.

All certifications expire uniformly on the fifth occurrence of June 30 after the nurse has been certified for one year.



References

The following references may be helpful in preparing for the examination. This list is not all inclusive of acceptable references nor is it suggested that the examinations are solely based on these references.

ONC[®] Exam References

NAON. (2007). *Core Curriculum for Orthopaedic Nursing* (6th ed.). Boston: Pearson Custom Publishing.

Mosher, C. (2004). *Introduction to Orthopaedic Nursing* (3rd ed.). Chicago: National Association of Orthopaedic Nurses.

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AAOS. (2005). *Essentials of Musculoskeletal Care* (3rd ed.). Rosemont, IL: Author.

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Polit, D.F., & Beck, C.T. (2006). *Essentials of Nursing Research: Methods, Appraisal, and Utilization* (6th ed.). Philadelphia: Lippincott Williams & Wilkins.

Orthopaedic Nursing journal, issues 2005-2008 (last 3 publication years).

Application for the ONC® Certification Examination

Print or type all information requested.

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

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

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

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

5. **E-mail:** _____

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

I am a reapplicant.

7. **Examination Fee:** \$390 nonmember \$275 NAON member

8. APPLICATION FEE

Indicate total payment amount: _____

Indicate payment method:

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

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 the following eligibility requirements for the ONC® certification examination:

- 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).

To the best of my knowledge, all information contained in this application is true.

Signature: _____ Date: _____

Submit this application and your examination fee to:

**AMP Examination Services
18000 W. 105th Street
Olathe, KS 66061**

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. 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. Was your advance practice nursing education completed in the USA?
 - 1. Yes
 - 2. No

5. Years of experience as a registered nurse:
 - 1. Less than one year
 - 2. 1-3 years
 - 3. 4-6 years
 - 4. 7-10 years
 - 5. 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. 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 on-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

8. 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

9. 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)

10. What hours do you usually work?
 - 1. Days
 - 2. Evenings
 - 3. Nights
 - 4. Rotating Shifts
 - 5. Other

11. 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

12. 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

13. Are you currently certified in any other specialty?
 - 1. Yes
 - 2. No

14. Professional Memberships:
 - 1. ANA
 - 2. NLN
 - 3. AORN
 - 4. EDNA
 - 5. ONS
 - 6. NAON
 - 7. ARN
 - 8. Sigma Theta Tau
 - 9. Other

Application for the OCNS-C® or ONP-C® Certification Examination

Print or type all information requested.

Please schedule me for the following examination: **OCNS-C®** **ONP-C®**

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

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

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

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

5. **E-mail:** _____

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

I am a reapplicant.

7. **Examination Fee:** \$440 nonmember \$325 NAON member

8. APPLICATION FEE

Indicate total payment amount: _____

Indicate payment method:

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

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 – OCNS-C® and ONP-C® Examinations:

I meet the following eligibility requirements for the ONCB® certification examination:

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

To the best of my knowledge, all information contained in this application is true.

Signature: _____ Date: _____

Submit this application and your examination fee to:

AMP Examination Services

18000 W. 105th Street

Olathe, KS 66061

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
5. Years of experience as a registered nurse:
 - 1. Less than one year
 - 2. 1-3 years
 - 3. 4-6 years
 - 4. 7-10 years
 - 5. 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 on-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

Application for Examination at the AAOS Annual Meeting or NAON Congress

Print or type all information requested.

Please schedule me for the following examination: **ONC®** **OCNS-C®** **ONP-C®**

Please schedule me for the following conference administration:

- AAOS Annual Meeting (March 9, 2010) - Applications Accepted December 1, 2009, through February 5, 2010 (Receipt Deadline)**
- NAON Congress (May 16, 2010) - Applications Accepted March 1 through April 16, 2010 (Receipt Deadline)**

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

2. Social Security Number: _____ - _____ - _____

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

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

5. E-mail: _____

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

7. ONC® Examination Fee: \$390 nonmember \$275 NAON member

OCNS-C® and ONP-C® Examination Fee: \$425 nonmember \$325 NAON member

8. APPLICATION FEE

Indicate total payment amount: _____

Indicate payment method:

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

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

I meet the specific eligibility requirements for the requested certification examination:

To the best of my knowledge, all information contained in this application is true.

Signature: _____ Date: _____

Submit this application and your examination fee to:

**AMP Examination Services
18000 W. 105th Street
Olathe, KS 66061**

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.

ONC® Demographic Survey

1. Check the appropriate advanced practice credential:
 - 1. Head Nurse/Unit Manager
 - 2. Staff Nurse/Clinical Area
 - 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. Was your advance practice nursing education completed in the USA?
 - 1. Yes
 - 2. No
5. Years of experience as a registered nurse:
 - 1. Less than one year
 - 2. 1-3 years
 - 3. 4-6 years
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 - 1. Yes
 - 2. No
14. Professional Memberships:
 - 1. ANA
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 - 4. EDNA
 - 5. ONS
 - 6. NAON
 - 7. ARN
 - 8. Sigma Theta Tau
 - 9. Other

OCNS-C® and ONP-C® Demographic Survey

1. Check the appropriate advanced practice credential:
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 - 1. NACNS
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 - 3. ACNP
 - 4. ANA
 - 5. NAON
 - 6. AMSN
 - 7. AORN
 - 8. ONS
 - 9. ARN
 - 10. Sigma Theta Tau
 - 11. Other

Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality. (Please see page 3 of this handbook for further information.)

Candidate Information

Social Security # _____ - _____ - _____

Requested Assessment Center _____

Name (Last, First, Middle Initial, Former Name)

Mailing Address

City

State

Zip Code

Daytime Telephone Number

Special Accommodations

I request special accommodations for the _____ examination.

Please provide (check all that apply):

_____ Extended testing time (time and a half)

_____ Reduced distraction environment

_____ Other special accommodations (Please specify.)

Comments: _____

Signed: _____ Date: _____

Return this form with your application form and fee to:

AMP Examination Services Department
18000 W. 105th Street, Olathe, KS 66061-7543
Phone: 888/519-9901
Fax: 913/895-4650

Documentation of Disability-related Needs

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required test accommodations.

Professional Documentation

I have known _____ since ____ / ____ / ____ in my capacity as a
Candidate Name Date

Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Documentation of Disability: _____

Signed: _____ **Title:** _____

Printed Name: _____

Address: _____

Telephone Number: _____ **E-mail Address:** _____

Date: _____ **License # (if applicable):** _____

Return this form with your application form and fee to:

**AMP Examination Services Department
18000 W. 105th Street, Olathe, KS 66061-7543
Phone: 888/519-9901
Fax: 913/895-4650**