

# **Orthopaedic Nurses Certification Board**

# **Candidate Handbook**



Orthopaedic Nurses Certification Board  
*Recognizing Excellence ♦ Improving Care*

**April 2017**



## Table of Contents

ABOUT ONCB® . . . . .	1	TAKING THE EXAMINATION . . . . .	4
MISSION STATEMENT . . . . .	1	Identification . . . . .	5
INDEPENDENT TESTING AGENCY . . . . .	1	Security . . . . .	5
NONDISCRIMINATION POLICY . . . . .	1	Personal Belongings . . . . .	5
EXAMINATION ADMINISTRATION . . . . .	1	Examination Restrictions . . . . .	5
Computer-Based Administration . . . . .	1	Misconduct . . . . .	5
Computer-Based Examination Windows and Application Deadlines . . . . .	1	Copyrighted Examination Questions . . . . .	6
NO REFUNDS . . . . .	1	Computer Login . . . . .	6
SCHEDULING AN EXAMINATION . . . . .	1	Practice Examination . . . . .	6
Rescheduling or Canceling an Examination . . . . .	2	Timed Examination . . . . .	6
Assessment Center Locations . . . . .	2	Candidate Comments . . . . .	6
Special Arrangements for Candidates with Disabilities . . . . .	2	SAMPLE QUESTIONS FOR THE ONC® EXAMINATION . . . . .	7
Missed Appointments . . . . .	3	ONLINE PRACTICE MODULES AVAILABLE . . . . .	7
Inclement Weather, Power Failure or Emergency . . . . .	3	FOLLOWING THE EXAMINATION . . . . .	7
ABOUT THE ONC® EXAMINATION . . . . .	3	Pass/Fail Score Determination . . . . .	8
Detailed Content Outline – ONC® Examination . . . . .	3	Scores Cancelled by the ONCB® or PSI/AMP . . . . .	8
ONC® Eligibility Criteria . . . . .	3	If You Pass the Examination . . . . .	8
ONC® Examination Fees . . . . .	4	If You Do Not Pass the Examination . . . . .	8
ABOUT THE ONP-C® EXAMINATION . . . . .	4	Failing to Report for an Examination . . . . .	8
Detailed Content Outline – ONP-C® Examination . . . . .	4	ONCB® Announces “Retest for Success” Program . . . . .	8
ONP-C® Eligibility Criteria . . . . .	4	Confidentiality . . . . .	8
ONP-C® Examination Fees . . . . .	4	Duplicate Score Report . . . . .	8
		Recertification . . . . .	9
		REFERENCES . . . . .	10
		APPLICATION FOR THE ONC® CERTIFICATION EXAMINATION . . . . .	11
		APPLICATION FOR THE ONP-C® CERTIFICATION EXAMINATION . . . . .	13
		REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS . . . . .	15
		DOCUMENTATION OF DISABILITY-RELATED NEEDS . . . . .	16

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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 the Accreditation Board for Specialty Nursing Certification.

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

ONCB® improves musculoskeletal health by providing orthopaedic nurses with certifications that promote their professional development and advance the practice of orthopaedic 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 AMP, a PSI business, to assist in the development, administration, scoring and analysis of the ONCB® certification examinations. PSI/AMP, a private corporation owned by PSI Services LLC in Burbank, California, is a leading provider of licensing and certification examinations for professional organizations.

## Nondiscrimination Policy

ONCB® and PSI/AMP do not discriminate among candidates on the basis of age, race, sex, sexual orientation, gender identity, religion, national origin, ethnicity, disability or marital status.

## Examination Administration

### Computer-Based Administration

Examinations are delivered by computer at more than 190 PSI/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.

The examinations will not be offered on the following holidays:

New Year's Day  
Martin Luther King Jr. Day  
President's Day  
Good Friday  
Memorial Day  
Independence Day (July 4)  
Labor Day  
Columbus Day  
Veteran's Day  
Thanksgiving Holiday  
Christmas Holiday  
New Year's Eve Day

## Computer-Based Examination Windows and Application Deadlines

Certification examinations are offered year-round, with the exception of the holidays previously mentioned. Applications can be submitted electronically ([www.goAMP.com](http://www.goAMP.com) – “Candidates”) or by mail using the documents in this handbook. Candidates have 90 days from the registration approval date to schedule their examinations; see page 2 for instructions regarding rescheduling an examination. Persons who fail an examination must wait at least 90 days to retest; see page 8 for description of ONCB®'s retest discount.

## No Refunds

Payment may be made by credit card (VISA, MasterCard, American Express or Discover), check (company, personal or cashier's) or money order payable to PSI/AMP. Cash is not an acceptable form of payment. Examination fees are not refundable or transferrable and expire in one year.

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 PSI/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:

### 1. Apply and/or schedule online.

Visit PSI/AMP's website at [www.goAMP.com](http://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 PSI/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 PSI/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 2 weeks after receipt by PSI/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 4 weeks, contact PSI/AMP at 888-519-9901. One in ten applicants will be notified by PSI/AMP of an audit requiring the candidate to provide evidence of current nursing licensure, NAON/NOVA/AANP 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 PSI/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 PSI/AMP at 888-519-9901. If you submit the paper application, complete the two-page *Request for Special Examination Accommodations* form on pages 15 and 16 and submit it with your application to PSI/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 PSI/AMP at 888-519-9901 at least 2 business days prior to your scheduled appointment. For a computer administration, the following schedule applies.

If your examination is scheduled on...	You must contact PSI/AMP by 3:00 p.m. Central Time to reschedule the examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday/Saturday	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 PSI/AMP at [www.goAMP.com](http://www.goAMP.com) or 888-519-9901. A new, complete application and examination fee are required to reapply for examination.

Candidates cannot cancel an examination after confirmation of eligibility is received. If you do not schedule an examination within the assigned eligibility window, 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

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

## Special Arrangements for Candidates with Disabilities

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

Wheelchair access is available at PSI/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 two completed forms with your application and fee. Please inform PSI/AMP of your need for special accommodations when calling to schedule your examination.

## Missed Appointments

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 PSI/AMP at least 2 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, PSI/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 PSI/AMP's website at [www.goAMP.com](http://www.goAMP.com) prior to the examination to determine if PSI/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

### Condition (number of items)

1. Degenerative Disorders (42)
2. Orthopedic Trauma (28)
3. Sports Injuries (26)
4. Inflammatory Disorders (10)
5. Metabolic Bone Disorders (12)
6. Pediatric/Congenital (6)
7. Musculoskeletal Tumors (5)
8. Neuromuscular (6)

**Tasks** (with broad objectives, range for the number of items shown in parentheses)

### A. Self Care:

Teach self care to achieve maximum functional capacity. (22-32)

### B. Pain:

Select appropriate management strategies for patient's altered comfort. (35-45)

### C. Complications:

Select appropriate measures to prevent, minimize, or alleviate complications. (31-41)

### D. Activity:

Identify activity & positioning parameters, assistive devices, for musculoskeletal conditions. (15-25)

### E. Nutrition:

Identify strategies to promote optimal hydration & nutrition. (3-9)

### F. Psychosocial:

Select appropriate emotional support strategies in relation to specific musculoskeletal problems. (3-9)

## 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.
- Hold a current, full and unrestricted license to practice as a first-level, general nurse in the country in which the 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 2 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 3 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

	Online Application	Paper Application	Groups of 5 or More Applying Together
<b>NAON/NOVA/AANP Members</b>	\$290	\$315	\$260
<b>Non-NAON/NOVA/AANP Members</b>	\$405	\$430	\$371

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

## About the ONP-C® Examination

The ONP-C® examination 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 this examination.

## Detailed Content Outline – ONP-C® Examination

**Condition** (number of items)

1. Degenerative Disorders (48)
2. Orthopedic Trauma (27)
3. Sports Injuries (20)
4. Inflammatory Disorders (12)
5. Metabolic Bone Disorders (11)
6. Pediatric/Congenital (7)
7. Musculoskeletal Tumors (5)
8. Neuromuscular (5)

**Tasks** (with broad objectives, range for the number of items shown in parentheses)

- A. Clinician/Practitioner** (85-95)  
Assess, diagnose, and treat patients  
Health promotion, disease prevention
- B. Educator** (13-23)  
Teaching/coaching of patient and family  
Serve as preceptor/mentor for staff and healthcare professionals

### C. Manager (3-9)

Monitor and ensure quality of healthcare practice

### D. Consultant (11-19)

Serve as a consultant to nursing staff, other disciplines, and the community regarding musculoskeletal health

### E. Researcher (3-9)

Apply research finding in patient care management  
Conduct/participate in research

## ONP-C® Eligibility Criteria

Candidates for the 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.
- Have 3 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 from an accredited educational program in the United States. Certificate-prepared nurse practitioners (non-Master's degree) are not eligible to test. Nurses who received a Master's degree outside the United States are not eligible to test for the ONP-C® credentials.

## ONP-C® Examination Fees

	Online Application	Paper Application	Groups of 5 or More Applying Together
<b>NAON/NOVA/AANP Members</b>	\$340	\$365	\$306
<b>Non-NAON/NOVA/AANP Members</b>	\$455	\$480	\$421

Membership in NAON/NOVA/AANP 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 a PSI/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 PSI/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. The primary form must be government issued, current and include your name, signature and photograph. No form of temporary identification will be accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are: driver's license with photograph; state identification card with photograph; passport; military identification card with photograph.
- The secondary form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).
- If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).

Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.

## Security

ONCB® and PSI/AMP maintain examination administration and security standards that are designed to ensure 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, pagers or cellular/smart phones are allowed in the testing room. Use of a cellular/smart 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. PSI/AMP is not responsible for items left in the reception area.
- No hats or large coats are allowed in the testing room.
- Candidates may be subjected to a metal detection scan upon entering the examination room.

## Personal Belongings

No personal items, valuables or weapons should be brought to the Assessment Center. Only wallets and keys are

permitted. Large coats and jackets must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. The proctor will lock the soft locker prior to you entering the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

- watches
- hats
- wallets
- keys

Once you have placed your personal belongings into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If you bring personal items that will not fit in the soft locker, you will not be able to test. The site will not store or be responsible for your personal belongings.

If any personal items are observed or heard (cellular/smart phones, alarms) in the testing room after the examination is started, you will be dismissed and the administration will be forfeited.

## Examination Restrictions

- Pencils will be provided during check-in.
- Possession of a cellular/smart 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 or cellular/smart phones;



- talks or participates in conversation with other examination candidates;
- gives or receives help or are 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 not listed on the roster.

## 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.

## Computer Login

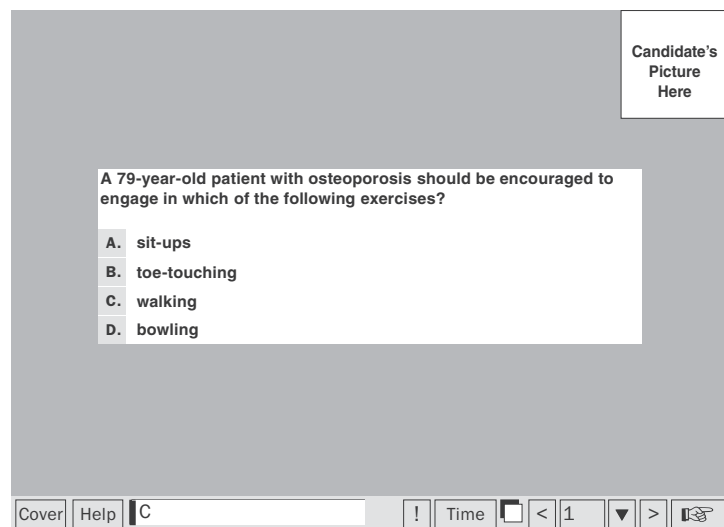
After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your Social Security number. You will take your photograph which will remain on screen throughout your examination session. This photograph will also print on your score report.

## Practice Examination

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 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 typing A, B, C, or D 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. 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 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. 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/Challenges

During the examination, you may make comments 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.

Any unsuccessful candidate can challenge a specific question following the examination by contacting the test vendor in writing. Challenges to any question should be made no later than 6 months after the examination date. Candidates will not be given an opportunity to view any specific items after the examination has been completed.





## 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?
- sit-ups
  - toe-touching
  - walking
  - 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.

Geier, K.A. (2007). Metabolic bone conditions. In National Association of Orthopaedic Nurses. *Core Curriculum for Orthopaedic Nursing* (6<sup>th</sup> ed.) (pp. 373-394). Boston: Pearson Custom Publishing.

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?
- hypertensive crisis
  - bradycardia
  - tachypnea
  - 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.

Roberts, D. (2007). Arthritis and connective tissue disease. In National Association of Orthopaedic Nurses. *Core Curriculum for Orthopaedic Nursing* (6<sup>th</sup> ed.) (pp. 327-370). Boston: Pearson Custom Publishing.

3. Which of the following drugs are CONTRAINDICATED in patients with myasthenia gravis (MG)?
- anticholinergics
  - antidysrhythmics
  - immunosuppressants
  - 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* (7<sup>th</sup> ed.). (p. 1556) St. Louis: Elsevier Mosby.

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

Key: B

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

Hawk, D., & Bailie, S. (2007). Pediatrics/congenital disorders. In National Association of Orthopaedic Nurses. *Core Curriculum for Orthopaedic Nursing* (6<sup>th</sup> ed.) (pp. 259-326). Boston: Pearson Custom Publishing.

## Online Practice Modules Available

Self-assessment modules with additional sample questions are available for the ONC® examination through the PSI/AMP website ([www.goAMP.com](http://www.goAMP.com) – “Candidates” – “Order Practice Tests” under ONCB® content). Assuming they are not completed and submitted, these modules are accessible for 30 days for a cost of \$35 each. One general module with sample questions from all examination content areas is available, and other modules have specific content from the examination outline (e.g., metabolic & inflammatory diseases/tumors; OR/peds/neuromuscular, congenital). These modules reflect the testing environment to help candidates with anxiety related to computer testing. They also provide an excellent sample of the style of questions appearing on the certification examination. Please note that completion of the self-assessment modules is not required for testing and does not guarantee success on the examination. However, they do represent another aide in assessing areas for additional study.

## 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 ONCB® or PSI/AMP

ONCB® and PSI/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 PSI/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®” or “ONP-C®” to indicate certification status. A certificate package will be mailed to you within 3 weeks of passing the examination. 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 number of correct answers for each content area. The ONCB® does not limit the number of times a candidate may retake the certification examination. However, a candidate cannot retest for 90 days following the most recent examination date. The candidate **not registered through "Retest for Success"** is eligible for a \$50 retest discount with any future examination. However, the discount will only be awarded if the candidate registers using the results report provided on the day of the previous examination; the discount cannot be taken on electronic applications or applications from the Candidate Handbook.

## 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.

## ONCB® Announces “Retest for Success” Program

ONCB® now offers special certification group discounts for hospitals that participate in this new program. By completing a “Retest for Success” program contract, nurse leaders can enroll groups of five or more RNs to take the ONC® or ONP-C® examination (mixed groups accepted). Any enrollee who fails the exam on the first attempt can retest without additional payment, but must wait a minimum of 90 days before the second examination. Please call the ONCB® (888-561-6622) with questions about this great program!

ONCB® offers bundled pricing on online self-assessment exams (SAEs) for all exam candidates. Bundled pricing on SAEs is available only with the order form provided in the ONCB® e-store at <http://oncb.org/e-store/>; payment should be sent directly to ONCB®.

## 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. A request must be submitted to PSI/AMP in writing within 12 months of the examination and must include your name, Social Security number, mailing address, telephone number, date of examination and examination taken. Submit with the required fee payable to PSI/AMP in the form of a money order or cashier's check. Duplicate score reports will be mailed within approximately 5 business days 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 (minimum of 70 hours in orthopaedic nursing, no more than 30 hours in general nursing education). More information about recertification can be viewed at [www.oncb.org](http://www.oncb.org) (“Recertification”).
- The ONP-C® must earn 125 contact hours of continuing nursing education over the 5-year period (minimum of 100 hours in orthopaedic nursing, no more than 25 hours in general nursing education). More information about recertification can be viewed at [www.oncb.org](http://www.oncb.org) (“Recertification”).

- 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**

Hodgson, B.B., & Kizior, R.J. (2011). *Saunders Nursing Drug Handbook 2011*. St. Louis: Saunders Elsevier. OR EQUIVALENT GENERAL REFERENCE

Mosher, C. (2010). *Introduction to Orthopaedic Nursing* (4<sup>th</sup> ed.). Chicago, IL: Author.

NAON. (2013). *Core Curriculum for Orthopaedic Nursing* (7<sup>th</sup> ed.). Chicago, IL: Author.

NAON. (2003). *Orthopaedic Operating Room Manual* (2<sup>nd</sup> ed.). Chicago, IL: Author.

*Orthopaedic Nursing* journal, last 3 publication years

In addition to the above references, examination questions may be drawn from the current National Patient Safety Goals of The Joint Commission; the NQF-Endorsed® Standards offered by the National Quality Forum (NQF); and the musculoskeletal evidence-based practice reports of the Agency for Healthcare Research and Quality (AHRQ). Please see the following websites:

<http://www.jointcommission.org/patientsafety/nationalpatientsafetygoals/>

[http://www.qualityforum.org/Measures\\_List.aspx](http://www.qualityforum.org/Measures_List.aspx)

<http://www.ahrq.gov/clinic/epcix.htm#reports>

Muscular Dystrophy Association ([www.mda.org](http://www.mda.org))

National Multiple Sclerosis Society ([www.nationalmssociety.org](http://www.nationalmssociety.org))

Parkinson's Disease Foundation ([www.pdf.org](http://www.pdf.org))

Post-Polio Health International ([www.post-polio.org](http://www.post-polio.org))

### **APN Exam References**

AAOS clinical guidelines. Retrieve from <http://www.aaos.org/research/guidelines/guide.asp>

NAON. (2013). *Core Curriculum for Orthopaedic Nursing* (7<sup>th</sup> ed.). Chicago, IL: Author.

NAON. (2003). *Orthopaedic Operating Room Manual* (2<sup>nd</sup> ed.). Chicago, IL: Author.

*Orthopaedic Nursing* journal, last 3 publication years

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

Muscular Dystrophy Association ([www.mda.org](http://www.mda.org))

National Multiple Sclerosis Society ([www.nationalmssociety.org](http://www.nationalmssociety.org))

Parkinson's Disease Foundation ([www.pdf.org](http://www.pdf.org))

Post-Polio Health International ([www.post-polio.org](http://www.post-polio.org))

### **Preferred resource for ONP-C® exam:**

Sarwark, J.F. (2010). *Essentials of Musculoskeletal Care* (4<sup>th</sup> ed.). Rosemont, IL: AAOS.

Weinstein, S. L., & Buckwalter, J. A. (2005). *Turek's orthopaedics: Principles and Their Application* (6<sup>th</sup> ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

In addition to the above references, examination questions may be drawn from the current National Patient Safety Goals and Surgical Care Improvement Project (SCIP) of The Joint Commission; the NQF-Endorsed® Standards offered by the National Quality Forum (NQF); and the musculoskeletal evidence-based practice reports of the Agency for Healthcare Research and Quality (AHRQ). Please see the following websites:

<http://www.jointcommission.org/patientsafety/nationalpatientsafetygoals/>

[http://www.jointcommission.org/surgical\\_care\\_improvement\\_project/](http://www.jointcommission.org/surgical_care_improvement_project/)

[http://www.qualityforum.org/Measures\\_List.aspx](http://www.qualityforum.org/Measures_List.aspx)

<http://www.ahrq.gov/clinic/epcix.htm#reports>

# Application for the ONC® Certification Examination

*Print or type all information requested.*

Certification examinations are offered year-round, with the exception of the holidays listed on page 1. Applications can be submitted electronically ([www.goAMP.com](http://www.goAMP.com) – “Candidates”) or 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:** Retest discount is not available with the use of this application form.

7. **Examination Fee:**  \$315 NAON/NOVA/AANP member  \$430 nonmember

**NOTE:** Candidates using the online application process will receive a \$25 discount. Please visit [www.goAMP.com](http://www.goAMP.com) to fill out the online application.

**Special Pricing for Groups of 5 or More Applying Together:**

\$260 NAON/NOVA/AANP member  \$371 nonmember

**NOTE:** This discount is not part of the “Retest for Success” program and does not include free second examination.

## 8. APPLICATION FEE

Indicate total payment amount: \_\_\_\_\_

Indicate payment method:

Personal Check, Company Check, Cashier’s Check or Money Order (payable to PSI/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 all of the following eligibility requirements for the ONC® certification examination at the time of application submission:

- minimum of 1,000 hours working as an RN in orthopaedic nursing practice within the past three years, and
- 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. I have read the Candidate Handbook and understand ONCB® policies related to testing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this application and your examination fee to:**

**PSI/AMP Application Processing • 18000 W. 105th St. • 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 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® website
  - 11 NAON website
  - 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
  
14. If you qualified for the membership discount, please indicate the organization to which you belong:
  - 1 NAON
  - 2 NOVA
  - 3 AANP

# Application for the ONP-C® Certification Examination

Print or type all information requested.

Certification examinations are offered year-round, with the exception of the holidays listed on page 1. Applications can be submitted electronically ([www.goAMP.com](http://www.goAMP.com) – “Candidates”) or 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:** Retest discount is not available with the use of this application form.

7. **Examination Fee:**  \$365 NAON/NOVA/AANP member  \$480 nonmember

**NOTE:** Candidates using the online application process will receive a \$25 discount. Please visit [www.goAMP.com](http://www.goAMP.com) to fill out the online application.

**Special Pricing for Groups of 5 or More Applying Together:**

\$306 NAON/NOVA/AANP member  \$421 nonmember

**NOTE:** This discount is not part of the “Retest for Success” program and does not include free second examination.

## 8. APPLICATION FEE

Indicate total payment amount: \_\_\_\_\_

Indicate payment method:

Personal Check, Company Check, Cashier’s Check or Money Order (payable to PSI/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 – 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
- advance practice hours: 1,500 hours for current ONC®s, 2,500 hours for non-ONC®s
- 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. I have read the Candidate Handbook and understand ONCB® policies related to testing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this application and your examination fee to:  
 PSI/AMP Application Processing • 18000 W. 105th St. • 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, *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® website
  - 11 NAON website
  - 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
  
17. If you qualified for the membership discount, please indicate the organization to which you belong:
  - 1 NAON
  - 2 NOVA
  - 3 AANP





## 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 and submit it with your application at least 45 days prior to your requested examination date.** The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

### Candidate Information

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Requested Assessment Center: \_\_\_\_\_

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Email Address

### Special Accommodations

I request special accommodations for the \_\_\_\_\_ examination.

Please provide (check all that apply):

Reader

Extended testing time (time and a half)

Reduced distraction environment

Please specify below if other special accommodations are needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with PSI/AMP staff my records and history as they relate to the requested accommodation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form with your examination application and fee to:  
Application Processing, PSI/AMP, 18000 W. 105th St., Olathe, KS 66061-7543  
If you have questions, call Candidate Services at 888-519-9901.**



# DOCUMENTATION OF DISABILITY-RELATED NEEDS

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

## Professional Documentation

I have known \_\_\_\_\_ since \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in my capacity as a  
Candidate Name Date

\_\_\_\_\_  
My Professional Title

The candidate discussed with me the nature of the test 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.

Description of Disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_

**Return this form with your examination application and fee to:  
Application Processing, PSI/AMP, 18000 W. 105th St., Olathe, KS 66061-7543  
If you have questions, call Candidate Services at 888-519-9901.**