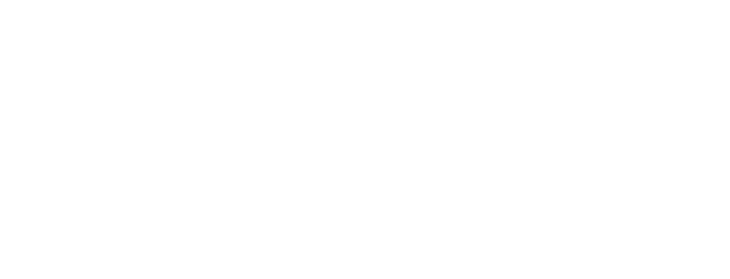
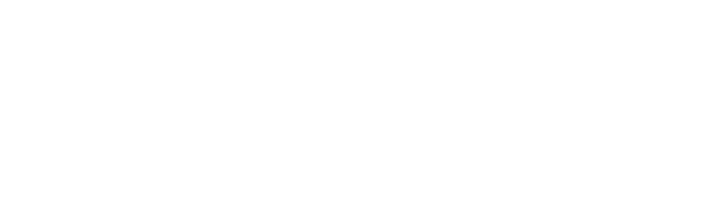
**ONP-C® or OCNS-C® RECERTIFICATION APPLICATION**



## Please print or type



□ Credit card **(Please do not provide credit card information on this application)**

*Upon receipt of this application, ONCB will email an invoice to you with a link*

*for online payment. Application will not be processed until credit card payment is received.*

**Check # Amt Date**

Application must be postmarked by **June 30** to avoid a $45 late fee.

Late applications only accepted through a postmark of **Sept 30**.

Name

Name as it is to appear on wallet card (no credentials)

Address

City State Zip Code

Preferred Phone ( ) E-mail

RN License: State Permanent number Expiration Date

**Statement of Eligibility**

I meet the eligibility requirements for recertification by continuing education and have enclosed the required documentation:

1. Current, unrestricted RN license (**copy of license or evidence of current licensure from your state board of nursing enclosed**). ONCB DOES NOT perform online verification of licensure.
2. Completion of Forms A and B to document required continuing education in the 5-year recertification period *(forms available on www.oncb.org)* (**Completed forms A and B enclosed with application**)
3. Unexpired OCNS-C or ONP-C certification and completion of 1500 hours of practice as an RN in the 5-year recertification period **(your signature below affirms this attestation. No documents needed).**

To the best of my knowledge, all information contained in this application is true. I understand I will need to submit copies of program documentation to verify my contact hours if audited.

Signature Date

## Check the appropriate fee and submit payment by *(circle one)* credit card / check/money order

**(payable to ONCB) with this application:**

 $330.00 NAON Member\*  $445.00 Non-member

(save **$50** by recertifying online with Learning Builder [oncb.learningbuilder.com](https://oncb.learningbuilder.com/account/login/?ReturnUrl=%2f))

***\*Copy of current NAON membership card or image of online card is required. ONCB does not verify NAON membership.***

**A $55.00 fee will be assessed to any applicant whose application is incomplete or whose personal check is returned for insufficient funds. Any applicant who is denied recertification or desires a refund can request return of payment less an $80.00 administrative fee. *(Requests for refund of recertification fees must be received no later than December 1 of the year of credential expiration. Any requests received after that date will not be processed).***

***Return completed application with appropriate fee to:***

**Orthopaedic Nurses Certification Board**

**330 N. Wabash Ave., Suite 2000 Chicago, IL60611**

***IF APPLICABLE, PLEASE ATTACH A COPY OF CURRENT NAON MEMBERSHIP CARD***

**QUESTIONS ABOUT ACCESSING THE CARD CAN BE HANDLED BY NAON AT 800-289-NAON (6266)**

**Methods of attachment:**

1. Copy/scan card  print  include with other documents of the application

or

1. Copy/scan card  print  cut  attach onto this portion of the page

***PLEASE ATTACH A COPY OF CURRENT, UNRESTRICTED RN LICENSE***

**LICENSE MUST DISPLAY A VALID EXPIRATION DATE**

**Methods of attachment:**

1. Copy/scan license  print  include with other documents of the application

or

1. Copy/scan license  print  cut  attach onto this portion of the page

**My Learning Opportunities for Categories A and B (REQUIRED)**

This REQUIRED form for recertification must be completed and submitted online using our easy-to-use form prior to mailing your paper recertification application.

Click [here](https://www.oncb.org/learning-opportunities-for-recertification/) to access the instructions and form on the ONCB website or enter this web address into any browser:

https://www.oncb.org/learning-opportunities-for-recertification/

Upon submission of the form, you will receive a confirmation email. This confirmation ensures your form has been properly submitted. There is no need to include a copy of your responses with your recertification application.

I have completed and submitted My Learning Opportunities form online.

# ONCB RECERTIFICATION FORM A CATEGORY A: ORTHOPAEDIC PROGRAMS

**Please type or print clearly using pen. Photocopy this form if additional space is needed. All required contact hours can be earned in orthopaedic nursing if the certificant desires.**

**At least 100 contact hours for OCNS-C® and ONP-C®.**

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| (1)  Activity Title | (2)  Completion Date (chrono- logical order) | (3)  Activity Sponsor | (4)  Accredited Provider or Provider # | (5)  Location  (Your City/State if Home Study) | (6)  Type of CE\*  A = Author  AQH = Academic quarter hour ASH = Academic semester hour CME = Continuing Medical  Education  H = Home Study (journal article/online activities) M = Workshop/Conference Atendee  P = Poster development/presentation S = Speaker  PRE= Preceptorship | (7)  Number of Approved Contact Hours | (8)  Audit Use Only |
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Name:

Subtotal This Page:

1 CME credit = 1 contact hour

60 minutes of continuing nursing education = 1 contact hour 30 minutes of presentation/lecture = 2 contact hours

Audit use only: Approved contact hours

Entire published book = 15 contact hours Chapter in published book = 10 contact hours

Article published in refereed journal = 5 contact hours Completed graduate thesis or dissertation = 15 contact hours

Poster development = 1 contact hour; poster development and presentation= 3 contact hours 1 academic semester hour (ASH) = 15 contact hours

1 academic quarter hour (AQH) = 12.5 contact hours

1 academic hour (5 ½ week term) = 6.25 contact hours

Preceptorship 80 hours = 5 contact hours (Maximum of **two** 5-hour awards)

# ONCB RECERTIFICATION FORM B CATEGORY B: GENERAL NURSING

**Please type or print clearly using pen. Photocopy this form if additional space is needed.**

**A maximum of 25 hours for the OCNS-C® and ONP-C®. Hours in excess of these quantities are not counted.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| (1)  Activity Title | (2)  Completion date (chronological order) | (3)  Activity Sponsor | (4)  Accredited Provider or Provider # | (5)  Location | (6)  Type of CE\*  A = Author  AQH = Academic quarter hour ASH = Academic semester hour CME = Continuing Medical  Education H = Home Study  M = Workshop/Conference Attendee P = Poster development/presentation S = Speaker  PRE = Preceptorship | (7)  Number of Approved Contact Hours | (8)  Audit Use Only |
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Name:

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Entire published book = 15 contact hours Chapter in published book = 10 contact hours

Audit use only: Approved contact hours

Article published in refereed journal = 5 contact hours Completed graduate thesis or dissertation = 15 contact hours

Poster development = 1 contact hour; poster development and presentation = 3 contact hours Preceptorship 80 hours = 5 contact hours (Maximum of **two** 5 hour awards)

1 academic semester hour = 15 contact hours (ASH) 1 academic quarter hour = 12.5 contact hours (AQH)

1 academic hour (5 ½ week term) = 6.25 contact hours