Orthopaedic Nurses Certification Board
Recognizing Excellence • Improving Care

□ 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 for Reactivation of OCNS-C®, ONP-C®, or ONC-A™ Credential

_____
Printed Name

_____
Street Address *City* *State* *Zip Code*

_____ _____
Daytime Telephone Number *E-mail Address*

_____
Date of Expiration of Last Certification Cycle (must be within past 2 years)

I meet the requirements for reactivation and have enclosed the required documentation:

1. Copy of continuing education certificates must be attached to verify completion of required contact hours of continuing education since expiration of certification.

- 20 contact hours in orthopaedics – up to one year after expiration of credential
- 40 contact hours in orthopaedics – 1-2 years after expiration of credential

2. Statement of my plan for professional development over the next 5 years (term of certification). This includes any academic course work as well as anticipated attendance at major conferences. The statement also identifies the role certification plays in my professional life and includes my answer to the question, "Why do you want to reactivate your orthopaedic nursing certification?" Statement should be at least 250 words in length.

3. Copy of current RN license *(with expiration date)*
4. Copy of current NAON, AANP, or NOVA card *(if applicable)*

Required fee is the cost of online examination APN application:

- $345 NAON/AANP/NOVA member, $460 non-member

I understand the reactivation option for my certification can be used only **once**.

I verify that I have practiced at least 1500 hours (750 in the past year) if applying for OCNS-C,ONP-C, or ONC-A reactivation.

_____ _____
Signature *Date*

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