



**Orthopaedic Nurses Certification Board**  
*Recognizing Excellence ♦ Improving Care*

330 N. Wabash Avenue, Suite 2000, Chicago, IL 60611  
Office: 888-561-6622 Fax: 312-673-6971  
www.oncb.org

**SUPERVISOR VERIFICATION FORM**  
**ONC<sup>®</sup> EXAMINATION**

Candidate's Name

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**Supervisor Verification Statement:**

To the best of my knowledge, the individual listed above has completed the following minimum hours working as an RN or NP in musculoskeletal patient care and a minimum of two years' experience working as an RN (any area).

- ONC (basic RN examination) – 1000 hours in the past 3 years

Supervisor Name

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Supervisor Title

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Work Setting/Address

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Email Address

Telephone

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Supervisor's Original Signature \_\_\_\_\_

Date \_\_\_\_\_