



Orthopaedic Nurses Certification Board
Recognizing Excellence ♦ Improving Care

ONCB Dottie Roberts Excellence in Certification Scholarship

Submission Deadline: January 1, 2022

This award encourages nurses to retain certification in orthopaedics. The ONC, ONP-C, OCNS-C credentials recognize knowledge in the specialty practice of musculoskeletal nursing.

Submission Deadline

Applications must be postmarked or received at the ONCB office by January 1, 2022, to be considered for the award. Submissions received after the deadline will not receive consideration. The ONCB is not responsible for non-performance of postal mail.

Scoring of Awards

Applications will receive review based on an objective point system. Scoring will be completed by ONCB members in conjunction with other appropriate reviewers.

Notification of Awards

The ONCB will notify applicants of the award selection no later than March 1, 2022. Further instructions for the award recipients will be provided at that time.

Incomplete Applications

Incomplete submissions and applications will not be considered.

Questions

Please address questions about the awards process to the ONCB (888-561-ONCB [6622], oncb@oncb.org).

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APPLICANTS FOR RECERTIFICATION

Eligibility Criteria

1. Candidate must hold current ONC, ONP-C, or OCNS-C certification.
2. Candidate must meet the eligibility requirements to recertify (www.oncb.org for more information).
3. Candidate may recertify either by continuing education credit or examination.
4. **Candidate must be recertifying for the second time.**

Award

1. Certificate for free recertification to be submitted with recertification application. Certificate will expire on December 31 of the award year.
2. Recognition in ONCB communications (e.g. ONCB Facebook page, NAON News).

Required Documentation

1. Complete application.
2. Current curriculum vitae/resume.
3. Verification of current ONC, ONP-C, or OCNS-C credential.
4. Statement (a minimum of 250 words) addressing the following: reason for maintaining certification; how certification has been a benefit in your nursing practice; professional goals as a certified nurse; how certification has been a benefit in your practice; and ways you have served as an ambassador for orthopaedic nursing certification.

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SECTION A

Name _____ Credentials _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (work) _____

Preferred email _____

Business address _____

City _____ State _____ Zip _____

Position/Title _____

Recertifying for at least the second time (circle one): Yes/No

Years in Nursing: _____ Years in Orthopaedic Nursing: _____

I affirm that the statements made in this application are complete and accurate. I meet eligibility requirements for recertification (based on award being sought).

Signature _____ Date _____

Return completed application via one of the following:

Postal Mail: ONCB; 330 N. Wabash Ave., Suite 2000, Chicago, IL 60611

Email: oncb@oncb.org

Fax: 312.673.6971 (please email/phone ONCB: 888-561-6622 to confirm receipt)