



Orthopaedic Nurses Certification Board
Recognizing Excellence ♦ Improving Care

ONCB Scholarship For Certification Examination or Recertification

Submission Deadline: January 1, 2024

This award encourages nurses to seek and 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, 2024, 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 31, 2024. 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).

ONCB Scholarship for Certification Examination or Recertification

APPLICANTS FOR CERTIFICATION EXAMINATION

Eligibility Criteria

1. Candidate must meet the eligibility requirements to take the ONC or ONP-C certification examination (see www.oncb.org for more information).
2. Candidate must be taking the certification examination for the first time. Individuals who are re-testing are ineligible.
3. Candidate is not required to hold current NAON membership. One certification examination scholarship for each exam may be given annually to a non-NAON member.

Award

1. Certificate for free examination to be submitted with examination application. **Free examination must be taken before December 31 of the award year.**
2. Recognition in ONCB communications (e.g. *ONCB Facebook page, NAON News*).
3. Letter to employer or other local media (upon request) to recognize award.

Required Documentation

1. Complete application.
2. Current curriculum vitae/resume.
3. Signed statement from employer verifying the required hours worked in orthopaedics.
4. Statement (a minimum of 250 words) addressing the following: reason for pursuing/maintaining certification; how certification could be a benefit in your nursing practice; professional goals as a certified nurse; how certification would be a benefit in your practice; and ways you have served as an ambassador for orthopaedic nursing certification.

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 provide evidence of current NAON membership.**

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*).
3. Letter to employer or other local media (upon request) to recognize award.

Required Documentation

1. Complete application.
2. Current curriculum vitae/resume.
3. Verification of current ONC, ONP-C, or OCNS-C credential and NAON membership.
4. Statement (a minimum of 250 words) addressing the following: reason for pursuing/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.

ONC[®] and ONP-C[®] CERTIFICATION SCHOLARSHIP APPLICATION

DEADLINE: January 1, 2024

SECTION A (check one)

- ONC Certification Scholarship
- ONC Recertification Scholarship
- ONP-C Certification Scholarship
- ONP-C Recertification Scholarship
- OCNS-C Recertification Scholarship

SECTION B

Name _____ Credentials _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (work) _____

Preferred email _____

Business address _____

City _____ State _____ Zip _____

Position/Title _____

Membership Information : NAON member Nonmember

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 certification or 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)