

ONP-C® or OCNS-C® RECERTIFICATION APPLICATION



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

Upon receipt of this application, ONCB will email you a link for online payment by credit or debit card. Application will not be processed until payment is received.

For your security, check payments are no longer accepted.

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

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

Please print or type

Name _____

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 (**Completed forms A and B enclosed with application**)
3. Unexpired OCNS-C or ONP-C certification and completion of 1500 hours of practice as a CNS or NP in a role/setting related to musculoskeletal health 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 _____

☐ \$350.00 NAON Member*

☐ \$475.00 Non-member

(save \$50 by recertifying online with Learning Builder oncb.learningbuilder.com)

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

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 (no checks or money orders accepted with application) to:

**Orthopaedic Nurses Certification Board
330 N. Wabash Ave., Suite 2000, Chicago, IL 60611
Email: oncb@oncb.org | Fax: 312-673-6971**

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
2. Copy/scan license → print → cut → attach onto this portion of the page

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
2. Copy/scan card → 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 65 contact hours for OCNS-C® and ONP-C®.

Activity Title	Date Completed	Activity Sponsor (name of online vendor or where activity offered)	Type of CE* A = Author AQH = Academic quarter hour ASH = Academic semesterhour CME = Continuing Medical Education AHE = Allied Health Education H = Home Study (journal article/online activities) M = Workshop/ConferenceAttendee P = Poster development/presentation PRE = Preceptorship S = Speaker EX = Orthopaedic certification exam	Number of Approved Contact Hours	Audit Use Only

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
 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)
 Orthopaedic certification exam (tested after July 1, 2012) = 5 contact hours

Audit use only: Approved contact hours

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 35 hours for the OCNS-C® and ONP-C®. Hours in excess of these quantities are not counted.

Activity Title	Date Completed	Activity Sponsor (name of online vendor or where activity offered)	Type of CE* A = Author AQH = Academic quarter hour ASH = Academic semester hour CME = Continuing Medical Education AHE = Allied Health Education H = Home Study (journal article/online activities) M = Workshop/Conference Attendee P = Poster development/presentation PRE = Preceptorship S = Speaker EX = Orthopaedic certification exam	Number of Approved Contact Hours	Audit Use Only

Name:

Subtotal This Page:

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 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
 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

Audit use only: Approved contact hours