



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.

**For your security, check payments are no longer accepted.**

## Application for Reactivation of ONC® 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. We do not accept transcripts.

- 15 contact hours in orthopaedics – up to one year after expiration of credential
- 30 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 application:

- ONC® (\$300 NAON/AANP/NOVA member, \$425 non-member)

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

I verify that I have practiced at least 1000 hours in the past 2 years (or 500 hours in past year if certification expired within 1 year) if applying for ONC® reactivation.

Signature

Date

330 N. Wabash Ave., Suite 2000, Chicago, IL 60611  
888.561.6622/Fax: 312.673.6971/Email: [oncb@oncb.org](mailto:oncb@oncb.org)

5p-A, Application for Reactivation of ONC Credential  
Originally “Application for Recertification Under the Reactivation Option”  
Revised 8/04, 5/06, 5/08, 7/10, 7/12, 3/14, 1/15, 11/17,  
12/19, 12/23 Orig 12/02 Reviewed 8/16