**ONC®** **RECERTIFICATION APPLICATION**

□ 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.***Check #\_\_\_\_\_\_\_\_\_ Amt\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_**\_



**Please print or type**

Application must be postmarked by **June 30** to avoid $50 late fee. Late applications only accepted through a postmark of **Sept 30**.

Name

Name as it is to appear on wallet card (no credentials) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 *(forms available on www.oncb.org)* (**Completed forms A and B enclosed with application**)

3. Unexpired ONC certification and completion of 1000 hours of practice as an RN 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check the appropriate fee and submit payment by *(circle one)* credit card / check/money order
(payable to ONCB) with this application:**

🞏 $275.00 NAON Member\* 🞏 $390.00 Non-member

(save **$50** by recertifying online with Learning Builder - <https://oncb.learningbuilder.com/>) (Call NAON @ 1-800-289-NAON [6266] for application)
(save **$50** by recertifying online with Learning Builder – <https://oncb.learningbuilder.com/>)

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

**A $50.00 fee will be assessed to any applicant whose application is incomplete or whose personal check is returned for insufficient funds.**

**Applicants denied recertification can receive a refund less a $50 administrative fee.**

***Return completed application with appropriate fee to:***

**Orthopaedic Nurses Certification Board**

**330 N. Wabash St., Suite 2000 Chicago, IL 60611**

**Beginning with 2014 recertifications, this learning needs self-assessment must be completed by all certificants who chose to recertify using a paper application. For nurses recertifying in 2014-2017, the form should be completed at least 1 year before recertifying and forwarded to ONCB, 330 N. Wabash St., Suite 2000; Chicago, IL 60611. Moving forward, the form should be completed within the first year of the new certification term and sent to ONCB at the address above. Keep a copy of the completed form with your CE records so you can complete the evaluation at the time of recertification.**

***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

***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

**Nurses using LearningBuilder, ONCB’s free electronic CE records maintenance and recertification system, will complete the learning needs self-assessment online and will not need to use this paper assessment.**

As part of ONCB's efforts related to continuing competence, certificants are asked to identify at least one topic area each in Category A and B as a focus for CE efforts. These identified learning needs can serve as a possible guide for certificants' [continuing education](http://oncb.learningbuilder.com/Learner/LearningPlan/View/664) during a certification cycle.

**Topics/Descriptions for Category A**

1. Musculoskeletal Anatomy and Physiology

Activities under this topic may include content on anatomy of bone and muscle (e.g., microscopic structure of bone, types of joints [synovial, fibrous, cartilaginous]).

2. Musculoskeletal Diagnostics

Activities under this topic may include content on relevant blood and urine tests (e.g., ANA, rheumatoid factor), radiographic studies (e.g., CT scan, MRI, bone scan), and special diagnostic studies (e.g., arthroscopy, bone marrow aspiration).

3. Perioperative Orthopaedic Care

Activities under this topic may include content on preoperative assessment and teaching specific to musculoskeletal conditions, intraoperative care of the patient undergoing musculoskeletal surgery, and postoperative evaluation specific to musculoskeletal surgery (e.g., neurovascular assessment).

4. Pain Management

Activities under this topic may include content on general principles of pain management or pain management modalities with specific musculoskeletal application (e.g., epidural analgesia for total joint arthroplasty).

5. Complications of Musculoskeletal Conditions/Procedures

Activities under this topic may include content on complications specific to musculoskeletal conditions or procedures (e.g., VTE, fat embolism, compartment syndrome, delayed union/malunion). Other topics not unique to musculoskeletal care will receive credit under Category B (e.g., delirium, pressure ulcers, constipation, hospital-acquired pneumonia, urinary retention).

6. Infections

Activities under this topic may include content on infections specific to musculoskeletal care (e.g., osteomyelitis, septic arthritis, prosthetic infections, bone and joint tuberculosis). General information on surgical site infection will receive credit under Category B.

7. Therapeutic Modalities

Activities under this topic may include content on therapies unique to musculoskeletal care (e.g., external fixator, CPM machine, braces/orthotics/orthoses, ambulating devices and techniques).

8. Pediatrics/Congenital Disorders

Activities under this topic may include content on musculoskeletal conditions and procedures typically associated with pediatric patients (e.g., Legg-Calvé-Perthes disease, Blount’s disease, osteogenesis imperfect, cerebral palsy, muscular dystrophy).

9. Arthritis and Connective Tissue Disorders

Activities under this topic may include content on arthritis and related disorders (e.g., rheumatoid arthritis, juvenile arthritis, osteoarthritis, gout, Lyme disease, ankylosing spondylitis, reactive arthritis, psoriatic arthritis, systemic sclerosis, lupus, fibromyalgia). Also included are surgical treatments for these conditions (e.g., total joint arthroplasty, osteotomy, arthrodesis).

10. Metabolic Bone Conditions

Activities under this topic may include content on metabolic skeletal disorders (e.g., hyperparathyroidism, osteomalacia, osteoporosis, Paget’s disease, rickets).

11. Musculoskeletal Trauma

Activities under this topic may include content specific to musculoskeletal trauma (e.g., strain and sprain, dislocation and subluxation, fracture, bullet and blast injuries/crush injuries). Also included are surgical treatments for musculoskeletal trauma (e.g., ORIF for hip fracture). Other topics not unique to musculoskeletal care will receive credit under Category B (e.g., airway management, hemodynamics, emergency response systems).

12. The Shoulder

Activities under topic may include content specific to musculoskeletal shoulder disorders (e.g., rotator cuff injury, adhesive capsulitis, congenital dysplasia of the glenoid).

13. Hand and Wrist

Activities under this topic may include content specific to musculoskeletal hand and wrist disorders (e.g., Dupuytren’s disease, mallet finger, carpal tunnel syndrome, trigger thumb/finger).

14. The Spine

Activities under this topic may include content specific to musculoskeletal spine disorders (e.g., scoliosis, kyphosis, herniated nucleus pulposus, spinal stenosis, spondylolysis/spondylolisthesis, failed back syndrome).

15. Foot and Ankle

Activities under this topic may include content specific to musculoskeletal disorders of the foot and ankle (e.g., Achilles rupture/tenosynovitis, plantar fasciitis, Charcot foot, hallux valgus, diabetic foot).

16. Neuromuscular Disorders

Activities under this topic may include content specific to neuromuscular conditions (e.g., multiple sclerosis, Parkinson’s disease).

17. General Nursing Topics (Category B)

These include any activities in non-orthopaedic areas of nursing education.

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Recertification \_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I. Category A topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Why are you interested in this topic? Circle one option.**

* Current trends
* High risk care area
* High volume care area
* Low volume care area
* New technology/equipment knowledge deficit
* Organizational/employer goal
* Patient safety
* Personal interest
* Required for role
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Category B topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Why are you interested in this topic? Circle one option.**

* Current trends
* High risk care area
* High volume care area
* Low volume care area
* New technology/equipment knowledge deficit
* Organizational/employer goal
* Patient safety
* Personal interest
* Required for role
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before submitting the recertification application, please indicate if you achieved education in the identified areas; if so, you should indicate how practice may be impacted by information gained through the CE activity.

**How likely will your learning activities change the way you practice? Circle one option.**

**I. Category A topic II. Category B topic**

**0 – Did no activities 0 – Did no activities**

**1 – Highly unlikely 1 – Highly unlikely**

**2 – Unlikely 2 – Unlikely**

**3 – Possibly 3 – Possibly**

**4 – Likely 4 – Likely**

**5 – Highly likely 5 – Highly likely**

This self-assessment will be used solely as a tool for meeting learning needs. No penalty will be assessed for certificants who were unable to attend their targeted activities.

**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 70 contact hours in orthopaedic nursing continuing education for ONC®; 100 contact hours for OCNS-C® and ONP-C®.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| (1)Activity Title | (2)CompletionDate (chrono-logical order) | (3)Activity Sponsor | (4)Accredited Provider or Provider # | (5)Location (Your City/State if Home Study) | (6)Type of CE\*A = AuthorAQH = Academic quarter hourASH = Academic semester hourCME = Continuing Medical  EducationH = Home Study (journal article/online activitiesM = Workshop/Conference AtendeeP = Poster development/presentationS = Speaker | (7)Number of Approved Contact Hours | (8)Audit Use Only |
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Subtotal This Page:

1 CME credit = 1 contact hour

Audit use only: Approved contact hours\_\_\_\_\_\_\_\_\_\_\_\_

60 minutes of continuing nursing education = 1 contact hour

30 minutes of presentation/lecture = 2 contact hours

Entire published book = 15 contact hourds

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

**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 30 contact hours in general nursing continuing education for the ONC®; 25 hours for the OCNS-C® and ONP-C®. Hours in excess of these quantities are not counted.**

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| (1)Program Title | (2)Date of Program (chrono-logical order) | (3)Program Sponsor | (4)Accredited Provider or Provider # | (5)Location | (6)Type of CE\*A = AuthorAQH = Academic quarter hourASH = Academic semester hourCME = Continuing Medical  EducationH = Home StudyM = Workshop/Conference AttendeeP = Poster development/presentationS = SpeakerP = Preceptorship | (7)Number of Approved Contact Hours | (8)Audit Use Only |
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Subtotal This Page:

Name:

1 CME credit = 1 contact hour

 60 minutes of continuing nursing education = 1 contact hour

 30 minutes of presentation/lecture = 2 contact hours

Audit use only: Approved 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

 Preceptorship 80 hours = 5 contact hours (one-time award in 5 years)

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