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Rev. 1/28/2014
About ONCB®

The Orthopaedic Nurses Certification Board (ONCB®) was established in 1986 to promote the highest standards of orthopaedic nursing practice through the development, implementation and coordination of all aspects of certification for orthopaedic nurses. The ONC® examination is accredited by the Accreditation Board for Specialty Nursing Certification.

ONCB® is a member of the American Board of Nursing Specialties (ABNS). ABNS is an advocate for consumer protection by establishing and maintaining standards for professional specialty nursing certification.

Mission Statement

ONCB improves musculoskeletal health by providing orthopaedic nurses with certifications that promote their professional development and advance the practice of orthopaedic nursing.

Certification granted by the ONCB® is pursuant to a voluntary procedure intended solely to test for special knowledge. The ONC® does not purport to license, to confer a right or privilege upon, nor otherwise to define the qualifications of any person for nursing practice. The significance of certification in any jurisdiction or institution is the responsibility of the candidate to determine. The candidate should contact the appropriate state Board of Nursing or institution for clarification.

Independent Testing Agency

ONCB® has contracted with Applied Measurement Professionals, Inc. (AMP) to assist in the development, administration, scoring and analysis of the ONCB® certification examinations. AMP, located in the greater Kansas City area, is a leading provider of licensing and certification examinations for professional organizations.

Nondiscrimination Policy

ONCB® and AMP do not discriminate among candidates on the basis of race, color, creed, gender, religion, national origin, disability or marital status.

Examination Administration

Computer-Based Administration

Examinations are delivered by computer at more than 190 AMP Assessment Centers geographically located throughout the United States. Examinations are administered by appointment only Monday through Saturday at 9:00 a.m. and 1:30 p.m. Candidates are scheduled on a first-come, first-served basis. An application is included in the back of this handbook. It is YOUR responsibility to ensure that the application has been properly completed and that all information provided is accurate.

Computer-Based Examination Windows and Application Deadlines

Certification examinations are offered year-round, with the exception of the holidays previously mentioned. Applications can be submitted electronically (www.goAMP.com – “Schedule/Apply for an Exam”) or by mail using the documents in this handbook. Candidates have 90 days from the online registration date, or from the receipt date of a paper application, to schedule their examinations; see page 3 for instructions regarding rescheduling or canceling an examination. Persons who fail an examination must wait at least 90 days to re-test; see page 9 for description of ONCB’s re-test discount.

No Refunds

Payment may be made by credit card (VISA, MasterCard, American Express or Discover), check (company, personal or cashier’s) or money order made payable to AMP. Cash is not an acceptable form of payment. Examination fees are not refundable or transferrable and expire in one year.

Credit card transactions that are declined will be subject to a $25 handling fee. A certified check or money order for the amount due, including the handling fee, must be sent to AMP to cover declined credit card transactions.

Scheduling an Examination

When the admission requirements are satisfied, you may register by one of the following methods:

1. Apply and/or schedule online.

   Visit AMP’s website at www.goAMP.com to complete your application online. Click on “Schedule/Apply for an Exam.” The computer screens guide you through the complete process. Once you complete the online application process you will receive an immediate response from AMP. You will either be notified of additional information required to complete the application process or you will be prompted to schedule your examination appointment.

   Online application submission is available for all individuals paying the examination fee by credit card (VISA, MasterCard, American Express and Discover).

   Or

2. Mail your application form. THIS IS A TWO-STEP PROCESS

   A. Complete all sections of the application form. Mail it to AMP with the required documentation and examination fee (paid by credit card, personal check, company check, cashier’s check or money order) to the address indicated on the form.

   Within approximately two weeks after receipt by AMP, your application will be processed and a confirmation notice of eligibility sent. If eligibility cannot
be confirmed, a letter explaining why the application is incomplete will be sent. If a confirmation notice is not received within four weeks, contact AMP at 888-519-9901. One in ten applicants will be notified by AMP of an audit requiring the candidate to provide evidence of current nursing licensure, NAON membership (if applicable), and hours of employment. Documentation must be returned before the examination can be scheduled.

AND

B. The confirmation notice will contain a toll-free telephone number and website address for you to schedule an examination appointment. This toll-free line is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday, and 8:30 a.m. to 5:00 p.m. on Saturday. Appointments can be scheduled online, 24 hours a day, 7 days a week.

<table>
<thead>
<tr>
<th>If you contact AMP by 3:00 P.M. Central Time on…</th>
<th>Depending on availability, your examination may be scheduled as early as…</th>
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<tbody>
<tr>
<td>Monday</td>
<td>Wednesday</td>
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<td>Tuesday</td>
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<td>Wednesday</td>
<td>Friday/Saturday</td>
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<td>Thursday</td>
<td>Monday</td>
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<td>Friday</td>
<td>Tuesday</td>
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</tbody>
</table>

If special accommodations are being requested and you submit your application online, please contact AMP at 888-519-9901. If you submit the paper application, complete the Request for Special Examination Accommodations form on page 19 and submit it with your application to AMP at least 45 days prior to the desired examination date.

**Rescheduling or Canceling an Examination**

You may reschedule your examination ONCE at no charge by calling AMP at 888-519-9901 at least two business days prior to your scheduled appointment. For a computer administration, the following schedule applies.

<table>
<thead>
<tr>
<th>If your examination is scheduled on…</th>
<th>You must contact AMP by 3:00 p.m. Central Time to reschedule the examination by the previous…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Wednesday</td>
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<td>Tuesday</td>
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<td>Thursday</td>
<td>Monday</td>
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<tr>
<td>Friday/Saturday</td>
<td>Tuesday</td>
</tr>
</tbody>
</table>

If you wish to reschedule a second time, appear more than 15 minutes late for your appointment and cannot be seated, or fail to report for the scheduled examination, you may reapply for examination by contacting AMP at www.goAMP.com or 888-519-9901. A new, complete application and examination fee are required to reapply for examination.

If you cancel your examination after confirmation of eligibility is received, you will forfeit your application and all fees paid to take the examination. A new, complete application and examination fee are required to reapply for examination.

**Assessment Center Locations**

AMP Assessment Centers have been selected to provide accessibility to the most candidates in all states and major metropolitan areas. A current listing of AMP Assessment Centers, including addresses and driving directions, may be viewed at AMP’s website located at www.goAMP.com. Specific address information will be provided when you schedule your examination appointment.

**Special Arrangements for Candidates with Disabilities**

ONCB® and AMP comply with the Americans with Disabilities Act and strive to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. AMP will provide reasonable accommodations for candidates with disabilities.

Wheelchair access is available at AMP Assessment Centers. Candidates with visual, sensory or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements. To request special accommodations, complete the Request for Special Examination Accommodations and Documentation of Disability forms included in this handbook and submit the completed forms with your application form and fee. Please inform AMP of your need for special accommodations when calling to schedule your examination.

**Telecommunication Devices for the Deaf**

AMP is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at 913-895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

**Missed Appointments and Cancellations**

You will forfeit the examination registration and all fees paid to take the examination under the following circumstances.

- You wish to reschedule an examination but fail to contact AMP at least two business days prior to the scheduled testing session,
• You wish to reschedule a second time,
• You appear more than 15 minutes late for an examination, or
• You fail to report for an examination appointment.

A complete application form and examination fee are required to re-register for the examination.

Inclement Weather, Power Failure or Emergency

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

You may visit AMP’s website at www.goAMP.com prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, your examination will be restarted where you left off and you may continue the examination. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

About the ONC® Examination

The ONC® examination is based on periodic analyses of orthopaedic nursing practice. It consists of 150 multiple-choice questions, which includes 135 questions used to compute your score, plus 15 questions that are not scored, but are being pretested for future use. You will have three hours to complete this examination.

Detailed Content Outline – ONC® Examination

Axis I: Condition
1. Degenerative Disorders 31%
2. Orthopedic Trauma 21%
3. Sports Injuries 19%
4. Inflammatory Disorders 7%
5. Metabolic Bone Disorders 9%
6. Pediatric/Congenital 4%
7. Musculoskeletal Tumors 3%
8. Neuromuscular 4%

Axis II: Role (with broad objectives)
A. Self Care:
   Teach self care to achieve maximum functional capacity
B. Pain:
   Select appropriate management strategies for patient’s altered comfort
C. Complications:
   Select appropriate measures to prevent, minimize, or alleviate complications
D. Activity:
   Identify activity & positioning parameters, assistive devices, for musculoskeletal conditions
E. Nutrition:
   Identify strategies to promote optimal hydration & nutrition
F. Psychosocial:
   Select appropriate emotional support strategies in relation to specific musculoskeletal problems

ONC® Eligibility Criteria

BSN Not Required

Candidates for the ONC® examination must meet the following eligibility criteria at the time of application:

• Hold a current, full and unrestricted license as a registered nurse (RN) in the United States, or its possessions.
• Hold a current, full and unrestricted license to practice as a first-level, general nurse in the country in which one’s general nursing education was completed, and meet the eligibility criteria for licensure as a registered nurse (RN) in the United States in accordance with requirements of the Commission on Graduates of Foreign Nursing Schools, International.
• Have two full years of experience practicing as an RN, or with an equivalent license as described above.
• Have a minimum of 1,000 hours of work experience as an RN in orthopaedic nursing practice within the past three years.

The ONCB® accepts, but does not limit the practitioner to orthopaedic experience in the areas of administration, adult care, clinic, critical care, education, emergency room, home health care, long-term care, medical-surgical nursing, office practice, oncology, operating room, and pediatrics.

ONC® Examination Fees

<table>
<thead>
<tr>
<th></th>
<th>Online Application</th>
<th>Paper Application</th>
<th>Groups of 5 or More Applying Together</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAON Members</td>
<td>$290</td>
<td>$315</td>
<td>$260</td>
</tr>
<tr>
<td>Non-NAON Members</td>
<td>$405</td>
<td>$430</td>
<td>$371</td>
</tr>
</tbody>
</table>

Membership in NAON must be current through the examination date to be eligible for the reduced fee.
About the OCNS-C® and ONP-C® Examinations

The ONP-C® and OCNS-C® examinations consist of 150 multiple-choice questions, which includes 135 questions used to compute your score, plus 15 questions that are not scored, but are being pretested for future use. You will have three hours to complete each of these examinations.

Detailed Content Outline – OCNS-C® Examination

Axis I: Condition
1. Degenerative Disorders 37%
2. Orthopedic Trauma 29%
3. Sports Injuries 7%
4. Inflammatory Disorders 9%
5. Metabolic Bone Disorders 6%
6. Pediatric/Congenital 4%
7. Musculoskeletal Tumors 4%
8. Neuromuscular 4%

Axis II: Role (with broad objectives)
A. Clinician/Practitioner (35-45 items)
Assess, promote, and evaluate quality nursing care

B. Educator (42-52 items)
Health promotion, disease prevention
Teaching/coaching of staff
Serve as preceptor/mentor for staff and healthcare professionals

C. Manager (4-10 items)
Monitor and ensure quality of healthcare practice

D. Consultant (29-39 items)
Serve as a consultant to nursing staff, other disciplines, and the community regarding musculoskeletal health

E. Researcher (4-10 items)
Use research findings to direct nursing practice
Conduct/participate in research

Detailed Content Outline – ONP-C® Examination

Axis I: Condition
1. Degenerative Disorders 36%
2. Orthopedic Trauma 20%
3. Sports Injuries 15%
4. Inflammatory Disorders 8%
5. Metabolic Bone Disorders 8%
6. Pediatric/Congenital 5%
7. Musculoskeletal Tumors 4%
8. Neuromuscular 4%

Axis II: Role (with broad objectives)
A. Clinician/Practitioner
Assess, diagnose, and treat patients
Health promotion, disease prevention

B. Educator
Teaching/coaching of patient and family

OCNS-C® or ONP-C® Eligibility Criteria

Candidates for the OCNS-C® or ONP-C® certification examination must meet the following eligibility criteria at the time of application:

• Hold a current, full and unrestricted license as a registered nurse (RN) in the United States, or its possessions.
• Have three full years of experience practicing as an RN, or with an equivalent license as described above.
• Meet designated advance practice hours: 1,500 hours for current ONC®, 2,500 hours for non-ONC®.

Detailed Content Outline – ONP-C® Examination

Axis I: Condition
1. Degenerative Disorders 36%
2. Orthopedic Trauma 20%
3. Sports Injuries 15%
4. Inflammatory Disorders 8%
5. Metabolic Bone Disorders 8%
6. Pediatric/Congenital 5%
7. Musculoskeletal Tumors 4%
8. Neuromuscular 4%

Axis II: Role (with broad objectives)
A. Clinician/Practitioner
Assess, diagnose, and treat patients
Health promotion, disease prevention

B. Educator
Teaching/coaching of patient and family

Taking the Examination

Your examination will be given by computer at an AMP Assessment Center. You do not need any computer experience or typing skills to take your examination. On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. Look for the signs indicating AMP Assessment Center Check-in. IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME, YOU WILL NOT BE ADMITTED.
Identification

To gain admission to the assessment center, you must present two forms of identification. The primary form must be government issued, current and include your name, signature and photograph. No form of temporary identification will be accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are: driver’s license with photograph; state identification card with photograph; passport; military identification card with photograph.
- The secondary form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).
- If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).

Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.

Security

ONCB® and AMP maintain examination administration and security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, pagers or cellular/smart phones are allowed in the testing room. Use of a cellular/smart phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- No calculators are permitted.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- No personal items, valuables, or weapons should be brought to the Assessment Center. AMP is not responsible for items left in the reception area.
- No hats or large coats are allowed in the testing room.

Personal Belongings

No personal items, valuables or weapons should be brought to the Assessment Center. Only wallets and keys are permitted. Large coats and jackets must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. The proctor will lock the soft locker prior to you entering the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

- watches
- hats
- wallets
- keys

Once you have placed your personal belongings into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If you bring personal items that will not fit in the soft locker, you will not be able to test. The site will not store or be responsible for your personal belongings.

If any personal items are observed or heard (cellular/smart phones, alarms) in the testing room after the examination is started, you will be dismissed and the administration will be forfeited.

Examination Restrictions

- Pencils will be provided during check-in.
- Possession of a cellular/smart phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- You will be provided with one piece of scratch paper at a time to use during the examination. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive a score report. No documents or notes of any kind may be removed from the examination room.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

Misconduct

Individuals who engage in any of the following conduct may be dismissed from the examination, their scores will not be reported and examination fees will not be refunded. Examples of misconduct are when a candidate:

- creates a disturbance, is abusive, or otherwise uncooperative;
- displays and/or uses electronic communications equipment such as pagers, cellular phones;
- talks or participates in conversation with other examination candidates;
- gives or receives help or are suspected of doing so;
• attempts to record examination questions or make notes;
• attempts to take the examination for someone else; or
• is observed with notes, books or other aids not listed on
the roster.

Copyrighted Examination Questions
All examination questions are the copyrighted property of ONCB®. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

Computer Login
After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your Social Security number. You will take your photograph which will remain on screen throughout your examination session. This photograph will also print on your score report.

Practice Examination
Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

Timed Examination
Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen.

A 79-year-old patient with osteoporosis should be encouraged to engage in which of the following exercises?

- A. sit-ups
- B. toe-touching
- C. walking
- D. bowling

Candidate Comments
During the examination, comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

Sample Questions for the ONC® Examination

1. A 79-year-old patient with osteoporosis should be encouraged to engage in which of the following exercises?
   - A. sit-ups
   - B. toe-touching
   - C. walking
   - D. bowling

   Key:  C
Rationale: Walking as a weight-bearing exercise is one of the easiest and most beneficial forms of exercise for bone health. It can be tolerated by most age categories. The other activities allow twisting of the spine that can be dangerous for an individual with osteoporosis.


2. A 58-year-old male is diagnosed with acute gout. The nurse is likely to note which of the following when taking his vital signs?
   A. hypertensive crisis
   B. bradycardia
   C. tachypnea
   D. elevated temperature

Key: D

Rationale: The patient may develop a low-grade fever due to the inflammatory process. The other findings are not problems that result from acute gout.


3. Which of the following drugs are CONTRAINDICATED in patients with myasthenia gravis (MG)?
   A. anticholinergics
   B. antidysrhythmics
   C. immunosuppressants
   D. corticosteroids

Key: B

Rationale: Antidysrhythmics are among the drugs that are contraindicated or used cautiously in patients with MG. The other drugs are commonly used for treatment of the disease.


4. An infant with developmental dysplasia of the hip (DDH) is also at risk for which of these congenital defects?
   A. polydactyly
   B. foot deformities
   C. spine deformities
   D. arachnodactyly

Key: B

Rationale: The presence of other anomalies, especially torticollis and clubfoot, is associated with an increased incidence of developmental dysplasia.


Online Practice Modules Available

Self-assessment modules with additional sample questions are available for the ONC® examination through the AMP web site (www.goamp.com - “Candidates” - “Order Practice Tests” under ONCB content). Assuming they are not completed and submitted, these modules are accessible for 2 weeks for a cost of $35 each. One general module with sample questions from all examination content areas is available, and other modules have specific content from the examination outline (e.g., metabolic & inflammatory diseases/tumors; OR/peds/neuromuscular, congenital). These modules reflect the testing environment to help candidates with anxiety related to computer testing. They also provide an excellent sample of the style of questions appearing on the certification examination. Please note that completion of the self-assessment modules is not required for testing and does not guarantee success on the examination. However, they do represent another aide in assessing areas for additional study.

Following the Examination

After completing the examination, you are asked to complete a short evaluation of your examination experience. Then, you are instructed to report to the examination proctor to receive your score report. Scores are reported in printed form only, in person or by U.S. mail. Scores are not reported over the telephone, by electronic mail or by facsimile.

Candidates will receive a score report indicating “pass” or “fail.” Your pass/fail status is determined by your raw score. Additional detail is provided in the form of raw scores by major content category. A raw score is the number of questions you answered correctly.

Pass/Fail Score Determination

The methodology used to set the minimum passing score is the Angoff method, applied during the performance of a Passing Point Study by a panel of experts in the field. The experts evaluated each question on the examination to determine how many correct answers are necessary to demonstrate the knowledge and skills required to pass this examination portion. Your ability to pass the examination depends on the knowledge and skill you display, not on the performance of other candidates.

Passing scores may vary slightly for each version of the examination. To ensure fairness to all candidates, a process of statistical equating is used. This involves selecting an appropriate mix of individual questions for each version...
of the examination that meet the content distribution requirements of the examination content blueprint. Because each question has been pretested, a difficulty level can be assigned. The process then considers the difficulty level of each question selected for each version of the examination, attempting to match the difficulty level of each version as closely as possible. To assure fairness, slight variations in difficulty level are addressed by adjusting the passing score up or down, depending on the overall difficulty level statistics for the group of scored questions that appear on a particular version of the examination.

Scores Cancelled by the ONCB® or AMP
ONCB® and AMP are responsible for the validity and integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. ONCB® and AMP reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

If You Pass the Examination
Each successful candidate will receive a pin and a certificate of attainment from ONCB® and will be able to use the designation “ONC®,” “OCNS-C®,” or “ONP-C®” to indicate certification status. A certificate package will be mailed to you within three weeks of passing the examination. Names of successful candidates will be published in Orthopaedic Nursing, the official journal of the National Association of Orthopaedic Nurses and on the ONCB® website. Individuals who do not wish their names to be reported must contact the ONCB® directly to make this request. Certification is awarded for a period of 5 years contingent upon maintenance of a full and unrestricted license as an RN.

If You Do Not Pass the Examination
Any candidate who does not pass the examination will receive a report of the percentage of correct answers for each content area. The ONCB® does not limit the number of times a candidate may retake the certification examination. However, a candidate cannot retest for 90 days following the most recent examination date. The candidate is eligible for a $50 re-test discount with any future examination. However, the discount will only be awarded if the candidate registers using the results report provided on the day of the previous examination; the discount cannot be taken on electronic applications or applications from the Candidate Handbook.

Failing to Report for an Examination
If you fail to report for an examination, you will forfeit the registration and all fees paid to take the examination. A completed application form and examination fee are required to reapply for examination.

Confidentiality
Information about candidates for testing and their examination results are considered confidential. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

Duplicate Score Report
You may purchase additional copies of your results at a cost of $25 per copy. Requests must be submitted to AMP, in writing within 12 months of the examination. The request must include your name, Social Security number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to AMP in the form of a money order or cashier’s check. Duplicate score reports will be mailed within approximately five business days after receipt of the request and fee.

Recertification
Your certification will be valid for 5 years. You will earn recertification either by retaking and passing the certification examination before the expiration date of your current certification term, or by meeting continuing education and practice requirements as established by ONCB®:

- The ONC® must earn 100 contact hours of continuing nursing education over the 5-year period (minimum of 70 hours in orthopaedic nursing, no more than 30 hours in general nursing education). More information about recertification can be viewed at www.oncb.org (“Recertification”).
- The OCNS-C® or ONP-C® must earn 125 contact hours of continuing nursing education over the 5-year period (minimum of 100 hours in orthopaedic nursing, no more than 25 hours in general nursing education). More information about recertification can be viewed at www.oncb.org (“Recertification”).
- Meeting stated eligibility requirements for initial certification, including the requirement for hours of nursing practice as a registered nurse or advanced practice nurse, as determined by the credential.
- Submitting completed application form for recertification and paying all applicable fees.

All certifications expire uniformly on the fifth occurrence of June 30 after the nurse has been certified for one year.
References

The following references may be helpful in preparing for the examination. This list is not all inclusive of acceptable references nor is it suggested that the examinations are solely based on these references.

**ONC® Exam References**


*Orthopaedic Nursing* journal, last 3 publication years

In addition to the above references, examination questions may be drawn from the current National Patient Safety Goals of The Joint Commission; the NQF-Endorsed® Standards offered by the National Quality Forum (NQF); and the musculoskeletal evidence-based practice reports of the Agency for Healthcare Research and Quality (AHRQ). Please see the following websites:

http://www.jointcommission.org/patientsafety/nationalpatientsafetygoals/

http://www.qualityforum.org/Measures_List.aspx

http://www.ahrq.gov/clinic/epcix.htm#reports

Muscular Dystrophy Association (www.mda.org)

National Multiple Sclerosis Society (www.nationalmssociety.org)

Parkinson’s Disease Foundation (www.pdf.org)

Post-Polio Health International (www.post-polio.org)

**APN Exam References**


*Orthopaedic Nursing* journal, last 3 publication years


Muscular Dystrophy Association (www.mda.org)

National Multiple Sclerosis Society (www.nationalmssociety.org)

Parkinson’s Disease Foundation (www.pdf.org)

Post-Polio Health International (www.post-polio.org)

**Preferred resource for ONP-C® exam:**


In addition to the above references, examination questions may be drawn from the current National Patient Safety Goals and Surgical Care Improvement Project (SCIP) of The Joint Commission; the NQF-Endorsed® Standards offered by the National Quality Forum (NQF); and the musculoskeletal evidence-based practice reports of the Agency for Healthcare Research and Quality (AHRQ). Please see the following websites:

http://www.jointcommission.org/patientsafety/nationalpatientsafetygoals/

http://www.jointcommission.org/surgical_care_improvement_project/

http://www.qualityforum.org/Measures_List.aspx

http://www.ahrq.gov/clinic/epcix.htm#reports
Application for the ONC® Certification Examination

Print or type all information requested.

Certification examinations are offered year-round, with the exception of the holidays listed on page 2. Applications can be submitted electronically (www.goamp.com – “Candidates”) or by mail using the documents in this handbook.

1. **Name:** (Last, First, Middle Initial) __________________________________________________________________________

2. **Social Security Number:** _______ – _____ – ________

3. **Home Address:** (City, State, Zip Code) _____________________________________________________________________

   __________________________________________________________________________________________________________

   __________________________________________________________________________________________________________

4. **Phone:** Home (______) _____________________________ Work (______)  ______________________________________

5. **Email:** ________________________________________________________________________________________

6. **Status:**
   ☐ I am a new applicant.
   ☐ I am a reapplicant.

   **Note:** Re-test discount is not available with the use of this application form.

7. **Examination Fee:**
   ☐ $315 NAON member  ☐ $430 nonmember

   **Note:** Candidates using the online application process will receive a $25 discount. Please visit www.goAMP.com to fill out the online application.

   **Special Pricing for Groups of 5 or More Applying Together:**
   ☐ $260 NAON member  ☐ $371 nonmember

8. **APPLICATION FEE**
   Indicate total payment amount: ____________________
   Indicate payment method:
   ☐ Personal Check, Company Check, Cashier’s Check or Money Order (payable to AMP)
   ☐ Credit Card: ☐ VISA   ☐ MasterCard   ☐ American Express   ☐ Discover
   If payment is made by credit card, the following information must be provided.

   Account Number:____________________________________________________ Exp. Date: ___________________

   Name as it appears on card: _______________________________________________________________________

   Signature: *(Please sign in ink only)*

9. **STATEMENT OF ELIGIBILITY – ORTHOPAEDIC AND GENERAL NURSING EXPERIENCE:**
   I meet all of the following eligibility requirements for the ONC® certification examination at the time of application submission:
   a) minimum of 1,000 hours working as an RN in orthopaedic nursing practice within the past three years, and
   b) minimum of two years experience working as an RN (any area).

   To the best of my knowledge, all information contained in this application is true.

   Signature: ____________________________________________ Date: __________________________

Submit this application and your examination fee to:
AMP Examination Services • 18000 W. 105th St. • Olathe, KS 66061

Please complete the following survey to provide important research data to the Orthopaedic Nurses Certification Board. The information will be handled anonymously and will be used only for research to assist in the assessment of test validity.
Demographic Survey

1. Check the appropriate nursing role:
   - 1. Head Nurse/Unit Manager
   - 2. Staff Nurse/Clinician
   - 3. Educator
   - 4. Administrator
   - 5. Clinical Specialist/Nurse Practitioner
   - 6. Coordinator/Supervisor
   - 7. Other

2. Check the client problem(s) in the following list that best describe the conditions of most of your clients. You may choose more than one.
   - 1. Pediatric/congenital
   - 2. Degenerative
   - 3. Metabolic Bone Disease
   - 4. Inflammatory Disease
   - 5. Neuromuscular Disorders
   - 6. Infections
   - 7. Oncology
   - 8. Trauma
   - 9. Other

3. Highest level of education completed:
   - 1. Diploma
   - 2. Associate Degree – Nursing
   - 3. Associate Degree – Other
   - 4. Bachelor’s Degree – Nursing
   - 5. Bachelor’s Degree – Other
   - 6. Master’s Degree – Nursing
   - 7. Master’s Degree – Other
   - 8. Doctorate

4. Years of experience as a registered nurse:
   - 1. 2-5 years
   - 2. 6-10 years
   - 3. More than 10 years

5. Years of experience as an RN in orthopaedic nursing:
   - 1. Less than one year
   - 2. 1-3 years
   - 3. 4-6 years
   - 4. 7-10 years
   - 5. More than 10 years

6. Which of the following settings best describes where you work? If you work in more than one setting, please mark all settings where you spend at least one-third of your practice time.
   - 1. Hospital: Orthopaedic Unit – Adult
   - 2. Hospital: Orthopaedic Unit – Pediatric
   - 3. Hospital: Medical – Surgical Unit
   - 4. Hospital: Pediatric Unit
   - 5. Hospital: Shock-trauma Unit
   - 6. Hospital: Intensive Care Unit
   - 7. Hospital: Emergency Room
   - 8. Hospital: Operating Room
   - 9. Hospital: Recovery Room
   - 10. Hospital: Education Department
   - 11. Hospital: Administration
   - 12. Hospital: Other
   - 13. Nursing Home: Skilled Care Facility
   - 14. Nursing Home: Intermediate Care Facility
   - 15. Nursing Home: Residential Care Facility
   - 16. Nursing Home: Other
   - 17. Community/Home Care Setting: Office/Group Practice
   - 18. Community/Home Care Setting: School
   - 19. Community/Home Care Setting: Client’s Home
   - 20. Community/Home Care Setting: Occupational/Industrial Health
   - 21. Community/Home Care Setting: Ambulatory Surgical Center
   - 22. Community/Home Care Setting: Other

7. If you work in a hospital or long-term care facility, how large is it?
   - 1. Less than 100 beds
   - 2. 100-299 beds
   - 3. 300-499 beds
   - 4. 500 or more beds

8. Which of the following best describes the ages of most of your patients? You may choose more than one.
   - 1. Newborns
   - 2. Infants/Children
   - 3. Adolescents (age 12-21)
   - 4. Adults (age 22-65)
   - 5. Elderly (over 65)

9. What hours do you usually work?
   - 1. Days
   - 2. Evenings
   - 3. Nights
   - 4. Rotating Shifts
   - 5. Other

10. How many years have you been working in your current position?
    - 1. Less than one year
    - 2. 1-3 years
    - 3. 4-6 years
    - 4. 7-10 years
    - 5. More than 10 years

11. How did you become aware of the ONCB® certification program? You may choose more than one.
    - 1. ONCB® Forum or ONCNet News
    - 2. ONCB® Certification Application/Handbook
    - 3. Orthopaedic Nursing Journal
    - 4. NAON News
    - 5. NAON Congress
    - 6. Educational offering other than NAON Congress
    - 7. Nurse colleague
    - 8. Physician
    - 9. Employer
    - 10. ONCB® web site
    - 11. NAON web site
    - 12. Other

12. Are you currently certified in any other specialty?
    - 1. Yes
    - 2. No

13. Professional Memberships:
    - 1. ANA
    - 2. NLN
    - 3. AORN
    - 4. EDNA
    - 5. ONS
    - 6. NAON
    - 7. ARN
    - 8. Sigma Theta Tau
    - 9. Other
Application for the OCNS-C® or ONP-C® Certification Examination

Print or type all information requested.

Please schedule me for the following examination:  □ OCNS-C®  □ ONP-C®

Certification examinations are offered year-round, with the exception of the holidays listed on page 2. Applications can be submitted electronically (www.goamp.com – “Candidates”) or by mail using the documents in this handbook.

1. Name: (Last, First, Middle Initial) __________________________________________________________________________

2. Social Security Number: _______ – _____ – _______

3. Home Address: (City, State, Zip Code) _____________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

4. Phone: Home (______) _____________________________ Work (______)  ________________________________________

5. Email: ________________________________________________________________________________________

□ I am a reapplicant.

   Note: Re-test discount is not available with the use of this application form.

7. Examination Fee:  □ $365 NAON member  □ $480 nonmember

   Note: Candidates using the online application process will receive a $25 discount. Please visit www.goAMP.com to fill out the online application.

   Special Pricing for Groups of 5 or More Applying Together:  □ $306 NAON member  □ $421 nonmember

8. APPLICATION FEE
Indicate total payment amount: ____________________
Indicate payment method:
□ Personal Check, Company Check, Cashier’s Check or Money Order (payable to AMP)
□ Credit Card:  □ VISA  □ MasterCard  □ American Express  □ Discover
If payment is made by credit card, the following information must be provided.

   Account Number:____________________________________________________ Exp. Date: ___________________

   Name as it appears on card: _______________________________________________________________________

   Signature: (Please sign in ink only) __________________________________________

9. STATEMENT OF ELIGIBILITY – OCNS-C® and ONP-C® Examinations:

   I meet all of the following eligibility requirements for the ONCB® certification examination at the time of application submission:
   a) current, full and unrestricted license as a registered nurse (RN) in the United States, or its possessions, or
   b) three full years of experience practicing as an RN, or with an equivalent license
   c) advance practice hours: 1,500 hours for current ONCs, 2,500 hours for non-ONCs
   d) Master’s degree in nursing obtained from an accredited educational program in the United States, with preparation as a clinical nurse specialist or nurse practitioner

   To the best of my knowledge, all information contained in this application is true.

   Signature: __________________________________________ Date: __________________

Submit this application and your examination fee to:
AMP Examination Services • 18000 W. 105th St. • Olathe, KS 66061

Please complete the following survey to provide important research data to the Orthopaedic Nurses Certification Board. The information will be handled anonymously and will be used only for research to assist in the assessment of test validity.
### Demographic Survey

1. Check the appropriate advanced practice credential:
   - [ ] 1. Clinical Nurse Specialist
   - [ ] 2. Family Nurse Practitioner
   - [ ] 3. Adult Nurse Practitioner
   - [ ] 4. Acute Care Nurse Practitioner
   - [ ] 5. Pediatric Nurse Practitioner
   - [ ] 6. Other

2. Check the client problem(s) in the following list that best describe the conditions of most of your clients. You may choose more than one.
   - [ ] 1. Pediatric/congenital
   - [ ] 2. Degenerative
   - [ ] 3. Metabolic Bone Disease
   - [ ] 4. Inflammatory Disease
   - [ ] 5. Neuromuscular Disorders
   - [ ] 6. Infections
   - [ ] 7. Oncology
   - [ ] 8. Trauma
   - [ ] 9. Sports Injury
   - [ ] 10. Other

3. Highest level of education completed:
   - [ ] 1. Master’s Degree – Nursing
   - [ ] 2. Doctorate – Nursing
   - [ ] 3. Doctorate – Non-Nursing
   - [ ] 4. Other

4. Was your advanced practice nursing education completed in the USA?
   - [ ] 1. Yes
   - [ ] 2. No. Eligible. You are eligible to test if APN education was not completed in the U.S.

5. Years of experience as a registered nurse:
   - [ ] 1. Less than one year
   - [ ] 2. 1-3 years
   - [ ] 3. 4-6 years
   - [ ] 4. 7-10 years
   - [ ] 5. More than 10 years

6. Years of experience as an RN in orthopaedic nursing:
   - [ ] 1. Less than one year
   - [ ] 2. 1-3 years
   - [ ] 3. 4-6 years
   - [ ] 4. 7-10 years
   - [ ] 5. More than 10 years

7. Years of experience as an APN in orthopaedic nursing:
   - [ ] 1. Less than one year
   - [ ] 2. 1-3 years
   - [ ] 3. 4-6 years
   - [ ] 4. 7-10 years
   - [ ] 5. More than 10 years

8. Do you have prescriptive privileges in the jurisdiction where you practice?
   - [ ] 1. Yes
   - [ ] 2. No

9. Which of the following settings best describes where you work? If you work in more than one setting, please mark all settings where you spend at least one-third of your practice time.
   - [ ] 1. Hospital: Orthopaedic Unit – Adult
   - [ ] 2. Hospital: Orthopaedic Unit – Pediatric
   - [ ] 3. Hospital: Medical – Surgical Unit
   - [ ] 4. Hospital: Pediatric Unit
   - [ ] 5. Hospital: Shock-trauma Unit
   - [ ] 6. Hospital: Intensive Care Unit
   - [ ] 7. Hospital: Emergency Room
   - [ ] 8. Hospital: Operating Room
   - [ ] 9. Hospital: Recovery Room
   - [ ] 10. Hospital: Education Department
   - [ ] 11. Hospital: Administration
   - [ ] 12. Hospital: Other
   - [ ] 13. Nursing Home: Skilled Care Facility
   - [ ] 14. Nursing Home: Intermediate Care Facility
   - [ ] 15. Nursing Home: Residential Care Facility
   - [ ] 16. Nursing Home: Other
   - [ ] 17. Community/Home Care Setting: Office/Group Practice
   - [ ] 18. Community/Home Care Setting: School
   - [ ] 19. Community/Home Care Setting: Client’s Home
   - [ ] 20. Community/Home Care Setting: Occupational/Industrial Health
   - [ ] 21. Community/Home Care Setting: Ambulatory Surgical Center
   - [ ] 22. Community/Home Care Setting: Other

10. If you work in a hospital or long-term care facility, how large is it?
   - [ ] 1. Less than 100 beds
   - [ ] 2. 100-299 beds
   - [ ] 3. 300-499 beds
   - [ ] 4. 500 or more beds

11. Which of the following best describes the ages of most of your patients? You may choose more than one.
   - [ ] 1. Newborns
   - [ ] 2. Infants/Children
   - [ ] 3. Adolescents (age 12-21)
   - [ ] 4. Adults (age 22-65)
   - [ ] 5. Elderly (over 65)

12. What hours do you usually work?
   - [ ] 1. Days
   - [ ] 2. Evenings
   - [ ] 3. Nights
   - [ ] 4. Rotating Shifts
   - [ ] 5. Other

13. How many years have you been working in your current position?
   - [ ] 1. Less than one year
   - [ ] 2. 1-3 years
   - [ ] 3. 4-6 years
   - [ ] 4. 7-10 years
   - [ ] 5. More than 10 years

14. How did you become aware of the ONCB® certification program? You may choose more than one.
   - [ ] 1. ONCB® Forum or ONCNet News
   - [ ] 2. ONCB® Certification Application/Handbook
   - [ ] 3. Orthopaedic Nursing Journal
   - [ ] 4. NAON News
   - [ ] 5. NAON Congress
   - [ ] 6. Educational offering other than NAON Congress
   - [ ] 7. Nurse colleague
   - [ ] 8. Physician
   - [ ] 9. Employer
   - [ ] 10. ONCB® web site
   - [ ] 11. NAON web site
   - [ ] 12. Other

15. Are you currently certified in any other specialty?
   - [ ] 1. Yes
   - [ ] 2. No

16. Professional Memberships:
   - [ ] 1. NACNS
   - [ ] 2. AANP
   - [ ] 3. ACNP
   - [ ] 4. ANA
   - [ ] 5. NAON
   - [ ] 6. AMSN
   - [ ] 7. AORN
   - [ ] 8. ONS
   - [ ] 9. ARNP
   - [ ] 10. Sigma Theta Tau
   - [ ] 11. Other
Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality. (Please see page 3 of this handbook for further information.)

Candidate Information

Social Security # ________ – ______ – ________
Requested Assessment Center ________

Name (Last, First, Middle Initial, Former Name)

Mailing Address

City State Zip Code

Daytime Telephone Number

Special Accommodations

I request special accommodations for the __________________________ examination.

Please provide (check all that apply):

_____ Extended testing time (time and a half)
_____ Reduced distraction environment
_____ Please specify below if other special accommodations are needed.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Comments: ______________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with AMP staff my records and history as they relate to the requested accommodation.

Signature: __________________________ Date: __________________________

Return this form to:
Candidate Support Center, AMP, 18000 W. 105th St., Olathe, KS 66061-7543, Fax 913-895-4650.
If you have questions, call the Candidate Support Center at 800-345-6559.
Documentation of Disability-related Needs

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required test accommodations.

**Professional Documentation**

I have known ___________________________ since _____ / _____ / _____ in my capacity as a

Candidate Name                              Date

_______________________________________________________________________.

Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate’s disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Documentation of Disability: ________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Signed:_________________________________________  Title:____________________________________

Printed Name: __________________________________________________________________________________

Address: _______________________________________________________________________________________

______________________________________________________________________________________________

Telephone Number:___________________________  Email Address: ____________________________________

Date: _______________________________________  License # (if applicable): _______________________

Return this form with your application form and fee to:

AMP Examination Services Department
18000 W. 105th St., Olathe, KS 66061-7543
Phone: 888-519-9901
Fax: 913-895-4650