



# BY YOUR SIDE

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## Oncology Nursing Certification Program

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### Program Information, Guidelines, and Application

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### Background

By Your Side was founded in 2010 by William and Linda Bray – a past grand master of the Masons of California and his wife – in order to answer a critical need for oncology nurses statewide. The program seeks to make a profound difference in the lives of cancer patients and their families by putting oncology certified nurses by their side.

Since a single oncology certified nurse reaches hundreds of patients, the Masons of California will provide comfort and hope for thousands of Californians by bringing more oncology certified nurses to care facilities throughout the state.

### Program Description

Oncology nursing certification demonstrates professionalism, competency, experience, and baseline knowledge in this highly specific field, and imparts confidence to patients, patients' families, and caregivers.

Unfortunately, recent statistics have demonstrated that the vast majority of nurses providing oncology care in California have not obtained their oncology nursing certification. By Your Side is intended to increase the number of certified nurses in oncology, and serves nurses applying for their oncology certification and those pursuing advanced certification.

### Grant Information

By Your Side grants are designed to cover the Oncology Nursing Certification Corporation (ONCC) application fee and a 16-week online review course. Amounts are determined by applicants' eligibility for employer-sponsored reimbursement, as follows:

- *Full funding* - \$600 grants are available to nurses who are not eligible to receive reimbursement for testing costs through their employers.
- *Partial funding* - \$300 grants are available to nurses who are eligible to receive reimbursement for testing costs through their employers.

### Eligibility Requirements

Applicants must demonstrate the following:

- Current employment in the state of California as a registered nurse, providing care to cancer patients.
- Oncology nursing certification obtained **within the last 90 days**. Possession of the ONS Chemotherapy and Biotherapy Provider Card does not qualify for this program.
- Ability to meet test requirements for the OCN, CPHON, CBCN, AOCNP, or AOCNS as outlined by the ONCC. Test requirements, which include necessary practice hours, and online registration are available at the ONCC website: [www.oncc.org](http://www.oncc.org).



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### Application Guidelines

Please review the following guidelines before submitting your application:

- You must meet all qualifications outlined in the Eligibility Requirements in order to receive consideration for a By Your Side grant.
- Grants are distributed in the order that completed applications are received, while available funds remain.
- Submitting an application does not guarantee that you will receive a grant.
- Incomplete applications will not be processed.

### Application Instructions

1. Print all information legibly in blue or black ink.
2. Complete the six sections of the application in full.
3. The following supporting documents must accompany your application:
  - Proof of passing your ONCC certification exam within the last 90 days
  - For those applying for full funding, a letter from your employer's human resources department confirming they do not offer a reimbursement program for testing costs
4. Mail your completed application and supporting documents to the following address:

By Your Side Oncology Certification Program  
California Masonic Foundation  
1111 California Street  
San Francisco, CA 94108

If you have any questions, contact the Masons of California at [foundation@freemason.org](mailto:foundation@freemason.org).

**Application begins on the next page.**



**Section I: Personal Information**

*Note: The name and address provided in this section will be used for future mailings concerning the By Your Side grant.*

Name (last, first): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Personal email: \_\_\_\_\_

**Section II: Employment Information**

Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Work email: \_\_\_\_\_

Work phone: \_\_\_\_\_

Human resources contact: \_\_\_\_\_

Human resources phone: \_\_\_\_\_

Date of hire: \_\_\_\_\_

Time worked as an oncology nurse: \_\_\_\_\_

Approximate number of cancer patients you serve monthly: \_\_\_\_\_

What is your specialty (please check one only)?

Outpatient medical oncology

Radiation oncology

Inpatient medical oncology

Surgery

**Section III: Test Information**

Which exam did you pass in 2013 (please check one only)?

OCN

CPHON

CBCN

AOCNP

AOCNS

By checking this box, I confirm this is the first time I have received certification for the exam noted above.



**Section IV: Selection of Grant**

*Note: Nurses who receive reimbursement of testing fees from their employers must apply for partial funding. Receiving an hourly or shift differential, or monthly stipend for certification, is not considered “reimbursement.”*

Check the box next to the type of grant you are applying for (please check only one).

- Full funding grant (\$600):** By checking this box, I confirm that I am not eligible to receive reimbursement for test application fees by my employer.

*For applicants applying for full funding, please attach a letter from your employer’s human resources department confirming they do not offer a reimbursement program for testing costs.*

- Partial funding grant (\$300):** By checking this box, I confirm that I am eligible to receive reimbursement for test application fees from my employer.

**Section V: Required Supporting Documents**

All of the following supporting documents must be attached to this application:

- Proof of passing your ONCC certification exam within the last 90 days

**Section VI: Applicant Verification and Signature**

**Check each box and sign below** to complete your application.

- I certify that the information I have provided in this application is true and complete.
- I have read and understand the Eligibility Requirements, Application Guidelines, and Application Instructions.
- I understand that the information herein may be subject to additional verification at the discretion of the Masons of California.

**Applicant signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_