APPLICATION FOR EXAMINATION / DO NOT FAX

All information provided on this application will be treated with strict confidence.

ABOHN’s policy is that no individual shall be excluded from the opportunity to participate in the ABOHN credentialing program on the basis of race, national origin, religion, sex, age or disability. PLEASE TYPE OR PRINT YOUR APPLICATION! Each item on this form must have a response. If “none” or “no” is applicable, so state. Incomplete responses will result in delay and possible disqualification. Applications must include the application fee. Please consult the examination handbook for application completion instructions.

1. WHICH EXAMINATION DO YOU WISH TO TAKE? □ COHN □ COHN-S

2. HAVE YOU APPLIED FOR AN EXAM WITH ABOHN BEFORE? □ YES □ NO

3. HAVE YOU TAKEN AN EXAM WITH ABOHN BEFORE? □ YES □ NO

4. NAME
First ________________________________________________________________________________________
Middle ________________________________________________________________________________________
Last ________________________________________________________________________________________
Maiden Name_________________________________________________________________________________
Other Last Names Used _________________________________________________________________________

5. YEAR OF BIRTH ____________________________________________________________________________

6. E-MAIL PREFERRED (mandatory) ____________________________________________________________ □ Work
   ALTERNATE E-MAIL (non-mandatory) __________________________________________________________ □ Home

7. HOME ADDRESS Street _______________________________________________________________ Apt/Unit _________
   City __________________________________________________________________________________________State _______ Zip ____________
   Country _______________________________________________________________________________________
   Telephone ( ) _________________________________ Home

8. CURRENT EMPLOYER _________________________________________________________________________
   Street ____________________________________________________________
   City ___________________________________________________________ State _______ Zip ____________
   Country _______________________________________________________________________________________
   Telephone ( ) _________________________________ FAX ( ) _________________________________
9. **SALARY** (for group analysis use only)
   
   Part-time: hours per week _____________________ Hourly Rate $ ___________________
   
   Full Time: Annual Salary $ ____________________

10. **BUSINESS CATEGORY OF EMPLOYMENT** (See “Guide to Code Numbers”) ____________________

11. **JOB TITLE** (Use the “Guide” to code number to select the appropriate title, enter actual title and the appropriate code number)
   
   Title ________________________________ Code ____________________

12. **TELEPHONE PREFERENCE FOR LISTING IN ABOHN’S ON-LINE DIRECTORY**
   
   □ HOME □ BUSINESS □ NEITHER

13. **RN LICENSURE** (Please attach a copy of your RN License to this application)
   
   State/Country ________________ License Number _______________ Expiration Date ______________

14. **EDUCATION** (Check ALL education you have completed.)
   
   1. ASSOCIATE DEGREE
   2. DIPLOMA
   3. BACCALAUREATE IN NURSING
   4. OTHER BACCALAUREATE
   5. MASTER’S IN NURSING
   6. MASTER’S IN PUBLIC HEALTH
   7. OTHER MASTER’S
   8. DOCTORATE

15. **EXAMINATION ACCOMMODATION** □ YES □ NO
   
   ABOHN makes a good faith effort to provide any reasonable examination accommodation. Consideration of a candidate’s request for a disability accommodation is based upon the information received on the application and Special Examination Accommodation Form. Unless ABOHN believes that such an accommodation would create an undue hardship or is contrary to ABOHN’s commitment to diversity and inclusiveness, ABOHN grants such requests.

16. **PROFESSIONAL MEMBERSHIPS** Check those professional organizations in which you hold membership.

   AAOHN (American Association of Occupational Health Nurses)
   ANA (American Nurses Association)
   AOHP (Assoc. of Occupational Health Professionals in Healthcare)
   CNA (Canadian Nurses Association)
   CMSA (Case Management Society of America)

17. **OTHER CERTIFICATIONS HELD** Check those professional certifications you currently hold.

   CSP (Certified Safety Professional)
   COHN (c) (Certified Occupational Health Nurse - Canada)
   NP (Nurse Practitioner)
18. EXPERIENCE IN OCCUPATIONAL HEALTH NURSING

During the 5-year period prior to application, you must have earned 3,000 hours of work (occupational health nursing) experience. Full time employment for one year equals 2,080 hours. Refer to your Candidate Handbook for alternatives to work experience. Begin with your most recent or current position. Reproduce this page if you have held more than one job during the five-year time period. List occupational health nursing work experience in the past 5 years only. **If “none” or “no” is applicable, so state.**

<table>
<thead>
<tr>
<th>POSITION #</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATES EMPLOYED</td>
</tr>
<tr>
<td>TOTAL SERVICE</td>
</tr>
<tr>
<td>POSITION TITLE</td>
</tr>
</tbody>
</table>

Briefly describe job responsibilities in this position and the target population to which you provide occupational health nursing care or ATTACH A COPY OF YOUR CURRENT JOB DESCRIPTION.

<table>
<thead>
<tr>
<th>NAME OF EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Major Product/Service</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERSON WHO CAN VERIFY YOUR EMPLOYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Telephone #</td>
</tr>
<tr>
<td>E-mail address</td>
</tr>
</tbody>
</table>
### 19. PROFESSIONAL NURSING EDUCATION

In order to meet the examination’s educational requirements, you must provide proof that a baccalaureate degree has been earned before the application is submitted in order to be eligible to take the COHN-S examination. The degree may be any Bachelor’s Degree. It does not have to be a nursing degree. PLEASE ATTACH COPIES OF DEGREES or FINAL TRANSCRIPTS TO THIS APPLICATION.

<table>
<thead>
<tr>
<th>Institution’s Name</th>
<th>City, State</th>
<th>Year of Graduation</th>
<th>Degree Earned</th>
</tr>
</thead>
</table>

The following education is required if you do not have experience/work hours in Occupational Health Nursing.

<table>
<thead>
<tr>
<th>Institution’s Name</th>
<th>City, State</th>
<th>Year of completion (Must be within the past 5 years)</th>
<th>Degree Earned</th>
</tr>
</thead>
</table>

Other education completed for COHN or COHN-S Certificate Program in Occupational Health Nursing for Academic Credit (within the past 5 years).

<table>
<thead>
<tr>
<th>Institution’s Name</th>
<th>City, State</th>
<th>Year of completion (Must be within the past 5 years)</th>
<th>Degree Earned</th>
</tr>
</thead>
</table>

Master’s Degree of education with a concentration in Occupational Health Nursing for the COHN-S examination (within the past 5 years).

<table>
<thead>
<tr>
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<th>City, State</th>
<th>Year of Graduation (Must be within the past 5 years)</th>
<th>Degree Earned</th>
</tr>
</thead>
</table>
20. WHERE DID YOU INITIALLY LEARN ABOUT ABOHN CERTIFICATION?
(Check one only)

DIRECT MAILING FROM THE ABOHN OFFICE
EMPLOYER
AAOHN PUBLICATION
AAOHN Conference
AOHP (Association of Occupational Health Professionals)
CMSA Conference (Case Management Society of America)
OCCUPATIONAL HEALTH & SAFETY PUBLICATION
Other

21. Name of certified Occupational Health Nurse who referred you to sit for the certification examination:

___________________________________________________________________________________________________

22. AUTHORIZATION TO ABOHN

I authorize the American Board for Occupational Health Nurses, Inc. (ABOHN) to request information concerning me from any of the persons or organizations referred to in this application for Board certification.

I hereby attest that all of the information contained in this application, including any attachments that I have submitted, is true and correct to the best of my knowledge. I acknowledge that the ABOHN certification program is entirely voluntary and agree to be bound by ABOHN’s policies and procedures, as they now exist or as they may be amended in the future. I understand that any falsification in this application will be grounds for rejection or revocation of any certificate issued.

If I am certified, I agree to pay such fees and meet such standards as prescribed by ABOHN to maintain certification status by the American Board for Occupational Health Nurses, Inc.

Yes  No

Signature: ___________________________________________ Date: __________________________

Remember before mailing this application:
• Please make a copy of this application for your records

Please include copies of:
• RN license
• Current job description, if applicable
• Advanced education or final transcripts

AMERICAN BOARD FOR OCCUPATIONAL HEALTH NURSES, INC.
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