



## American Board for Occupational Health Nurses, Inc.

### Application for Inactive Status

**PLEASE TYPE OR PRINT YOUR APPLICATION!** Each item on this form must have a response. Incomplete responses will result in delay and possible disqualification. Your responses should be placed in the indicated areas of the application. A \$100 fee must accompany this application.

Name	Certification #	
Home Address		
City	State	Zip
Home Phone #	Work Phone #	
Email Address		

Please indicate your reason(s) for this request (*Circle all that apply*)

- |                             |                              |                            |
|-----------------------------|------------------------------|----------------------------|
| Illness ( <i>personal</i> ) | Not currently employed in OH | Out of country             |
| Illness ( <i>family</i> )   | Raising/caring for family    | Can't meet CE requirements |
| Pursuing education          | Unemployed                   | Other _____                |

Certification category:

- COHN                     
  COHN-S                     
  COHN/CM                     
  COHN-S/CM

Declaration Statement for Inactive Status:

I understand that I cannot be "Inactive" for more than one three-year period; this is a one-time option; there are no extensions or grace periods; the \$100 per year fee to obtain "Inactive" status is not applicable to the recertification fees; I must comply with the eligibility requirements current at the time I want to renew my certification; the current fee will be due upon recertification; and I may not use the COHN, COHN-S, COHN/CM , or COHN-S/CM credential during the period in which I am designated as "Inactive."

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_