



Audit

# Recertification Handbook

*Board Certification: Engage Excellence*

# Recertification Guidelines:

Certified Occupational Health Nurse (COHN)  
Certified Occupational Health Nurse—Specialist (COHN-S)  
Case Management (CM)

PO Box 39

Palos Heights, Il 60463

630-789-5799 \* Fax 630-789-8901

[www.abohn.org](http://www.abohn.org)

**PLEASE NOTE:** All information contained in these guidelines have been extracted from the ABOHN bylaws, policies and procedures, and the American Association of Occupational Health Nurses (AAOHN) [Standards of Practice](#) which have been adopted by the Board. The above mentioned bylaws and policies are maintained at the ABOHN office. Upon request, additional information on any item addressed can be obtained from the ABOHN office.

Your name, home address, city, state, country and preferred email will be included in the Directory of Certified Occupational Health Nurses online at [www.abohn.org](http://www.abohn.org). The information you provide to ABOHN may be used for a variety of analyses to study the roles and practice of occupational health nursing; however, results will be reported in the aggregate form only.

### **Revocation of Certification**

The American Board for Occupational Health Nurses, Inc. (ABOHN) may revoke a certification for substantial misrepresentation on the application, fraud in the examination, or failure to meet the criteria for certification or recertification. The certification holder will be notified of the reasons judged adequate for revocation and will be entitled to be heard by the Board.

The review and appeals process is available to individuals seeking a reconsideration of a decision regarding revocation of ABOHN certification. All appeals must be made in writing. The Appeals Form can be found on our website, [www.abohn.org](http://www.abohn.org) under the Certification Tab. Please contact the ABOHN office if you require further information about the appeals process.

## 1.0 Introduction

Recertification encourages the certified occupational health nurse to continue activities essential to maintain and improve the knowledge required for practice through continuing education in topics related to occupational health. The purpose of the recertification program is to ensure that certified individuals demonstrate a continuing commitment to expand their knowledge and enhance their professional competency within their certification specialty of occupational health nursing.

Candidates who are unable to meet the criteria for recertification will have their certification status withdrawn. Examination is required to regain certification status after withdrawal, and all eligibility criteria must be met for re-examination. Please contact the ABOHN office for more information.

Only those nurses who have met all of the criteria (have been successful on the examination and are in Active Status with ABOHN) are entitled to use the COHN, COHN-S, or CM credentials.

## 2.0 Recertification Eligibility Requirements and Criteria

- **Active, unrestricted licensure** as a registered nurse or its international equivalent is required. A copy of your current RN license must accompany the application. If your state prohibits you from copying your license, a written verification from your state board of nursing would be an acceptable alternative. Your license must show your current name, expiration date and the name of the agency that issued the license. Licensure from other countries will be considered on a case-by-base basis.
- **Occupational health nursing experience** means actively engaged in occupational health nursing for compensation. Completed graduate degrees or baccalaureate completion programs may be considered for a portion of the occupational health nursing experience requirement. For additional information, please see page 7.
- **Documented continuing education** related to occupational health earned within the five-year period preceding the application deadline. **ALL COURSES MUST BE COMPLETED BY THE APPLICATION DEADLINE.** For a list of alternatives to continuing education classes, please see page 9. Please note: ABOHN audits 10% of documentation of continuing education for recertification. **Unless instructed to do so, you do not have to submit hard-copy certificates of CE attended.**
- **A completed application with fee** postmarked by the recertification expiration date as indicated on the informational letter you received from the ABOHN office.

## 2.1 Recertification Requirements for the COHN and COHN-S Credential

- **Active licensure** as a registered nurse (RN), or an international equivalent.

In the past five years:

- **3,000 hours** of occupational health nursing practice, and
- **50 continuing nursing education** (CNE) contact hours in occupational health..

## 2.2. Recertification Requirements for the Case Management Credential

- **10 continuing nursing education** (CNE) contact hours in occupational health case management.

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## 3.0 How to complete your application

The following instructions are provided as guidance when completing the application. Feel free to call our office at (630)-789-5799 if you have questions that are not addressed by these instructions.

### 3.1 Before you begin

Before you begin completing your application, we suggest you gather and copy the following documents.

- **All licenses.** If your state prohibits you from copying your license, use a written verification from your state board of nursing. Your license must show your current name, expiration date and the name of the agency that issued the license. Licensure from other countries will be considered on a case-by-case basis.
- **Job Description(s)**
- **All degrees earned in the past five years.** If transcripts are used in lieu of a copy of your degree, the transcript must show the date of graduation and the degree that was granted.
- **All contact hour certificates and copies of published articles and presentations.**

If you have changed your name from what appears on your license, degrees, or contact hours, please write your current name in the upper right-hand corner of each page. Please submit a copy of your legal change of name status (marriage certificate, divorce decree, etc.)

**KEEP YOUR ORIGINAL DOCUMENTS!** All documentation submitted with your application becomes the property of ABOHN, Inc. and cannot be returned to you.

## 3.2 General Instructions

- A. **We prefer the applicant to use the on-line submission. If the applicant cannot use the on-line portal, please use the application form at the end of this handbook.** Please make sure that all information is clearly legible.
- B. **Do not staple** documentation to your application form. When you are ready to submit your application, secure the document with a large clip or rubber band. Do not bind your completed application! Documents may be submitted online to [info@abohn.org](mailto:info@abohn.org).
- C. **Make a copy** of your completed application and all associated documentation for your records.
- D. **Your application must be postmarked by the date of recertification** indicated on the email you receive from the ABOHN office.

## 3.3 Guide to Code Numbers

Please use the following codes as you complete your application:

### Business Category

*Select the number that most closely describes the business in which you are employed.*

1. Agriculture/Forestry/ Fisheries	14. College/Universities	26. Apparel/Finished Products
2. Mining	15. Textile Mill Products	27. Oil refining/Related Industries
3. Construction	16. Lumber/Wood Products	28. Stone/Clay/Glass/Concrete Products
4. Transportation	17. Paper/Allied Products	29. Amusement/Recreational Services
5. Communications	18. Chemicals/Allied Products	30. Miscellaneous Manufacturing Industries
6. Utility Services	19. Rubber/Misc. Plastic/ Leather Products	31. Miscellaneous Services
7. Wholesale & Retail Trade	20. Primary Metal/Fabricated Metal Products	32. Non-Classifiable Establishments
8. Finance	21. Professional/Scientific/ Control Instruments	33. Self-employed
9. Insurance & Real Estate	22. Machine, Non-Electrical	
10. Federal Government	23. Aerospace	
11. State Government	24. Electrical Machinery	
12. Local Government	25. Food/Kindred Products	
13. Hospital/Medical Centers		

## Job Codes, Titles, Descriptions

Use the following list to code your current job title/description. Select the title that most closely matches your primary job responsibility or that which represents the majority of your time, not just your official company title. If your job description does not match any of the options listed, enter “12” and write out your job title/description on the application. The following descriptions are derived from the *AAOHN Core Curriculum for Occupational Health Nursing*.

CODE	TITLE	DESCRIPTION
1	OHN Clinician	Provides direct client care within the scope of the applicable states' nurse practice act.
2	Case Manager	Coordinates health care services for workers from the onset of an injury or illness to a safe return to work or an optimal alternative.
3	Occupational Health Service Coordinator	Assesses the health and safety needs of a worker population and the health and safety of the worksite.
4	Health Promotion Specialist	Manages a multilevel, wide ranging health promotion program that supports the corporate business objectives.
5	Manager/Administrator	Directs, administers, and evaluates occupational health services that are consistent with the organization's goals and objectives.
6	Nurse Practitioner	Assesses the health status of workers through health histories, physical assessments, and diagnostic tests.
7	Corporate Director	Serves as a corporate manager and policy maker within an organization.
8	Consultant	Serves as an advisor for evaluating and developing occupational health and safety services.
9	Educator	Develops, implements and evaluates curricula and clinical experiences appropriate for the professional educational development of occupational health nurses.
10	Researcher	Develops, implements and analyzes research related to the health and safety of working populations.
11	Safety Manager	Plans, organizes, implements and evaluates hazard control activities that meet organizational safety objectives and reduces risks to people, property and the environment.
12	Other (Specify Title)	Job duties not covered by above.

### 3.4 Current Employment

Employment must meet the AAOHN (*American Association of Occupational Health Nurses*) definition of occupational health nursing as outlined in the [AAOHN Standards of Practice](#).

### 3.5 Work Experience

You must be able to demonstrate hours of work experience in occupational health nursing for paid compensation over the five year period preceding your application (3,000 hours). This should be completed for each occupational health nursing position you have held in the past five-year period. Duplicate this page as needed. Begin with your current or most recent position and label it #1. No more than 40 hours per week can be reported. Full time employment equals 2,080 hours per year.

The written description of your job duties should enable the reviewer to determine if your job conforms to the definition of occupational health nursing as referenced above.

- ABOHN verifies employment on a percentage of all application received and when questions arise. Please provide the name, title and telephone number of the person who can verify your employment for each job listed

Time spent in a graduate/baccalaureate/certificate completion program dedicated to the field of Occupational and Environmental Health and Safety (OEHS) may be considered for a portion of the occupational health nursing work experience requirement. The degree must be completed within the five-year period prior to application in order to be considered. In using education in lieu of work hours, **a transcript must be submitted** with the application. The maximum number of hours that can be applied are:

- 3000 hours work credit for attaining a Master's Degree, PhD, or DNP, dedicated to the field of Occupational and Environmental Health and Safety (OEHS). These programs MUST include a semester/quarter of practical experience and an occupational health related project.
- 2000 hours work credit for attaining a Bachelor's or Certificate program dedicated to the field of Occupational and Environmental Health and Safety (OEHS). These programs have basic industry content with limited or no practical experience and are considered equivalent to one year of graduate study.
  - Course work associated with attaining a degree can be used to meet either the continuing education requirement or the experience requirement **but not for both**. Time spent in degree-granting programs prior to becoming a registered nurse cannot be used for work experience credit.
- For a list of currently accepted programs, please visit the [Alternate Work Hour link](#) found on the ABOHN website (<https://www.abohn.org/certification/cohn-cohn-s-eligibility/alternative-work-hours>)
  - If your program is not listed, please contact the ABOHN office for approval **BEFORE** you submit your applications. The Committee will review your program for acceptance to our guidelines.

### 3.6 Core Credential Continuing Education

**ALL** applicants for recertification must provide a list of continuing nursing education related to occupational health in the five year time period preceding the application deadline (50 continuing nursing education contact hours.) Continuing education courses must be related to occupational health but **do not** require approval from the American Nurses Credentialing Center (ANCC) or the American Association of Occupational Health nurses (AAOHN). In determining if a course is related to occupational health, the Board uses the "Test Content Outline" and "Core Content List" in the Blueprint for the COHN and COHN-S examinations.

For the purpose of certification and recertification, continuing education is considered to be post-basic professional education that will enhance the quality and effectiveness of occupational health practice.



Unless instructed to do so by a red **AUDIT** stamp, you do NOT have to submit certificates of attendance for continuing education. If instructed to submit documentation, the certificate must contain the following information:

- Attendee's name
- Course title
- Date or dates on which the course was given
- Course provider
- Number of contact hours awarded

The course title should provide an indication of the content of the course. If the title is not specific, such as "What's New in 2016", please attach a course outline or brochure that details the topics covered in the course.

**The following course work is acceptable:**

- A maximum of 16 hours for ACLS courses
- A maximum of 8 hours ACLS instructor courses
- A maximum of 30 hours for EMT courses
- A maximum of 15 hours for post basic computer courses
- A maximum of 8 hours for Advanced First Aid Instructor Courses

**A course with identical content and objectives taken more than once during the same renewal cycle will only be counted once.**

**The following course work is NOT ACCEPTABLE:**

- Basic nursing courses
- Basic CPR, CPR instructor and CPR renewal courses
- First aid instructor courses
- Basic general computer software courses, e.g. Word, Excel, PowerPoint, etc.
- Pediatric courses
- Employer orientation programs
- Basic EKG/dysrhythmia courses
- Basic IV courses
- On the job training related to new policies, procedures or equipment
- College/University courses unrelated to the role of the occupational health nurse as defined by ABOHN exam blue print.



Formulas for Calculating Contact Hours are:

- 1 CNE (Continuing Nursing Education unit) = 60 minutes of classroom instruction
- 1 contact hour = 60 minutes of classroom instruction
- 1 CEU (Continuing Education Unit) = 10 contact hours
- 1 CERP (Continuing Education Recognition Point) = 1 contact hours
- 1 CEARP (Continuing Education Approved Recognition Point) = 1 contact hour
- 1 CME (Continuing Medical Education unit) = 1 contact hour
- 1 semester credit = 15 contact hours
- 1 trimester credit = 12 contact hours
- 1 quarter credit = 10 contact hours

In completing the table for Continuing Education:

- Number each certificate you are using for credit and place that number in the first column (CERT #).
- Enter the DATE(s) the course was given.
- Enter the TITLE OF OFFERING as it appears on your certificate.
- List the SPONSORING AGENCY that gave the course.
- Enter the CONTACT HOURS given for the course.

ABOHN cannot accept or give credit for course work when no hours for the activity have been assigned by the sponsoring agency. A letter from the sponsoring agency listing the hours can be accepted.

### **3.7 Alternatives to Continuing Education**

A maximum of 10 continuing nursing education (CNE) contact hours in each of the following categories may be substituted for continuing education credit. All alternatives to continuing education must be entered on the Continuing Education table of the application.

#### **A. Professional Presentations**

Documentation of professional presentations related to occupational health may be submitted as an alternative to continuing education for a maximum of 10 hours during an application period. Documentation must include a brochure or letter from the sponsor of the presentation that describes the title and time of your presentation. The presentation, or the program, of which it was a part, must represent the contact hours granted. This information should be reflected on the brochure, or the applicant can submit a copy of a certificate or transcript that indicates approval of contact hours. One hour of presentation is equal to one contact hour.

## **B. Publications**

Published manuscripts related to occupational health may be submitted as an alternative to continuing education for a maximum of 10 hours in each application period. Manuscripts published in a refereed journal may be submitted for five contact hours. Manuscripts published in a non-refereed periodical may be submitted for one contact hour. Documentation must include a copy of the published manuscript, and if appropriate, evidence that the journal is referred. Manuscripts accepted for publication, or in press, will not be accepted.

## **C. Board Service**

Evidence of service as a director on a local, state or national board of directors related to occupational health nursing may be substituted for up to two contact hours per year for a maximum of 10 hours per recertification period. Documentation must include a letter from the organization stating that the applicant has filled a Board of Director position for a stated time period.

## **D. Precepting**

Evidence of service as a formal preceptor for students in the field of occupational health may be submitted for a maximum of 10 hours in each application period. The following criteria must be met:

The course must be offered by an accredited college or university;

The theme, topic or objectives must be related to OHN as defined in the examination Blueprints and/or Test Specifications;

The preceptor must spend at least 5 hours of face-to-face interaction with the student;

The student must generate learning objectives consistent with the purpose of the experience;

A formal evaluation of the experience must occur and include the student, the preceptor and the clinical advisor or faculty coordinator.

Contact hours applicable for recertification will be awarded according to the length of the course:

- Semester—6 contact hours;
- Trimester—4 contact hours;
- Quarter—3 contact hours.

## **E. Item Writing**

Certified Occupational Health Nurses may submit examination questions for consideration by the ABOHN examination Advisory Boards. For each question that is accepted and added to an ABOHN examination item bank, one contact hour will be awarded towards recertification, a maximum of 10 hours as continuing education in each application period.

### **3.8 Case Management Continuing Education**

You must provide proof of 10 hours of continuing nursing education related to case management in the five year period preceding the application deadline. This must be in addition to the 50 continuing nursing education hours that you submit for your COHN or COHN-S recertification. List your case management certificates of attendance. Continuing education courses must be related to occupational health case management but do not require approval from the American Nurses Credentialing Center (ANCC) or the American Association of Occupational Health Nurses (AAOHN). In determining if a course is related to occupational health case management, the Board uses the “Case Management Core Content Area” in the Blueprint for the Case Management examination.

### **3.9 Professional Nursing Education**

If you have completed a degree in the last five years and would like it reflected in your file, you may provide that information to ABOHN in this section. Basic nursing education and advanced degrees that have been previously submitted do not need to be documented again.

If you are submitting a degree for your file, attach copies of your degree or final transcripts.

### 3.12 After You Complete the Application

Review the following checklist prior to mailing your application:

- Have you answered all questions?
- Have you attached a copy of your current nursing license or written verification?
- Have you attached a copy of your job description?
- Have you listed your continuing education hours in occupational health nursing and provided documentation if you are subject to **AUDIT**?
- Have you listed your continuing education hours in case management if applicable?
- Have you attached copies of your diploma or transcripts of degrees earned in the past five years, if applicable?
- Have you attached copies of published articles, precepting experience, letter with board experience, item writing and/or presentations being used in lieu of continuing education hours or work experience, if applicable?
- Have you made a complete copy of your application for your files?
- Have you included payment for your recertification?

Please **DO NOT STAPLE OR BIND** your completed application.

Completed applications and supporting documentation can either be mailed or submitted online to:

**American Board for Occupational Health Nurse**

**PO BOX39**

**Palos Heights, IL 60463**

**Phone 630-789-5799 Fax 630-789-8901**

**[www.abohn.org](http://www.abohn.org)**

**[info@abohn.org](mailto:info@abohn.org)**

Your completed application must be submitted with the appropriate fee for recertification. For applications received after the date of recertification expiration indicated on the letter you receive from the ABOHN office, a \$100 late fee must be included.

### 3.13 ABOHN's Policy and Procedure for Processing Applications

- A. Each Application for ABOHN board recertification must be made on the official application form available in this booklet or on the [ABOHN website](#) to complete online.
- B. FAXED APPLICATIONS ARE NOT ACCEPTABLE**
- C. The completed application must be accompanied by all the documentation requested on the form if the candidate is subject to audit. Failure to include all requested materials will delay processing and may lead to the rejection of your application.
- D. Applications for recertification must be postmarked by the date of recertification expiration indicated on the letter you receive from the ABOHN office.
- E. Each application is carefully reviewed by ABOHN. Once the application is reviewed, applicants who meet the eligibility criteria will receive proof of recertification. If an application is judged incomplete, the applicant is notified of the specific deficiency and requested to submit additional materials.
- F. There is a written appeals process for a candidate whose application for recertification has been rejected. All appeals must be in writing. You can find the [Appeals form](#) on our website or call the ABOHN office for more information.
- G. The Board has the right to reconsider the eligibility of any application when additional material/information is received.

### 4.0 Current ABOHN Fee Schedule.

<b>Yearly fee for COHN and COHN-S credential</b>	<b>\$150.00</b>
<b>Yearly fee for Case Management credential</b>	<b>\$50.00</b>
<b>Late fee</b>	<b>\$100.00</b>

**ALL FEES ARE NON-REFUNDABLE.**

**Recertification application and documentation due every 5th year.**

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# AMERICAN BOARD FOR OCCUPATIONAL HEALTH NURSES, INC.

PO Box 39 Palos Heights, Il 60463

## RECERTIFICATION APPLICATION

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

It is the policy of ABOHN that no individual shall be excluded from the opportunity to participate in the ABOHN recertification program on the basis of race, national origin, religion, gender, 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. Unless you are notified that your application has been selected for audit, you do not have to attach hard copy documentation requested in Section #14.

1. DATE OF APPLICATION \_\_\_\_\_ 2. CERTIFICATION NUMBER \_\_\_\_\_

3. CURRENT CREDENTIAL       COHN       COHN-S       CM

### 4. NAME

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Maiden \_\_\_\_\_

Other Last Names Used \_\_\_\_\_

### 5. PREFERRED Email (mandatory)

\_\_\_\_\_

ALTERNATE Email (non-mandatory)

### 6. HOME ADDRESS

Street \_\_\_\_\_

Apt/Unit \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

### 7. CURRENT EMPLOYER

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_



**8. SALARY** (for group analysis use only)

Part-time: hours per week

Hourly Rate \$

Full time: Annual Salary \$

**9. BUSINESS CATEGORY OF EMPLOYMENT** \_\_\_\_\_

(See Section 3.3 "Guide to Code Numbers") enter the number that corresponds to your business category)

**10. JOB TITLE** \_\_\_\_\_

**CODE #** \_\_\_\_\_

(See Section 3.3 Guide to Code Numbers") enter the actual title and appropriate code number

**11. CHECK ALL EDUCATION COMPLETED**

1. Associate Degree

5. Master's in Nursing

2. Diploma

6. Master's in Public Health

3. Baccalaureate in Nursing

7. Other Master's

4. Other Baccalaureate

8. Doctorate

**12. PROFESSIONAL MEMBERSHIPS**

**AAOHN** American Association of Occupational Health Nurses

**CNA** Canadian Nurses Association

**ANA** American Nurses Association

**ASSE** American Association of Safety Engineers

**AOHP** Assoc. of Occupational Health Professionals in Healthcare

**AIHA** American Industrial Hygiene Association

**CMSA** Case Management Society of America

**OTHER** \_\_\_\_\_

**13. OTHER CERTIFICATIONS**

**CCM** Certified Case Manager

**COHC** Certified Occupational Hearing Conservationist

**CIH** Certified Industrial Hygienist

**COHN-C** Certified Occupational Health Nurse—Canada

**CSP** Certified Safety Professional

**NP** Nurse Practitioner

**CHMM** Certified Hazardous Materials Manager

**CHEST-OHST** Occupational Health and Safety Technologist

**OTHER(S)** \_\_\_\_\_

#### 14. EXPERIENCE IN OCCUPATIONAL HEALTH NURSING

You must have 3,000 hours of work experience in occupational health nursing in the five-year period preceding the application deadline. Full time employment for one year equals 2,080 hours. Refer to the Recertification Guidelines for the number of work experience hours and alternatives to work experience necessary. Reproduce this page if you have held more than one job in the five-year time period. **DO NOT ENTER WORK EXPERIENCE IF IT IS NOT IN THE FIVE-YEAR TIME SPAN.**

**POSITION #**

**DATES EMPLOYED** FROM: TO:

**TOTAL SERVICE** YEARS: MONTHS: TOTAL HOURS

**POSITION TITLE**

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

**DESCRIPTION OF JOB DUTIES AND TARGET POPULATION**

**NAME OF EMPLOYER**

Address

Major Product/Service

**PERSON WHO CAN VERIFY YOUR EMPLOYMENT**

Name

Title

Telephone

## 15. CONTINUING EDUCATION IN OCCUPATIONAL HEALTH

You must provide proof of 50 hours of continuing education related to occupational health in the last five-year period. Refer to your Recertification Guidelines for appropriate course content and alternatives to continuing education. All CNEs and alternatives to CNE contact hours should be listed on this page. **Include copies of your certificates upon submission of your application ONLY IF REQUESTED DUE TO AUDIT.** You may duplicate this page if more space is needed.

### LIST CERTIFICATES OF ATTENDANCE

	Date (s)	Title of Offering	Sponsoring Agency	Contact Hours	For AB-OHN Use
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
<b>TOTAL HOURS THIS PAGE</b>					

If you have an ABOHN case management credential the following form must be completed.

### 15.a CONTINUING EDUCATION IN CASE MANAGEMENT

You must provide proof of 10 hours of continuing education related to case management for case management recertification. This must be in addition to the 50 contact hours that you submit for your COHN or COHN-S recertification. Please list your case management certificates of attendance on this page. **Include copies of your certificates upon submission of your application ONLY IF REQUESTED DUE TO AUDIT.** Refer to the Recertification Guidelines for alternatives to continuing education. You may duplicate this page if more space is needed.

#### LIST CERTIFICATES OF ATTENDANCE

	Date (s)	Title of Offering	Sponsoring Agency	Contact Hours	For ABOHN Use
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
	TOTAL HOURS THIS PAGE				

**16. PROFESSIONAL NURSING EDUCATION** (only if acquired in the last five years.)

If you have completed a degree in the last five years and would like it reflected in your file please provided the information here. Basic nursing education and advanced degrees that have been previously submitted do not need to be documented again. Please ATTACH COPIES OF DEGREES OR FINAL TRANSCRIPTS TO THIS APPLICATION.

**17. PUBLISHED IN DIRECTORY**

YES       NO

ABOHN’s online directory is only available for use by credential holders that are considered in ACTIVE status. This directory is helpful to other certified OHN’s to locate other verified credential holders. ABOHN publishes only your name, home city, state, country and preferred email.

**18. AUTHORIZATION STATEMENT**

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 ABOHN recertification.

I hereby attest that all of the information contained in the application, including any documents 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 the application will be grounds for rejection or revocation of any certification issues.

I understand that all ABOHN fees are non-refundable and I agree to pay such fees and meet such standards as required by ABOHN to maintain certification status and if selected above, to be listed in the directory of certified occupational health nursing by the American Board for Occupational Health Nurses., Inc.

I understand that ABOHN may use my name on social media platforms, newsletters, or other communications for promotion of occupational health nursing certification, while following the guidelines included in our privacy policy, unless I opt out in writing to [info@abohn.org](mailto:info@abohn.org).

**SIGNATURE**

**DATE**

**Before mailing this application:**

- Please make a copy of this application for your records.

**Please include copies of your:**

- RN License
- Continuing education certificates if requested by AUDIT
- Current job description(s)
- Advanced education or final transcripts if applicable.

**AMERICAN BOARD FOR OCCUPATIONAL HEALTH NURSES, INC.**  
**PO Box 39**  
**Palos Heights, Il 60463**  
**PHONE 630-789-5799**  
**FAX 630-789-8901**  
**WWW.ABOHN.ORG - INFO@ABOHN.ORG**

# CREDIT CARD PROCESSING FORM

**DATE:**

**NAME:**

**NAME ON CREDIT CARD:** (IF DIFFERENT THAN ABOVE)

**BILL TO ADDRESS:** (INCLUDING ZIP CODE)

**TYPE OF CREDIT CARD:**

AMERICAN EXPRESS

MASTERCARD

VISA

DISCOVER

**CREDIT CARD NUMBER:**

**EXPIRATION DATE:**

**SECURITY NUMBER ON BACK OF CARD** (3 OR 4 DIGITS)

**FOUR DIGIT SECURITY NUMBER ON FRONT OF CARD FOR AMERICAN EXPRESS:**

**AMOUNT TO BE CHARGED TO THE CARD: \$**

**EMAIL ADDRESS FOR RECEIPT:**