



Military Application for Certification and Recertification of Occupational Hearing Conservationists

My Military Certificate Number _____ (Recertifying students only) Date of Course _____

Forgot your number? Go to www.caohc.org and click on OHC on-line credential verification.

Certification and recertification is effective from the date of this course and remains effective five years.

SECTION A: Please clearly print and fill in all spaces in Section A. This information will be used to print your certificate and is stored for information updates. (Note: This information is used for CAOHC purposes only. CAOHC does not sell demographic or address information).

(* indicates required field)

*First Name _____ Initial _____ Last Name _____ Designation(s) _____

*Former Last Name (if applicable) _____

*Company Name _____ Work Phone _____

Send mail to work address

*Company Street Address/Rural Route/PO Box _____ Suite Number _____

*Company City _____ State _____ Zip (include 4 digit) _____

Send mail to home address

*Home Street Address/Rural Route/PO Box _____ Apt. Number _____

*Home City _____ State _____ Zip (include 4 digit) _____

*Personal E-mail Address _____ Home Phone (confidential) _____

SECTION B: Demographic Information (circle the appropriate response)

a. Your professional background:

(1) Nursing (2) Safety (3) Industrial Hygiene (4) Medical Assistant (5) Other

b. Your Branch of Service:

(1) Air Force (2) Army (3) Navy (4) Other: _____

c. Your years of experience in occupational hearing conservation: _____

SECTION C: (Professional Supervisor)

This section will identify the person who review(s) your audiograms and supervises you audiometric testing.

Your professional supervisor is:

(1) Audiologist (2) ENT Physician (3) Occupational Physician (4) Other Physician (5) Other (6) Don't Know

Professional Supervisor's Name: _____

Company Name: _____

Address: _____

City/State/Zip: _____

SECTION D: (Course Directors complete this section) Certification / Recertification (check one)

Course Location: City/State _____ Course Director Name _____

Course Date _____ Email Address _____

Payment: Government/Military Fee \$30.00 Check (Make payable to CAOHC) MC Visa Discover (check one)

Card Number _____ Expiration Date _____

Name on Card _____ Signature _____