



Application for Certification and Recertification of Occupational Hearing Conservationists

My CAOHC 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 employment setting:

(1) Manufacturing (2) Government (3) Clinic (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 (20 hours) / Recertification (8 hours) (check one)

Course Location: City/State _____ Course Director Name _____

Course Date _____ Course Director Certification Number _____ Email Address _____

Payment: Check (Make payable to CAOHC) MC Visa (check one)

Card Number _____ Expiration Date _____

Name on Card _____ Signature _____

Forward this form & fee to: CAOHC, 555 E. Wells St., Suite 1100, Milwaukee, WI 53202-3823 • Phone: (414) 276-5338, Fax: (414) 276-2146



Student Course Evaluation

Council for
Accreditation in
Occupational
Hearing
Conservation

Congratulations on your completion of the OHC training course. In our efforts to improve the quality of these courses, CAOHC asks that you complete the following course evaluation. Please circle the appropriate answer and return this evaluation to your Course Director, who will forward it to CAOHC.

We also invite you to visit our website at www.caohc.org to submit any further comments. Your answers will be treated as private and confidential. Thank you for your assistance.

1. Was the Course Director physically present and readily accessible throughout the course? (a) Yes (b) No
2. Other than the "Anatomy, Physiology & Diseases of the Ear" video curriculum (a CAOHC - approved instructor replacement), were any of the lectures primarily given on videotape without the faculty member physically present to answer questions or clarify material? (a) Yes (b) No
3. Which of the following professional disciplines were represented on the faculty and physically present at the course? Circle all that apply. (For 20-hr. student response only.)
(a) Audiology (b) Industrial Hygiene (c) Occupational Health Nursing
(d) Occupational Medicine (e) Otolaryngology / Anatomy Video (f) Safety Engineering
(g) Noise Control Engineer (h) Uncertain
4. How many students worked at each audiometer?
(a) One (b) Two (c) More than two
5. During the audiometric practice session, how many students did each instructor assist?
(a) Two (b) Four (c) Six (d) Eight (e) Nine or more
6. During the hearing protector fitting training session, how many students did each instructor assist?
(a) Two (b) Four (c) Six (d) Eight (e) Nine or more
7. How many types of hearing protectors did you practice fitting during the hearing protector fitting training? (for example: muffs, roll down foam plugs, pre-molded plugs, canal caps)
(a) None (b) One (c) Two (d) Three (e) Four or more (f) Uncertain
8. Did the Course Director provide a written test? (a) Yes (b) No
9. Do you personally feel competent conducting an audiometric test? (a) Yes (b) No
10. Do you feel skilled fitting hearing protectors? (a) Yes (b) No
11. Did the course meet your educational reasons/needs for attending? (a) Yes (b) No
12. Are there any subject areas which you feel should receive more or less time during the course?
Please explain: _____

13. How do you rate the quality of the audio/visual and training materials used during the course?
(a) Excellent (b) Good (c) Average (d) Fair (e) Poor
14. How do you rate the quality of the *4th Edition Hearing Conservation Manual* (by A. Suter, CAOHC, 2002)
(a) Not Provided (b) Excellent (c) Good (d) Average (e) Fair (f) Poor
15. How do you rate the quality of the course overall?
(a) Excellent (b) Good (c) Average (d) Fair (e) Poor
16. Additional comments about the course: _____

