



# 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](http://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