OHC Certification and Recertification Course Approval Form
This form is due 30 days in advance of any course

Instructions: All OHC Certification and Recertification courses must be registered through the CAOHC office. All sections must be completed before the application will be accepted for approval. Note if Certification and Recertification course dates are not concurrent, a separate form must be completed and additional course fees will apply.

Part 1—Course Director (CD) Information

CD Certification Number: __________________________ License Number and State Expiration: __________________________

Name: ____________________________________________

Company Name: ______________________________________

Address: ____________________________________________

City: __________________ State: __________ Zip code: __________

Phone: ______________________ Email: __________________________

Part 2—Course Information

Step 1—Type of Course

☐ Full Certification

☐ Department of Defense/Military (DoD)*

(If this is a combined course please complete dates for certification and recertification course.)

Course Start Date: __________________________ Course End Date: __________________________

☐ Recertification**

☐ Department of Defense/Military (DoD)*

Course Start Date: __________________________ Course End Date: __________________________

☐ Post this course to the CAOHC website, open to all applicants

☐ Do not post this course on the CAOHC website, it is a private course.

Step 2—Course Location and Registration Information

Facility Name: ______________________________________

City: __________________ State: __________ Zip code/country code: __________

How should participants register for the course?

Course Registration contact (if not CD): __________________________ (phone number or e-mail address)

Register on-line: __________________________________________ (website address)

Contact CD: __________________________________________ (phone number or e-mail address)

*DoD course fees are centrally funded.

**If recertification course is separate from certification course dates a $20 fee applies.
Step 3—Faculty

Each 20-hour course must include faculty members from at least three different disciplines represented on the Council, and must follow the CAOHC Course Outline for content and time allotments. Supplemental OHC course faculty, other than the Course Director, must be actively engaged in their profession. Supplemental instructors do not have to be certified by their professional organization.

Disciplines, and suitable terminology describing them, are:

- Audiology (Audiologist, Occupational Audiologist, Military Audiologist, Industrial Audiologist, Certified Audiologist)
- Occupational health nursing (Occupational Health Nurse, Industrial Nurse, Registered Nurse)
- Safety (Safety Engineer, Safety Professional)
- Industrial hygiene (Industrial Hygienist, Certified Industrial Hygienist)
- Occupational medicine (Occupational Physician, Occupational and Environmental Physician, Physician)
- Otolaryngology (Otolaryngologist, Otologist, ENT Physician, ENT/Head and Neck Surgeon)
- Noise control engineering (Noise Control Engineer, Acoustical Engineer).

In lieu of one required professional discipline instructor, one CAOHC authorized video/DVD curriculum package may be substituted. Only one video/DVD curriculum substitution is allowed per approved course, and must be indicated below.

Note: If the CD is not an audiologist it is strongly recommended that an audiologist be present for audiometry instruction and the audiometric practicum.

Faculty 1—Course Director (self)

Faculty 2—
Name and Degree Designation: ____________________________ (e.g. video, MD, PhD, COHN, etc)
Discipline: ____________________________
Phone: ____________________________

Faculty 3—
Name and Degree Designation: ____________________________ (e.g. video, MD, PhD, COHN, etc)
Discipline: ____________________________
Phone: ____________________________

Faculty 4—
Name and Degree Designation: ____________________________ (e.g. video, MD, PhD, COHN, etc)
Discipline: ____________________________
Phone: ____________________________

Faculty 5—
Name and Degree Designation: ____________________________ (e.g. video, MD, PhD, COHN, etc)
Discipline: ____________________________
Phone: ____________________________

Additional Faculty/and/or instructors—
(Check here to add additional faculty or training personnel)
Step 4 — Course Outline

CAOHC has provided recommended time allotments for each section of the CAOHC OHC Certification and Recertification courses. CAOHC requires that the Certification course be a minimum of 20 hours over a span of 2.5 days. In addition, it is required that the Recertification course be a minimum of eight (8) hours.

Guidance on timing for the various certification and recertification course domains can be found in the CD Resources section of CAOHC’s website (www.caohc.org/cd)

Course Directors can should their own discretion when planning their courses based on the OHC Exam blueprint domains and course population mix.

Part 4 — Attestation

Course Director: Read the following and sign below. (Check each bullet)

I verify that the information provided in this Course Approval application is true and correct and is not false or misleading in any respect.

I verify that my license (or the equivalent) is current.

As a Course Director I will abide by all rules, regulations, guidelines, procedures and polices of CAOHC regarding OHC certification and recertification courses, as amended from time to time.

I verify that this course, if approved by CAOHC, will adhere to the information I have provided in this application, and that I will be physically present and readily accessible throughout the course(s)

I verify that I upon completion of this course (each of these courses) I will submit, the corresponding sealed exams with appropriate fee(s), for all students to the CAOHC administrative office (555 E. Wells St. Suite 1100, Milwaukee, WI 53202) within 24-48 hours following each course.

I verify that I will administer both the audiometric and hearing protection practicum as required by CAOHC.

I verify that I will administer the OHC standardized certification or recertification exam in compliance with the policies and procedures established.

Signature: ___________________________ Date Submitted: ______________

Part 5 — Payment

OHC Certification and Recertification course fees are $20 per course. Course fees are capped at $300.00 annually. Note if you cancel a course the $20 fee is non-refundable.

You may submit your fee using VISA, MasterCard, AMEX or Discover. If you wish to mail in your Course Approval form you can also pay using a check. The CAOHC administrative office will not accept cash as a form of payment.

Total Amount Due: ___________________________

Payment type:

☐ Check (pdf version only) ☐ AMEX ☐ Discover ☐ Master Card ☐ VISA

Name on card: ___________________________

Card Number: ___________________________

Expiration Date: ___________________________