INSTRUCTIONS:

1. Please type or legibly print your responses to the enclosed application. Attach additional pages as necessary.

2. Please sign and date the application.

3. Enclose copies of your professional certification(s) and license(s).

4. Enclose a detailed copy of your past and present job description(s) within the past 5 years as they relate to hearing conservation.

5. Enclose a letter from your supervisor(s) outlining your experience and the number of hours devoted exclusively to occupational hearing conservation within the past 5 years. If you do not work under a supervisor or you manage your own business, please include a letter from a professional colleague attesting to experience and number of hours devoted to occupational hearing conservation.

6. If applicable, enclose copies of brochures and/or course outlines for any CAOHC-approved OHC courses for which you have served as faculty within the past 5 years.

7. Send this completed application with a $175 non-refundable application fee (fee is valid 12 months from date of application forward). If your application is received 30 days prior to an upcoming workshop you are approved to attend, a $25 late fee will be assessed.

Note: The final decision regarding eligibility for certification rests with the CAOHC Council.
PRE-REQUISITE REQUIREMENTS FOR CERTIFICATION AS A CAOHC COURSE DIRECTOR

In order to be eligible for certification as a CAOHC Course Director (CD), a candidate must demonstrate that he/she meets each of the following three requirements:

EDUCATIONAL/PROFESSIONAL BACKGROUND:

Must demonstrate certification by one of the following organizations (or its related certification board, as appropriate), or equivalent, with satisfactory documentation:

- American Board of Audiology (ABA)
- American Board of Industrial Hygiene (CIH)
- American Board of Occupational Health Nurses (COHN)
- American Board of Otolaryngology
- American Board of Preventive Medicine (In Occupational Medicine)
- American Speech-Language-Hearing Association (Audiology) (CCC-A)
- Board of Certified Safety Professionals (CSP)
- Institute of Noise Control Engineering (INCE Bd.Cert.)

CREDENTIALS/LICENSURE:

CDs must continuously possess one of the following qualifications:

1) current licensure by a state or territory of the United States for the practice of medicine or nursing, or
2) current licensure or registration by a state or territory of the United States for the practice of audiology, or
3) current certificate of clinical competence in audiology by the American Speech-Language-Hearing Association, or
4) current certificate in audiology from the American Board of Audiology, or
5) current board certification by the American Board of Industrial Hygiene or Board of Certified Safety Professionals, or
6) current membership in the American Industrial Hygiene Association, Institute of Noise Control Engineering, or the American Society of Safety Engineers.

Applicants from outside the U.S. who do not meet one of the above criteria must meet the requirements of their local jurisdictions for professional practice, and are subject to approval by the Screening Committee.

EXPERIENCE:

The experience requirement may be satisfied in the following ways:

1) Minimum one year experience and 1,000 hours* devoted to occupational hearing conservation within the past five years, or
2) Participation as faculty in 4 separate CAOHC approved courses and a minimum of 1,000 hours* devoted to occupational hearing conservation within the past five years.

*See Page 4 for further information on applicability of content hours.

Note: All hearing conservation activities must be performed in accordance with applicable state/federal regulations and any professional licensure/certification, in order to fulfill the experience requirement.
CAOHC COURSE DIRECTOR
APPLICATION FOR CERTIFICATION

Name (include degree and/or military rank):_____________________________________________

Please indicate your preferred mailing address: Work_____ Home ___
Work Address: ________________________________________________________________________
Affiliation/Company
Street/PO Box/ Suite Number
City/State Zip
Home Address: ________________________________________________________________________
Street Address
City/State/Zip
Job Title:____________________________Occupation:_____________________________________

Telephone Number: Work _____/ Home ___ / ______________________
Fax Number: __________________________ E-mail__________________________________
Website (if applicable)_________________________________________________________

A. List professional degree(s) with dates awarded: Enclose copy of certificate

<table>
<thead>
<tr>
<th>Degree</th>
<th>Area of Study</th>
<th>School</th>
<th>Date of Degree</th>
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</table>

B. Indicate your current and/or previous certification(s) by any of the following certifying boards, or equivalent, with date(s) of certification. Include documentation such as a copy of your certification ID card.

<table>
<thead>
<tr>
<th>Certification</th>
<th>Current Date</th>
<th>Previous Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Board of Audiology (ABA)</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>American Board of Industrial Hygiene (CIH)</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>American Board of Occupational Health Nursing (COHN)</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>American Board of Otolaryngology</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>American Board of Preventive Medicine (in Occ. Med.)</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>American Speech-Language-Hearing Association (CCC-A)</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Board of Certified Safety Professionals (CSP)</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Institute of Noise Control Engineering (INCE/Bd.Cert.)</td>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>
Indicate your current membership in any of the following professional organizations: *Enclose copy of your current membership(s).*

- American Association of Occupational Health Nurses
- American Academy of Otolaryngology-Head & Neck Surgery
- American College of Occupational and Environmental Medicine
- American Industrial Hygiene Association
- American Society of Safety Engineers
- American Speech-Language-Hearing Association
- Institute of Noise Control Engineering
- Military Audiology Association

**D. Indicate any current professional licensure or registrations, with dates awarded.** *Enclose copy of your current licensure or registration.*

<table>
<thead>
<tr>
<th>PROFESSION</th>
<th>STATE/TERRITORY</th>
<th>DATE</th>
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</thead>
</table>

**E. Describe your full-time and part-time experience in occupational hearing conservation within the past five years. Highlight your program management experience.** *Attach additional page(s) as necessary.*

Current Employer:

Position:

Occupational Hearing Conservation Responsibilities:

Start Date (month/year):__________________ End Date (month/year): ______________

Number of hours per month devoted to hearing conservation with this employer:*__________________

*You may count hours from the following areas:
1) Noise hazard identification & evaluation
2) Engineering noise control development or evaluation
3) Hearing protection devices
4) Audiometric testing (excluding hearing aid or surgery evaluations)
5) Hearing conservation education/training
6) Audiometric review and follow up for hearing conservation programs
7) Hearing conservation program evaluation & management
Previous Employer: _______________________________________________________________

Position: ______________________________________________________________________

Occupational Hearing Conservation Responsibilities:

Start Date (month/year): ____________ End Date (month/year): ______________________

Number of hours per month devoted to hearing conservation with this employer: _______

******

Previous Employer: _______________________________________________________________

Position: ______________________________________________________________________

Occupational Hearing Conservation Responsibilities:

Start Date (month/year): ____________ End Date (month/year): ______________________

Number of hours per month devoted to hearing conservation with this employer: _______

******

Previous Employer: _______________________________________________________________

Position: ______________________________________________________________________

Occupational Hearing Conservation Responsibilities:

Start Date (month/year): ____________ End Date (month/year): ______________________

Number of hours per month devoted to hearing conservation with this employer: _______

******

F. List your responsibilities, if applicable, as a faculty member in 4 separate CAOHC
   approved occupational hearing conservationist training courses in the past five years.
   Attach a copy of brochures, course outlines, or CAOHC course approval form.

<table>
<thead>
<tr>
<th>COURSE DIRECTOR</th>
<th>LOCATION</th>
<th>DATE(S)</th>
<th>TOPICS PRESENTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________</td>
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G. Provide any additional comments which you feel would be helpful to the CAOHC
   Screening Committee in considering your application. (You may use supplemental pages if you wish.)
I verify, to the best of my knowledge, that the information provided in this application is true and accurate. As a condition of CAOHC's consideration of my application to become a CAOHC-approved Course Director, I agree to the following conditions:

1. I will not represent any course as "CAOHC-approved" (or similar language) which has not in fact been pre-approved by CAOHC.

2. I will ensure that any CAOHC-approved course is in fact conducted as proposed in my application for course approval, and that I will be physically present and readily accessible throughout the course. If the CD responsible for a course changes, the replacement CD must submit a new approval form prior to the course. I understand that course approval is conditional and will be voided by failure to comply with CAOHC requirements.

3. I will not certify, attest, or state in any certificate, letter or other document, that any person is a "certified occupational hearing conservationist," or an "occupational hearing conservationist," unless that person has in fact received CAOHC certification as such.

4. I will submit an accurate and complete student list, a sample copy of the written exam(s) and an application for certification or recertification and the appropriate fee(s) for all students successfully completing any CAOHC-approved course to CAOHC within 60 days of the course. I understand that I may include any changes to faculty, material, etc. at this time. [Until further notice, CDs within the DoD are exempt from administering CAOHC applications and fees for students.]

5. I will give a written exam to students in a 20-hour certification and/or 8-hour recertification course according to the procedures outlined by CAOHC.

6. I agree that CAOHC may verify any information provided in this application by contacting listed employers, educational institutions, or clients.

7. I agree that CAOHC may contact my students for the purpose of evaluating my courses' educational performance and compliance with CAOHC requirements.

8. I understand and accept that CAOHC may from time to time impose additional requirements for courses and Course Directors, and that my continued tenure as a Course Director will require my compliance with those requirements.

9. I understand and accept that although Course Director certification is ordinarily valid for a five-year term, this certification can be revoked for failure to comply with CAOHC requirements, including those enumerated above.

__________________________ _______________________
Signature Date

For CAOHC Office Use Only
Rec'd @ CAOHC Office: ______________________________
Signature__________________________
Date____________________
Supplement to Application for Certification as a CAOHC Course Director

SUPERVISOR VERIFICATION OF EXPERIENCE
(Please type or print)

Name of Applicant:_________________________________________________________

Your Name:_________________________________________________________________

Company Affiliation:____________________________________________________________________

Address:_____________________________City:__________________State:_____
ZipCode:_______

Phone No:____________________________  Fax No:__________________________

Nature of Your Relationship to Applicant:______________________________________________

Date-Frame of Verification:
From___________________________ To__________________________

Nature of applicant’s occupational hearing conservation responsibilities during this time frame:

Number of hours applicant devoted to hearing conservation per month during this time frame:

You may count hours from the following areas:
1) Noise hazard identification & evaluation
2) Engineering noise control development or evaluation
3) Hearing protection devices
4) Audiometric testing (excluding hearing aid or surgery evaluations)
5) Hearing conservation education/training
6) Audiometric review and follow-up for hearing conservation programs
7) Hearing conservation program evaluation & management

Additional Comments:
I verify, to the best of my knowledge, that the above information is true and accurate.

Signature_________________________________________ Date________________________

*Important Note: Please return this form to applicant; this form must be submitted as part of the complete CAOHC application.
Can be faxed to 414/276-2146 or is available on-line at www.caohc.org click on How to Become Certified as a Course Director.