COURSE DIRECTOR RECERTIFICATION APPLICATION

In order to be eligible for recertification as a CAOHC Course Director, a candidate must demonstrate that he/she meets the following requirements:

I. Hold current certification as a CAOHC Course Director

II. 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 license in audiology from American Board of Audiology, or
5) current board certification by the American Board of Industrial Hygiene, Institute of Noise Control Engineering, or Board of Certified Safety Professionals, or
6) current membership in the American Industrial Hygiene Association 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.

III. Complete a CAOHC Course Director workshop or an equivalent course approved by CAOHC within 5 years of the original certification or last recertification date.

Recertification will be granted five years from date of the completed Course Director Workshop.

- Complete the application including your signature. This signature can be electronically provided or validated by checking the on-line “signature” box.

- Enclose a copy of your professional certification(s) and/or license(s).

- Send this completed application including all enclosures with a $125 application fee. Your application must be received 30 days prior to the workshop date or a late fee of $25.00 will be assessed.

The final decision regarding eligibility for recertification rests with the CAOHC Council.

CAOHC
Attention: Kim J. Breitbach, Executive Director
555 E. Wells Street/Ste 1100
Milwaukee, WI 53202

Phone: 414/276-5338   Fax: 414/276-2146   E-mail: info@caohc.org   Website: www.caohc.org
CAOHC COURSE DIRECTOR
APPLICATION FOR RECERTIFICATION

Name: __________________________________________________________________________

(Include degree you wish listed on your certificate)

Course Director Certification Number: ________________________________

Preferred mailing address: Work_______ Home _______

Company Name: __________________________________________________________________

Street and Suite Number: _________________________________________________________

City/State/Zip: __________________________________________________________________

Province/Country: __________________________________________________________________

Primary Work Phone: ___________________________ Cell Phone: ___________________________
E-mail: ________________________________ Fax Number: ______________________________

Website (if applicable): _________________________________________________________________

Home Address: ______________________________________________________________________

(Optional unless requested mailing address)

City/State/Zip: ____________________________________________

A. Include documentation of current certification(s) and indicate your current certification date by any of the following certifying boards.

American Board of Audiology (ABA) __________________________
American Board of Industrial Hygiene (CIH) _________________
American Board of Occupational Health Nursing (COHN) _____
American Board of Otolaryngology ___________________________
American Board of Preventive Medicine (in Occ. Med.) ________
American Speech-Language-Hearing Association (CCC-A) _____
Board of Certified Safety Professionals (CSP) _________________
Institute of Noise Control Engineering (INCE/Brd.Cert.) _______
B. Include documentation of current membership(s) and indicate your current membership in any of the following professional organizations:

- American Academy of Audiology _________________________
- American Association of Occup. Health Nurses _____________
- American Academy of Otolaryngology HNS _________________
- American College of Occup & Environ. Med. ______________
- American Industrial Hygiene Association__________________
- American Society of Safety Engineers _____________________
- American Speech-Language-Hearing Assoc. ________________
- Military Audiology Association __________________________
- Institute of Noise Control Engineering _________________

C. Enclose copy of your current licensure or registration and indicate any current professional licensure or registrations, with dates awarded.

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<th>PROFESSION</th>
<th>STATE/TERRITORY</th>
<th>CURRENT DATE</th>
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D. Provide any additional comments which you feel would be helpful to the CAOHC Screening Committee in considering your application for recertification.

E. ______ 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
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

☐ Check or Money Order enclosed
☐ Charge my American Express; Master Card; or Visa

Card No. __________________________
Expiration Date: __________________________
Name on Card: __________________________