



American Board for Occupational Health Nurses, Inc.

RECIPROCIITY GUIDELINES

American Board for Occupational Health Nurses

7250 W. College Drive

#2SW

Palos Heights, IL 60463

www.abohn.org

630-789-5799 FAX: 630-789-8901

BOARD CERTIFICATION BY RECIPROCITY

GUIDELINES

ABOHN provides board certification for occupational nurses from countries other than the United States and also has a program of certification by reciprocity for nurses certified in occupational health nursing in Canada. Thank you for your interest in this program.

1. The ABOHN Board may issue certificates to graduates of foreign schools if the candidates meet all other criteria. The application procedure, examination process, and fees are the same as those required for all others who seek certification by ABOHN.
2. Individuals holding current certification from the former Canadian Council for Occupational Health Nurses (CCOHN) or the Canadian Nurses Association (CNA) may apply for certification as a COHN by reciprocity with ABOHN. The COHN-S credential, which requires a minimum of a baccalaureate degree for eligibility, is available by examination only and cannot be obtained through reciprocity.

RECIPROCITY ELIGIBILITY REQUIREMENTS

Important! Please review the following requirements before preparing your application. The documentation required to meet each criterion for reciprocity is included in the guidelines.

1. Current licensure as a professional nurse (RN) in a state, commonwealth, possession of the United States, or a province of Canada.
2. Current employment for paid compensation in occupational health nursing for a minimum of 8 hours a week.
3. Successful completion of the Canadian Nurses Association's certification in occupational health nursing and current CNA certification in good standing as a COHN(c).
4. A completed application with fee.

ABOHN FEE SCHEDULE FOR RECIPROCITY APPLICANTS

Initial certification (due with application)	\$400
Renewal (yearly)	\$150
Recertification (paperwork due every five years after the initial five-year period)	\$150

All fees must be paid in U.S. funds and must be drawn on a U.S. Bank or credit card.

POLICY AND PROCEDURE FOR SUBMITTING AND PROCESSING ABOHN APPLICATIONS FOR RECIPROCITY

Each application for ABOHN board certification must be made on the official form, which is included in this packet. Additional applications can be obtained from the ABOHN office. A computer-generated application form that includes all the information is acceptable.

FAXED MATERIALS ARE NOT ACCEPTED.

Completed applications must be accompanied by all the requested documentation and the application fee. Failure to include all requested materials will delay the processing of the application and may lead to rejection of your application. "Verification of Current Canadian Certification" is sent directly to ABOHN from CNA and does not need to be included in the application materials you submit. You are responsible for submitting that portion of the application to CNA for completion.

1. Each application is carefully reviewed and voted upon by the Board of Directors. Once the application is reviewed and voted upon by the ABOHN Board of Directors, applicants who meet the eligibility criteria will receive a notice of acceptance.
2. Applicants who do not meet the criteria for certification eligibility may appeal. There is a written appeals process for applicants who are judged to have not met the eligibility criteria. Please call the ABOHN office for a copy.
3. The Board has the right to re-evaluate any application when additional material/information regarding an applicant's eligibility is received.
4. No member of the Board is permitted to give an opinion as to the eligibility of any applicant, either before or after the application is filed. Names of applicants and candidates may not be released or disclosed by any member of the Board, nor by the ABOHN staff. All application material is held as confidential.
5. No individual shall be excluded from the opportunity to participate in the ABOHN certification program on the basis of color, race, national origin, religion, gender, age, or disability.
6. A \$400 fee must accompany each application for reciprocity, which must be in US Funds and is **non-refundable and nontransferable**.
7. Once certified with ABOHN by reciprocity, the COHN must meet the same criteria and use the same process for recertification with ABOHN as all other COHNs. A **Renewal** fee of \$150.00 is required each year with **Recertification paperwork** required every five years. Late fees are assessed for fees received after the deadline date. Recertification dates are based on the year of certification awarded by ABOHN. COHNs in good standing who maintain a current address with the ABOHN office automatically receive a recertification application in August prior to the expiration of their certification. The criteria for recertification are:
 - current licensure as a RN,
 - **3,000 hours** of occupational health nursing practice in the past five years,
 - **50 contact hours** of continuing education in occupational health, and
 - completion of an application with designated fee by October 31 prior to the recertification year.
8. ABOHN may **revoke** certification for substantial misrepresentation on the application or failure to meet the criteria for recertification. The certificate holder will be notified of the reasons judged adequate for revocation and will be entitled to be heard by the Board.

HOW TO COMPLETE YOUR APPLICATION

The following instructions are provided as guidance when completing the application. Feel free to call our office at (630)-789-5799 if you have questions that are not addressed by these instructions.

KEEP YOUR ORIGINAL DOCUMENTS! All documents submitted with your application become the property of ABOHN and cannot be returned to you.

GENERAL INSTRUCTIONS

1. The application form can be **printed, typed, or paid for online at www.abohn.org**. Please make sure that all information is clearly legible, no matter what method you use. Computer-generated forms must duplicate each item on the application form. ABOHN cannot accept a computer disk as your application form.
2. **Do not staple** documentation to your application form. When you are ready to submit your application, secure the document with a large clip or rubber band. Do not bind your completed application!
3. **Make a copy** of your completed application for your records.

GUIDE TO CODE NUMBERS

Please use the following codes as you complete your application.

Business Category

Select the number that most closely describes the business in which you are employed.

- | | |
|-----------------------------------|---|
| 1. Agriculture/Forestry/Fisheries | 17. Paper/Allied Products |
| 2. Mining | 18. Chemicals/Allied Products |
| 3. Construction | 19. Rubber/Misc. Plastic/Leather Products |
| 4. Transportation | 20. Primary Metal/Fabricated Metal Products |
| 5. Communications | 21. Professional/Scientific/Control Inst. |
| 6. Utility Services | 22. Machine, Non-Electrical |
| 7. Wholesale & Retail Trade | 23. Aerospace |
| 8. Finance | 24. Electrical Machinery |
| 9. Insurance & Real Estate | 25. Food/Kindred Products |
| 10. Federal Government | 26. Apparel/Finished Products |
| 11. State Government | 27. Oil Refining/Related Industries |
| 12. Local Government | 28. Stone/Clay/Glass/Concrete Products |
| 13. Hospital/Medical Centers | 29. Amusement/Recreational Services |
| 14. College/Universities | 30. Miscellaneous Manufacturing Industries |
| 15. Textile Mill Products | 31. Miscellaneous Services |
| 16. Lumber/Wood Products | 32. Nonclassifiable Establishments |
| | 33. Self-employed |

Job Codes, Titles, Descriptions

Use the following list to code your current job title/description. Select the title that most closely matches your primary job responsibility or that which represents the majority of your time, not just your official company title. If your job description does not match any of the options listed, enter "11" and write out your job title/description on the application. The following descriptions are derived from the *AAOHN Core Curriculum for Occupational Health Nursing*.

CODE	TITLE	DESCRIPTION
1	OHN Clinician	Provides direct client care within the scope of the applicable states' nurse practice act.
2	Case Manager	Coordinates health care services for workers from the onset of an injury or illness to a safe return to work or an optimal alternative.
3	Occupational Health Services Coordinator	Assesses the health and safety needs of a worker population and the health and safety of the worksite.
4	Health Promotion Specialist	Manages a multilevel, wide-ranging health promotion program that supports the corporate business objectives.
5	Manager/Administrator	Directs, administers, and evaluates occupational health services that are consistent with the organization's goals and objectives.
6	Nurse Practitioner	Assesses the health status of workers through health histories, physical assessments, and diagnostic tests.
7	Corporate Director	Serves as a corporate manager and policy maker within an organization.
8	Consultant	Serves as an advisor for evaluating and developing occupational health and safety services.
9	Educator	Develops, implements and evaluates curricula and clinical experiences appropriate for the professional educational development of occupational health nurses.
10	Researcher	Develops, implements and analyzes research related to the health and safety of working populations.
11	Other (Specify Title)	Job duties not covered by above. Please list on application.
12	Safety Manager	Plans, organizes, implements and evaluates hazard control activities that meet organizational safety objectives and reduces risks to people, property and the environment.

Education Codes

- | | | |
|-----------------------------|------------------------------|-------------------|
| 1. Associate Degree | 4. Other Baccalaureate | 7. Other Master's |
| 2. Diploma | 5. Master's in Nursing | 8. Doctorate |
| 3. Baccalaureate in Nursing | 6. Master's in Public Health | |

REGISTERED NURSE LICENSURE

A copy of your current RN license must accompany the application. If your Province prohibits you from copying your license, a written verification from your board of nursing about availability of an internet verification system would be an acceptable alternative. Your license must show your current name, expiration date and the name of the agency that issued the license. Licensure from other countries will be considered on a case-by-case basis.

CURRENT EMPLOYMENT

One of the criteria for eligibility for examination is that you are currently employed in occupational health nursing. However, if you have experienced a recent job disruption and are not employed on the date of application you may still be considered qualified if you have worked an average of eight hours per week during the year preceding your application. If you have had a recent job disruption, use the space provided on the application to explain the circumstances you would like considered when your application is processed.

Employment must meet AAOHN's definition of occupational health nursing and must be for paid compensation. Volunteer work activities, or clinical experiences as part of an educational program not compensated with wages, are *not* considered employment.

You must submit a copy of your current job description along with your application.

VERIFICATION OF CURRENT CANADIAN CERTIFICATION

This form must be completed by CNA to verify that you currently hold certification as a COHN(c). Separate this form from your application and submit it to CNA with your request for verification. CNA will complete this form and mail it directly to ABOHN. You do not need to delay your application while CNA completes this form. ABOHN will notify you if there is a problem with this verification or if it has not been received in ABOHN's offices within a reasonable amount of time after receipt of your application.

AFTER YOU COMPLETE THE APPLICATION

Review the following checklist prior to mailing your application:

- * Have you answered all questions?
- * Have you attached a copy of your current nursing license, written verification or information about obtaining verbal verification?
- * Have you attached a copy of your current job description?
- * Have you made a complete copy of your application for your files?

Please **do not staple or bind** your completed application.

Mail your completed application and all supporting documents to:

American Board for Occupational Health Nurses, Inc.
7250 W. College Drive, #2SW
Palos Heights, IL 63463

If your application is found to have deficiencies, you will receive notification. If your application meets the eligibility criteria and is approved by the ABOHN Board of Directors, you will receive notification.



AMERICAN BOARD FOR OCCUPATIONAL HEALTH NURSES, INC.

7250 W. College Drive #2SW Palos Heights, IL 60463

APPLICATION FOR CERTIFICATION BY RECIPROCITY / DO NOT FAX

All information provided on this application will be treated with strict confidence.

It is the policy of ABOHN that no individual shall be excluded from the opportunity to participate in the ABOHN program on the basis of race, national origin, religion, sex, age or disability.

This application requires that you **submit complete documentation of meeting the basic eligibility requirements** for reciprocity through ABOHN. The categories of documentation are: A) current nursing licensure; B) current employment; C) work experience in occupational health nursing; and D) verification of active certification status through the Canadian Nurses Association (CNA). Please be careful to include all requested proof of eligibility.

PLEASE TYPE OR PRINT YOUR APPLICATION! Each item on this form must have a response. If "none" or "no" is applicable, so state. Incomplete responses will result in delay and possible disqualification. Applications for Reciprocity must include the application fee of \$400 in U.S. funds.

1. DATE OF RECIPROCITY APPLICATION _____

2. NAME: First _____

Middle _____

Last _____

Maiden Name _____

Other Last Names Used _____

3. YEAR OF BIRTH _____

4. HOME ADDRESS Street _____ Apt/Unit _____

City _____ Province _____ Postal Code _____

Telephone () _____

5. CURRENT EMPLOYER _____

Address _____

City _____ Province _____ Postal Code _____

Telephone () _____ Fax () _____

Preferred E-mail _____

Alternate E-mail _____

6. **SALARY** (for group analysis use only) Part-time: hours per week _____ Hourly Rate \$ _____
 Full Time: Annual Salary \$ _____

7. **BUSINESS CATEGORY OF EMPLOYMENT** (See "Guide to Code Numbers") _____

8. **JOB TITLE** (Enter actual title and the appropriate code number - See "Guide to Code Numbers")

Title _____ Code _____

9. **RN LICENSURE** Province/Country _____ License Number _____

Expires _____

10. **EDUCATION** (Check ALL education you have completed.)

- 1. Associate Degree
- 2. Diploma
- 3. Baccalaureate in Nursing
- 4. Other Baccalaureate Other Master's
- 5. Master's in Nursing
- 6. Master's in Public Health
- 7. Other Master's
- 8. Doctorate

11. **PROFESSIONAL MEMBERSHIPS** Check those professional organizations in which you hold membership.

- AAOHN** (American Assoc. of Occupational Health Nurses)
- ANA** (American Nurses Assoc.)
- AOHP** (Assoc. of Occupational Health Professionals in Healthcare)
- CNA** (Canadian Nurses Assoc.)

12. **OTHER CERTIFICATIONS HELD** Check those professional certifications you currently hold.

- CSP** (Certified Safety Professional)
- COHN-C** (Certified Occupational Health Nurse - Canada)
- NP** (Nurse Practitioner)

13. EXPERIENCE IN OCCUPATIONAL HEALTH NURSING

You must provide evidence of current employment in occupational health nursing for a minimum of eight hours per week, or its equivalent. If you have been recently laid off, but have worked full time during the majority of the year you may still qualify by being employed an average of eight hours per week over the year. You must receive paid compensation for your employment.

Are you currently employed in occupational health for an average of eight hours per week for paid compensation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
POSITION TITLE	
Briefly describe job responsibilities in this position and the target population to which you provide occupational health nursing care or ATTACH A COPY OF YOUR CURRENT JOB DESCRIPTION.	
DESCRIPTION OF JOB DUTIES AND TARGET POPULATION <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
NAME OF EMPLOYER	
Address	
Major Product/Service	
PERSON WHO CAN VERIFY YOUR EMPLOYMENT	
Name	
Title	
Telephone	

14. VERIFICATION OF CURRENT CANADIAN CERTIFICATION

You must provide evidence of current occupational health nursing certification through the Canadian Nurses Association (CNA). Have this page completed by CNA and submitted directly to:

AMERICAN BOARD FOR OCCUPATIONAL HEALTH NURSES, INC.

7250 W. College Drive #2SW

Palos Heights, IL 60463

(630) 789-5799 FAX (630) 789-8901

APPLICANT'S NAME _____

HOME ADDRESS _____ **Apt/Unit** _____

City _____ **Province** _____ **Postal Code** _____

DATE OF ORIGINAL CERTIFICATION BY CCOHN OR CNA _____

RECERTIFICATION DATE _____

THIS FORM MUST BE SIGNED BY THE CURRENT CERTIFICATION COORDINATOR OF THE CANADIAN NURSES ASSOCIATION:

The above-named individual is a Canadian Certified Occupational Health Nurse in good standing with the Canadian Nurses Association and meets all the CNA criteria for certification as an occupational health nurse.

Date

Signature: Certification Coordinator, CNA

15. AUTHORIZATION TO ABOHN

I authorize the American Board for Occupational Health Nurses, Inc. (ABOHN) to request information concerning me from any of the persons or organizations referred to in this application for Board certification.

I hereby attest that all of the information contained in this application, including any attachments that I have submitted, is true and correct to the best of my knowledge. I acknowledge that the ABOHN certification program is entirely voluntary and agree to be bound by ABOHN's policies and procedures, as they now exist or as they may be amended in the future. I understand that any falsification in this application will be grounds for rejection or revocation of any certificate issued.

If I am certified, I agree to pay such fees and meet such standards as prescribed by ABOHN to maintain certification status by the **American Board for Occupational Health Nurses, Inc.**

Yes

No

SIGNATURE: _____ **DATE:** _____

Remember before mailing this application:

- **Please make a copy of this application for your records**

Please include copies of your:

- **RN license**
- **Current job description if applicable**
- **Advanced education or final transcripts**

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