



Dear Occupational Health Colleague:

Thank you for your interest in the ABOHN Employer Recognition Award. The application you requested is enclosed. Please note that the due date for submission is **June 30, 2022** and that **achieved criteria must be documented.**

ABOHN created this award in 1994 and uses this mechanism to honor those employers that have demonstrated exemplary support of the certification process in occupational health nursing. We are pleased that you feel your employer should be considered.

All applications are reviewed and evaluated at the January Board of Directors meeting. Following that meeting, the selected company and the nominating individual are notified. Those not selected also receive notification at that time. Please feel free to call our office with any questions you may have as you complete the application.

Thank you for your efforts.

Sincerely,

Carole Cusack, MCA, ICE-CCP  
Managing Director  
Enclosure

**AMERICAN BOARD FOR OCCUPATIONAL HEALTH NURSES, INC.  
EMPLOYER RECOGNITION AWARD**

**PURPOSE:** This award was developed to recognize a company that has provided support and recognition for the value of certification and for the certified occupational health nurses they employ.

**AMERICAN BOARD FOR OCCUPATIONAL HEALTH NURSES, INC.  
EMPLOYER RECOGNITION AWARD**

**NOMINATION FORM**

1. Name(s) of COHN-S / COHN(s) making nomination:

Address:

Daytime telephone number:

2. Name of company being nominated:

Name of contact person within company who should be notified if they receive the award:

Name:

Address:

Daytime telephone number:

Please provide evidence of how your company meets the following criteria. Attach detailed documentation/examples.

A. Sustained support of the COHN-S/COHN role.

1. Attach copies of ads or job descriptions that indicate the COHN-S/COHN credential.
2. Describe and attach documentation of financial support for the certification application and/or examination, preparation for the examination, and maintenance for the COHN-S/COHN credential.
3. Briefly describe and attach documentation of company-wide recognition regarding achievement of the COHN-S/COHN credential.
4. Describe and attach documentation of salary recognition after attaining and maintaining the COHN-S/COHN credential.

- B. Briefly describe other measures of recognition, appreciation, encouragement and advancement of the COHN-S/COHN credential.

- C. Other comments related to this company's support of occupational health nursing and the ABOHN certification program.