



ABOHN Appeal Form

Date: _____

Individual Requesting Appeal:

Name: _____ Cert # _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Reasons for Review:

Application Criteria

Change in Application Status

Exam Failure

Recertification Criteria

Problems with fees

Other

Additional information for appeal:

Upon receipt of a request for appeal, the Committee will review the case at its next scheduled appeals review. The decision of the Committee/BOD shall be final.

Candidates will be notified of the Committee/BOD decision.

For questions about the review and appeals process please call the American Board for Occupational Health Nurses at 630-789-5799.