



American Board for Occupational Health Nurses, Inc.

PO Box 39 | Palos Heights, IL 60463
630.789.5799 | 888.842.2646 | Fax: 630.789.8901
Email: info@abohn.org | Website: www.abohn.org

Dear Colleague:

Thank you for your interest in becoming a Director for the American Board for Occupational Health Nurses, Inc. (ABOHN). We are delighted to hear of your willingness to serve on the Board, if selected.

In order to begin your process, please complete and return the enclosed application form to the ABOHN office by September 30, 2023. We will accept applications via regular mail or email in pdf. form. After that date, the Nominations Committee will advise you whether you have been selected to be on the final slate of candidates. The selection will occur in January at the ABOHN Board of Directors meeting.

In addition, please have your reference forms completed at this time.

Please complete the following items:

- application form signed,
- current Curriculum Vitae, and
- signed Conflict of Interest Policy.

If you have any questions, or if you would like to speak to a current ABOHN Board member, please contact ABOHN at 630-789-5799.

Thank you for considering this exciting opportunity to expand your professional horizons and to collaborate with other leaders in occupational health nursing.

The Nominating Committee

AMERICAN BOARD FOR OCCUPATIONAL HEALTH NURSES BACKGROUND INFORMATION

In order for you to make an informed decision about seeking a position on the ABOHN Board, the following governing board information is provided.

The American Board for Occupational Health Nurses, Inc., is a deliberative body that must, in the best interest of the occupational health nurses it serves, reach consensus and make decisions on crucial policy matters. It is essential for board members to maintain a spirit of cooperation in working toward the achievement of ABOHN's goals. Not all members possess the same qualifications or hold them to the same degree.

Basic Qualifications

It is the "mix" of various personalities and qualifications that produces a professionally, as well as socially, dynamic group. The basic qualifications that apply generally to all board members are: honesty, integrity, a sense of justice, and a sound moral character.

- **Commitment** - The board member must be committed to serving the occupational health nursing community, as evidenced by past activities and accomplishments.
- **Ability to Conceptualize** - Since issues related to certification are not easily reduced to simple terms; the individual board member needs the ability to think abstractly, both in terms of present and future certification plans.
- **A Broad Perspective** - A board member must be able to view the entire certification process as a whole and realize that decisions made in one area have an impact elsewhere.
- **Objectivity** - Although this quality is difficult to measure, it is crucial that a board member be open minded about necessary internal and external decisions.
- **Diversity** - Courage of convictions and enthusiasm are necessary to cope with inevitable change, while experience and wisdom of those who have encountered similar problems over the years are likewise essential. Demographic factors that are considered include: region, job title, and type of employer, education, and year certified. Depending upon current needs, the board members may possess special skills such as financial administration, public relations, education, legal and marketing knowledge.
- **Confidentiality** - Much information of a personal and confidential nature is interchanged within the confines of the board meetings. As a result, board members must be able to maintain confidentiality and not carry information outside meetings.

Specific Qualifications

The certification process is complex and requires a wide variety of competent persons to achieve the ABOHN goal. Some competencies are directly related to the board's primary goal, while others represent skills that only indirectly support the board's objectives.

Requirements:

Since providing an occupational health nursing certification is the fundamental goal of the Board, and since the Board is responsible for maintaining a high-quality certification process, it follows that a board member must be:

1. certified by ABOHN a minimum of one year and in Active Status with ABOHN;
2. currently employed in occupational health nursing;
3. able to provide documentation of both educational and professional experience that reflects excellent preparation for, and maintenance of, occupational health nursing standards;
4. able to provide two letters of reference. A Certified Occupational Health Nurse must complete one reference.

Conflict of Interest

1. Board members may not serve simultaneously on the national board of any other professional nursing association during the anticipated ABOHN term.
2. Board members may not be affiliated with a course or program neither advertised nor construed to be preparatory for certification during the ABOHN term nor for two years immediately following.

Responsibilities:

General

As with any corporation, the overall responsibility for operations and financial well being of the certification process is vested in the American Board for Occupational Health Nurses, Inc. Board members are ultimately accountable for the quality of the certification process including related policies. The board member's responsibility is a fiduciary obligation. Each member has: an obligation to represent the interests of the occupational health nurses seeking certification; the legal duty and obligation to continually assess the certification process; and the responsibility to set ABOHN's policies and plan for the future.

Some of the goals and legal responsibilities of the board members are to:

- establish board procedures for conducting business;
- establish goals and policies;
- develop and update long range plans;
- monitor plans and programs that implement goals, policies and long range plans;
- provide for financial stability;
- select and evaluate the Executive Director;
- approve board member appointments;
- evaluate all phases of the certification process; and
- ensure that the certification process is meeting the needs of the occupational health nursing community.

Specific

The term of office for a board member is two years, with a consideration for a second two-year term board. Members are committed to:

1. attending two, three to five day board meetings each year;
2. participating in committee and officer work in the interim that may require additional meetings;
3. spending approximately 3-4 hours per week performing board related business.

Expenses

ABOHN reimburses for specific travel and per diem expenses (lodging, meals, etc.) associated with accomplishing the business of the Board. More information will be sent before each meeting.

SELECTION PROCESS TIME TABLE

Fall	2023	Qualified and interested candidates are solicited. Applications and references are requested.
Winter	2023	Candidates selected to be on the January 2022 final slate.
January	2024	Presentation of the slate of candidates and selection of new Board members by the current full ABOHN Board.
February	2024	Notification of selected candidates and other nominees.
June	2024	First ABOHN Board meeting for new Directors.

This Nomination Packet Contains:

1. background information;
2. application form;
3. ABOHN Conflict of Interest Policy;
4. reference forms (2).

Please note: Reference forms:

distributed by you for return to the ABOHN office by **September 30.**

**AMERICAN BOARD FOR OCCUPATIONAL HEALTH NURSES, INC.
BOARD OF DIRECTORS APPLICATION FORM**

To Serve on the Following Board (Check One):

For Office Use:

COHN _____ COHN-S _____ CM _____ REGION _____

All applicants for selection to the Board of Directors must complete this form. Please attach additional sheets as necessary.

Date of application: _____

Name: _____

Professional title: _____

Degree, credentials: (e.g., BSN, COHN-S)

Preferred mailing address: Home \ Business (Circle choice)

Home Address: _____

City, State, Zip: _____

Home telephone: _____

Email address: _____

Name of employer and business address:

Employer Name: _____

Address: _____

City, State, Zip: _____

Business telephone: _____

Fax number: _____

Email address: _____

List the board certifications you hold, or have held, and the year achieved:

Certification

Year Achieved

A resume or Curriculum Vitae (C.V.) is required. Please enclose a copy with this application form. For the following questions, you may refer to your C.V., if it includes the necessary information. Please note on this form ("see attached C.V. "), however, you must submit this form as well as the C.V.

Experience

Committee/Organization Experience (List in chronological order)

Nursing organizations

Dates	Institution	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Organizations:

Dates	Institution	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Experience on Credentialing Boards or Committees

Dates	Institution	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Experience in other areas (e.g., financial planning/administration, strategic planning, public relations/marketing, participation in international organizations, etc.)

Education

Basic Nursing Education:

Name of Institution, City, State	Diploma/Degree Obtained	Date Degree Awarded
_____	_____	_____
_____	_____	_____

Post-Basic Nursing Education:

Name of Institution, City, State

Diploma/Degree Obtained

Date Degree Awarded

_____	_____	_____
_____	_____	_____
_____	_____	_____

Work History Summary:

Job Title

Employer

Years of Employment

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional Memberships and Other Affiliations:

References:

Two references are required. Please list one person with whom you have worked professionally and one with whom you have worked on a committee or other type of association/organizational work. One of the two references must be a COHN or COHN-S.

Work reference:

Name: _____

Title: _____

Address: _____

Telephone number: _____

Relationship to Nominee: _____

Organizational reference:

Name: _____

Title: _____

Address: _____

Telephone number: _____

In 30 words or less, state what qualities, skills, or other characteristics you possess that would make you an effective ABOHN Board member.

In 30 words or less, please state what success would look like for ABOHN -- i.e., what general state of affairs or what specific accomplishments would result in a universal consensus that ABOHN is a highly successful organization?

What do you think is the one most important thing about you that should be considered by the Nominating Committee in determining your suitability as a candidate?

Please attach your Curriculum Vitae (C.V.) or resume and a letter to the ABOHN Nominating Committee, outlining the special interest and talents that you have to contribute to the ABOHN Board of Directors.

Statements of Consent

- A. I hereby consent to have my name submitted to the Nominating Committee of the American Board for Occupational Health Nursing.
- B. I further consent to the Nominating Committee interviewing the two references provided, to validate my professional qualifications for a position on the ABOHN Board.
- C. I have discussed my possible position on the ABOHN Board with my employer, and have obtained support for my participation, should I be selected.
- D. I am aware of, believe I am qualified for and if selected, am willing to accept the responsibilities of this position.

Signature: _____ Date: _____

Please mail to the ABOHN Nominations Committee at the ABOHN office:

American Board for Occupational Health Nurses, Inc.
PO Box 39
Palos Heights, IL 60463

Or email a .pdf version to the ABOHN office at: info@abohn.org.

CONFLICT OF INTEREST AND CONFIDENTIALITY STATEMENT

The American Board for Occupational Health Nurses, Inc. (ABOHN) elected officials, directors, employees, and other persons acting on behalf of the Corporation agree to conform to the following conditions. The intent of this statement is to avoid any assumption or appearance of conflict of interest, unauthorized representation of the ABOHN Corporation or breach of confidentiality. Conflict of Interest is defined to be, but is not limited to, activities which are in opposition to, detract from, or in some manner could become detrimental to the ABOHN Corporation as described in the bylaws, policies and procedures of the Corporation.

1. No individual may act on behalf of ABOHN except as specifically authorized or approved by the Board of Directors or Executive Director with the guidance of the ABOHN bylaws.
2. No individual may use ABOHN's name or logo in any terminology that implies ABOHN sponsorship or endorsement without prior approval of the Board of Directors or Executive Director.
3. Elected officials or directors acting on behalf of ABOHN shall not take part in any decision or action of ABOHN in which they have a financial interest unless the Board of Directors authorizes such participation after full disclosure of the facts.
4. Duality of interest or possible conflict of interest on the part of any elected official or board member shall be fully disclosed to the ABOHN Executive Director or Governing Council prior to entering into any formal relationship that involves a potential or actual conflict.
5. Nominees, selected directors, and staff of the ABOHN board may not serve simultaneously on the national board of any other professional nursing association without prior approval of the Governing Council.
6. Business issues, finances and scoring decisions of the ABOHN board are confidential and shall not be disclosed. The board controls decisions regarding public communication of board actions.
7. Examination documents are strictly confidential and may not be copied or retained for personal use or discussed with anyone outside of the board.
8. ABOHN directors and staff may not participate in the preparation and/or presentation of a course, seminar, workshop or program advertised or construed to be preparatory for certification during the length of their service and for two (2) years immediately following service.

I have read the conditions listed above and agree to comply with them. I will direct any inquiries or concerns not specifically addressed in the statements to the Board of Directors, prior to my participation in any association or action that may be a potential or possible cause for conflict of interest to ABOHN, Inc.

Signature: _____ Date: _____

AMERICAN BOARD FOR OCCUPATIONAL HEALTH NURSES, INC.

REFERENCE FORM # 1

This reference form is completely confidential!!!!

To:

From: ABOHN Nominating Committee
Re: ABOHN Board Selections

_____ is being considered as a potential nominee for a Board position on the American Board for Occupational Health Nurses, Inc., and you have been identified as a reference. In evaluating the nominee, please complete the following questionnaire and return it by September 30th to:

American Board for Occupational Health Nurses, Inc.
PO Box 39
Palos Heights, IL 60463

Or by email in .pdf form to: info@abohn.org.

Please complete the following checklist. You may also attach a narrative about the nominee, if you choose. Your opinions will be helpful to us in selecting successful candidates.

In what capacity (officer, member, manager, co-worker, etc.) did the nominee serve while working with you? Circle one or specify:

- Officer of organization
- Committee member
- Staff member of organization
- Supervisor
- Manager
- Co-worker

Other, please specify:

What was your office/position/function concerning the nominee at that time? Circle one or specify:

- Officer of organization
- Committee member
- Staff member of organization
- Supervisor
- Manager
- Co-Worker

Other, please specify:

How would you rate the above person in the following areas. Please circle the appropriate number.

0= Unable to evaluate

1 = Poor

3 = Average

5 = Excellent

a.	Attends scheduled meetings	0	1	2	3	4	5
b.	Works well with others	0	1	2	3	4	5
c.	Able to verbally express ideas and concerns in a constructive manner	0	1	2	3	4	5
d.	Uses chain of command in communicating issues and keeps appropriate individuals informed of decisions, problems, and policies.	0	1	2	3	4	5
e.	Identifies and proposes alternative solutions to potential problems	0	1	2	3	4	5
f.	Incorporates knowledge of individual and group behavior	0	1	2	3	4	5
g.	Supports group decisions	0	1	2	3	4	5
h.	Demonstrates sensitivity to others	0	1	2	3	4	5
i.	Demonstrates initiative, self-direction and self-confidence	0	1	2	3	4	5
j.	Recognizes need for continued growth in self, organizations and others.	0	1	2	3	4	5
k.	Completes task(s) and meets deadlines	0	1	2	3	4	5

l.	Completes task(s) as outlined by committee/manager (does not change to suit his/her ideas only)	0	1	2	3	4	5
m.	Demonstrates accountability for actions	0	1	2	3	4	5
n.	Able to set short and long range goals	0	1	2	3	4	5
o.	Possesses decision making skills	0	1	2	3	4	5
p.	Able to express ideas in writing	0	1	2	3	4	5
q.	Possesses verbal presentation skills	0	1	2	3	4	5
r.	Applies budget/fiscal management skills	0	1	2	3	4	5
s.	Demonstrates networking ability	0	1	2	3	4	5

Comments:

Briefly describe one of the nominee's major contributions to the committee or organization. If the nominee served as chairperson, describe one accomplishment the committee or organization achieved under the nominee's leadership.

Signature and title: _____

Please return completed reference by September 30th.
Thank you for your assistance and cooperation.

AMERICAN BOARD FOR OCCUPATIONAL HEALTH NURSES, INC.

REFERENCE FORM # 2

This reference form is completely confidential!!!!

To:

From: ABOHN Nominating Committee
Re: ABOHN Board Selections

_____ is being considered as a potential nominee for a Board position on the American Board for Occupational Health Nurses, Inc., and you have been identified as a reference. In evaluating the nominee, please complete the following questionnaire and return it by September 30th to:

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Or by email in .pdf form to: info@abohn.org.

Please complete the following checklist. You may also attach a narrative about the nominee, if you choose. Your opinions will be helpful to us in selecting successful candidates.

In what capacity (officer, member, manager, co-worker, etc.) did the nominee serve while working with you? Circle one or specify:

- Officer of organization
- Committee member
- Staff member of organization
- Supervisor
- Manager
- Co-worker

Other, please specify:

What was your office/position/function concerning the nominee at that time? Circle one or specify:

- Officer of organization
- Committee member
- Staff member of organization
- Supervisor
- Manager
- Co-Worker

Other, please specify:

How would you rate the above person in the following areas. Please circle the appropriate number.

0= Unable to evaluate

1 = Poor

3 = Average

5 = Excellent

a.	Attends scheduled meetings	0	1	2	3	4	5
b.	Works well with others	0	1	2	3	4	5
c.	Able to verbally express ideas and concerns in a constructive manner	0	1	2	3	4	5
d.	Uses chain of command in communicating issues and keeps appropriate individuals informed of decisions, problems, and policies.	0	1	2	3	4	5
e.	Identifies and proposes alternative solutions to potential problems	0	1	2	3	4	5
f.	Incorporates knowledge of individual and group behavior	0	1	2	3	4	5
g.	Supports group decisions	0	1	2	3	4	5
h.	Demonstrates sensitivity to others	0	1	2	3	4	5
i.	Demonstrates initiative, self-direction and self-confidence	0	1	2	3	4	5
j.	Recognizes need for continued growth in self, organizations and others.	0	1	2	3	4	5
k.	Completes task(s) and meets deadlines	0	1	2	3	4	5

l.	Completes task(s) as outlined by committee/manager (does not change to suit his/her ideas only)	0	1	2	3	4	5
m.	Demonstrates accountability for actions	0	1	2	3	4	5
n.	Able to set short and long range goals	0	1	2	3	4	5
o.	Possesses decision making skills	0	1	2	3	4	5
p.	Able to express ideas in writing	0	1	2	3	4	5
q.	Possesses verbal presentation skills	0	1	2	3	4	5
r.	Applies budget/fiscal management skills	0	1	2	3	4	5
s.	Demonstrates networking ability	0	1	2	3	4	5

Comments:

Briefly describe one of the nominee's major contributions to the committee or organization. If the nominee served as chairperson, describe one accomplishment the committee or organization achieved under the nominee's leadership.

Signature and title: _____

Please return completed reference by September 30th.

Thank you for your assistance and cooperation.