



American Board for Occupational Health Nurses, Inc.

Application for Inactive Status

PLEASE TYPE OR PRINT YOUR APPLICATION! Each item on this form must have a response. Incomplete responses will result in delay and possible disqualification. Your responses should be placed in the indicated areas of the application. A \$100 fee must accompany this application.

Name	Certification #	
Home Address		
City	State	Zip
Home Phone #	Work Phone #	
Email Address		

Please indicate your reason(s) for this request (*Circle all that apply*)

- | | | |
|-----------------------------|------------------------------|----------------------------|
| Illness (<i>personal</i>) | Not currently employed in OH | Out of country |
| Illness (<i>family</i>) | Raising/caring for family | Can't meet CE requirements |
| Pursuing education | Unemployed | Other _____ |

Certification category:

COHN COHN-S CM SM

Declaration Statement for Inactive Status:

I understand that I cannot be "Inactive" for more than one three-year period; this is a one-time option; there are no extensions or grace periods; the \$100 per year fee to obtain "Inactive" status is not applicable to the recertification fees; I must comply with the eligibility requirements current at the time I want to renew my certification; the current fee will be due upon recertification; and I may not use the COHN, COHN-S, CM or SM credential during the period in which I am designated as "Inactive."

(Signature) _____ (Date) _____