

**2020 Half-Year Membership Application Form**

*Membership is not transferable and Membership fee is not refundable.*

*Please **PRINT** clearly and complete all sections of this form to keep your profile current.*

**NEW MEMBER**

Home Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Unit No: \_\_\_\_\_ City: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MM/DD/YY)

Position: \_\_\_\_\_ Tel.: \_\_\_\_\_

Nursing Registration No: \_\_\_\_\_

Are you registered as a:  NP  RN  RPN

Would you be interested in mentoring Occupational Health Nurses who are new to the field?  
 Yes  No (By responding yes, you agree to having your employment contact information to be forwarded to applicable universities/colleges for placements)

Licensing Province: \_\_\_\_\_

Would you be interested in providing student placement opportunities for nursing students who are interested in Occupational Health Nursing?  
 Yes  No (By responding yes, you agree to having your employment contact information to be forwarded to applicable universities/colleges for placements)

Telephone No (Primary): \_\_\_\_\_  
*(I give OOHNA permission to call me at this number)*

Email (Primary): \_\_\_\_\_  
*(I give OOHNA permission to send all email correspondence to this email)* Under the Current Canadian Anti-Spam law, emails will only be emailed to this email address.

**EMPLOYMENT INFORMATION**

Employment Status:  OHN Full-Time  OHN Part-Time  Nursing Full-Time  Nursing Part-Time  
 Retired  Currently not employed  Self-employed

Date started with your current Employer: \_\_\_\_\_ (MM/DD/YY)

How many years have you worked as an Occupational Health Nurse (OHN)? \_\_\_\_\_

Employer Type – ✓Check most applicable:

<input type="checkbox"/> Agency/Registry	<input type="checkbox"/> Food/Beverage	<input type="checkbox"/> Printing/Publishing	<input type="checkbox"/> Pulp/Paper	<input type="checkbox"/>
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Mining Smelting	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Utilities	<input type="checkbox"/>
<input type="checkbox"/> Finance	<input type="checkbox"/> Transportation	<input type="checkbox"/> Independent Practice	<input type="checkbox"/> Education	<input type="checkbox"/>
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Construction	<input type="checkbox"/> Contract Service	<input type="checkbox"/> Insurance	<input type="checkbox"/>
<input type="checkbox"/> Communications	<input type="checkbox"/> Hospital/Health Facility	<input type="checkbox"/> Government	<input type="checkbox"/> Retail/Wholesale	<input type="checkbox"/>

Current Position - Identify the most appropriate for your current position with: **P = Primary** **S = Secondary**

Administers Employee Benefits _____	Lecturer/Educator _____
Administers Workers' Compensation _____	Manages Occupational Health Services _____
Case Management _____	Provides Consultant Services to Multiple Co.'s _____
Develops & Implements Wellness Programs _____	Provides Direct/Primary Care _____

**EDUCATION DETAILS – ✓Check all that applies:**

<u>Nursing Education</u>	<u>Non-Nursing Education</u>	<u>OHN Education</u>
<input type="checkbox"/> Diploma	<input type="checkbox"/> Specialty Certificate/Diploma	<input type="checkbox"/> Certificate (Community College)
<input type="checkbox"/> Specialty Certificate/Diploma	<input type="checkbox"/> Baccalaureate	<input type="checkbox"/> Diploma (University)
<input type="checkbox"/> Baccalaureate	<input type="checkbox"/> Masters	<input type="checkbox"/> C.O.H.N.(C)
<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate	<input type="checkbox"/> C.O.H.N.-S
<input type="checkbox"/> Doctorate	<input type="checkbox"/> Other - _____	<input type="checkbox"/> C.R.S.P.

\*New Members: were you encouraged to join by an OOHNA member? If so, let us know by sharing their name \_\_\_\_\_

.....PLEASE continue to page 2.....

