

2021 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: _____

Position: _____ Tel.: _____

Date of Birth: _____ (MM/DD/YY)

Nursing Registration No: _____

Are you classified as a: NP RN RPN

Licensing Province: _____

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

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)

Would you be interested in providing student placement opportunities for level IV 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)

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>
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. <input type="checkbox"/>

*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.....

