


OCCUPATIONAL HEALTH NURSE SPECIALIST (OHNS) – LEVEL 6 APPLICATION FORM

 <p>Occupational Health Nurses Association of the Philippines (OHNS), Inc. Specialty Board Committee</p>	<p>OHNS-Level 6 Application Form</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Old</p>	<p>Please attach 1"x 1" Picture White background</p>
--	---	---

Instructions: Fill in all the data needed. Write N.A. if the blanks are not applicable. Please sign in all pages of the form.

1. PROFILE				
Last Name	First Name	Middle	Gender:	
Civil Status: Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widower/Widow <input type="checkbox"/>	Separated <input type="checkbox"/>	
Date of Birth:	Citizenship:	Religion:		
Height	Weight	Cellular Phone No.		
Email Address:	Home Address (Number, Street, Town/City, Province, Zip Code)			
Company Name	Business Address (Number, Street, Town/City, Province, Zip Code)			
Nature of Business	Company Telephone No.:	Email Address/Fax No.:		
Workplace Risk Category (Low Risk, Medium Risk or High Risk)	Employment Size: Male: _____ Female: _____ Total: _____			
Region:				

2. EDUCATIONAL ATTAINMENT: Indicate only Tertiary Education. Attach copy of Diploma/Transcript of Records. (Start from recent to previous).

School Name	School Address	Degree/Units Earned	Inclusive Dates	Awards/Honors

PRC License No. _____ Date Issued: _____ Validity: _____

3. OHNSAP Membership (New OHNS-Level 6 Applicant):

Updated Payment of OHNSAP membership for at least 3 years

Attach photocopy of Certificate of Good Standing from OHNSAP Secretariat.

Yes

No

4. OHNAP Postgraduate Course in Basic Occupational Safety & Health and Other OSH Related Seminars With Continuing Professional Development (CPD) of Sixty (60) Units Attach photocopy of certificates	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	--	---------------------------------------

5. Work Experience Please attach original certificate of Employment. Must have a minimum of 3 years as OHN or as OH Safety & Environmental Practitioner. Use additional sheet if necessary	Total Years of Experience <input style="width: 80px;" type="text"/>
--	--

Position (Start from recent to previous)	Inclusive Dates	Length of Service	Status of Appointment	Company

6. Attendance to OHNAP National Annual Conventions (At least 3 attendance in 5 years). Year Attended: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>

7. OHNAP Trainings and OSH Related Trainings/Seminar Attended as Participant Note: 1. Start from recent to previous; 2. Attach photocopy of certificates; 3. Use additional sheet if necessary

Title	No. of CPD Units	Date	Conducted by

Total _____

8. OSH Related Lectures/Seminars/Trainings Conducted as Resource Speaker Note: 1. Start from recent to previous; 2. Attach photocopy of certificates; 3. Use additional sheet if necessary

Title	No. of Hours	Date	Conducted by

Total _____

9. Summary of Accomplishments on OSH (Please attach original summary of accomplishments duly certified by your immediate supervisor and employer using company letterhead. Photocopy of supporting documents should be attached such as OSH programs and activities.

10. Character Reference (Give at least 3)
--

Name	Position	Occupation	Company Address	Contact Nos.

By providing your personal information and signature, you consent to the use, processing, storage, transfer and disclosure of your personal information for the purpose of processing your application for Occupational Health Nurse Specialist (OHNS) in accordance with the Data Privacy Act of 2012. Recipients of personal data that we collect include persons within the Specialty Board and the Corporate Secretariat of the Occupational Health Nurses Association of the Philippines (OHNAP), Inc., in order to achieve the purposes mentioned. The personal information that we have collected will be properly stored and filed within the Corporate Secretariat and shall be retained for an indefinite period in relation to the laws and regulations related to professional career progression, such as Republic Act (R.A.) No. 10912 or the "Continuing Professional Development Act of 2016" and the PRC Resolution No. 1262-2020 or the Career Progression and Specialization Program and Credit Accumulation and Transfer System (CPSP-CATS), after the original purposes for which the personal information were collected have ceased to be applicable.

I agree to the above Data Privacy Act provisions and certify that the information stated above are true and correct.

Signature Over Printed Name

Date