



Center for Occupational and Environmental Health
A NIOSH Education and Research Center

Continuing Education Program, UC Berkeley

**OCCUPATIONAL HEALTH AND SAFETY PRINCIPLES
AND NURSING CERTIFICATION REVIEW**

Monday-Wednesday ♦ January 23-25, 2012

State Office Building -1515 Clay Street - Room 10, Oakland CA 94612

OVERVIEW

This intensive three-day course presents state of the art information in the field of occupational and environmental health and safety; Comprehensive workbook/resource manuals and classroom materials; Test taking techniques and strategies for examination preparation; Written tests prior, during, and at conclusion of seminar; Participative lectures.

Management/Coordinator/Consultant Functions:

Provide advice and manage Occupational Health and Safety Programs, services and staff

Clinical Functions in OHN Practice:

Clinical care, environmental relationships, counseling, client advocacy, and change agent

Advisor/Educator Functions in OHN Practice:

Health protection, health promotion, health education, and research

WHO SHOULD ATTEND?

Designed for Nurses who are:

- Employed full or part-time in the field of Occupational Health
- Preparing for American Board for Occupational Health Nurses Certification Exam: COHN or COHN-S
- Considering entering the field of Occupational Health Nursing; Setting up Occupational Health Programs

Valuable information for:

- Case Managers • Risk Managers • Safety Consultants • Physicians
- Workers' Compensation Claims Personnel
- Directors/Administrators of Occupational Health Facilities

FACULTY

Annette B. Haag, MA, RN, COHN-S/CM, FFAOHN

President, Annette B. Haag and Associates, past President of the American Association of Occupational Health Nurses, Trustee for the American Society of Safety Engineers Foundation. With over 30 years of experience, she is nationally and internationally recognized in the field of health and safety

ACCREDITATION

Provider approved by the California Board of Registered Nursing, Provider # 12983 for 22.5 contact hours.

► YOU MUST ATTEND THE FULL COURSE TO RECEIVE CREDIT. MAKE TRAVEL ARRANGEMENTS ACCORDINGLY

ONLINE REGISTRATION AT: WWW.COEHCE.ORG

▶ ADDITIONAL RESOURCES TO BRING TO CLASS:

- AAOHN Core Curriculum for Occupational and Environmental Health Nursing
- AAOHN Core Curriculum Study Guide, 3rd edition
- AAOHN Journal Case Management Certification Examination Study References
- ABOHN Certification Self Assessment Test (CSAT)

▶ TO ORDER: AAOHN – 800-241-8014/www.aaohn.org; ABOHN – 888-842-2646/www.abohn.org

LOCATION

The training location at 1515 Clay St – Room 10, Oakland CA 94612 is a short walk from the Downtown Oakland 12th Street/City Center BART stop. If you are driving, there is a parking lot across the street from the State Office Bldg on Clay Street. Parking is \$14/day (subject to change). The closest airport is the Oakland International Airport

.HOTELS WITHIN WALKING DISTANCE OF THE CLASS

◆ Marriott Courtyard Oakland Downtown	988 Broadway, Oakland CA 94607	510-625-8282
◆ Oakland Marriott City Center	1001 Broadway, Oakland CA 94607	510-451-4000
◆ The Washington Inn	495 10 th Street, Oakland CA 94607	510-452-1776

REGISTRATION INFORMATION

Price: Early Bird Fee: \$650.00 Fee after December 30, 2011 \$700.00.
-Fee includes course study materials, continental breakfast and afternoon breaks plus box lunch for Wednesday’s working lunch. Lunch is on your own Monday and Tuesday.

Payment by Credit Card or Check. Payment must be received before the class.
We accept Visa and MasterCard. You can register and pay by credit card on line. Or you can mail the registration form below with your credit card information or check to:
COEH Continuing Education Program, UC Berkeley SPH, 2223 Fulton St, 2nd Floor, Berkeley CA 94720-5120

Please do not fax or email credit card information. You can call our office at 510-643-7277 and give us your payment information over the phone. ****Make Check Payable to:** University of California Regents

**Occupational Health and Safety Principles and Nursing Certification Review ◆ January 2012
Registration Form**

Name _____ Job Title _____

Company/Agency _____

Address _____
Street City State Zip

Phone _____ Fax _____ Email _____

Payment Amount: \$ _____ **Payment Method:** _____ Check _____ Credit Card

VISA MasterCard Card Number _____ Exp Date _____

Name on Card _____ Signature _____

Profession: MD RN IH Safety Other

Employer: Private Co. Federal Gov State Gov Local Gov Academic Foreign Other

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