



ABOHN Monthly CE Offering Enrollment Form

Full Name: _____

ABOHN Credentials (COHN, COHN-S, CM): _____

ABOHN Certification Number: _____

Phone Number: _____

Email Address (required for class invitations): _____

Mailing Address: _____

CLASS ENROLLMENT SELECTION

(Select one option below)

☐ **Single Class: \$25**

Month: _____

☐ **January–June Package (6 classes): \$125**

☐ **July–December Package (6 classes): \$125**

☐ **Full Year Package – All 12 Classes: \$225 (*Best Value!*)**

Verification of Eligibility

This program is exclusively for certified Occupational Health Nurses (OHNs) seeking CE credit toward **ABOHN recertification** and **nursing licensure requirements**.

Please confirm:

☐ I verify that I am a certified Occupational Health Nurse and meet eligibility requirements for participation in this program.

Communication & Access

All class invitations and recording access links will be sent via email.

☐ I understand that live sessions will be recorded and available for 30 days following each class.

☐ I understand that I will receive monthly invitations beginning January 2026.

Payment Information

Payment Method:

☐ Credit Card

Type (Visa/MC/Discover/AMEX) _____

Credit Card # _____
Expiration Date _____
CVC _____
Zip Code Associated with Card _____

☐ Check

If paying by check:

Please make payable to: ABOHN, Inc. and mail check to PO Box 39, Palos Heights, IL 60463

Class link(s) will be sent upon receipt and processing of payment.

If paying electronically:

Payment will be processed upon submission of this form.

Refund Policy

☐ I understand that all sales are final and **no refunds** will be issued.

Signature

By signing below, I affirm the accuracy of the information provided and agree to the terms of participation.

Signature: _____

Date: _____

For Administrative Use Only

Enrollment Processed By: _____

Date Processed: _____

Added to class spreadsheet: ☐

Class link emailed: ☐