



6941 Cornell Road, Suite B  
 Cincinnati, OH 45242  
 513-891-0868 phone • 513-891-1262 fax  
[foster@fosterinstruments.com](mailto:foster@fosterinstruments.com)  
[www.fosterinstruments.com](http://www.fosterinstruments.com)

## 2022 CAOHC CERTIFICATION COURSES

### CERTIFICATION DATES

March 2-4, 2022  
 August 3-5, 2022  
 December 7-9, 2022

### RECERTIFICATION DATES

March 3, 2022  
 August 4, 2022  
 December 8, 2022

### Course Directors:

Joe Baker, MA  
 Occupational Audiologist

### Location:

Embassy Suites  
 4554 Lake Forest Dr, Blue Ash, OH 45242  
 For Accommodations; 800-362-2779

## REGISTRATION FORM

SUBMIT BY: eMail: [Foster@fosterinstruments.com](mailto:Foster@fosterinstruments.com), Fax (513) 891-1262 or mail to address at top

Student

Name: \_\_\_\_\_  
 (as it will appear on certificate)

Company: \_\_\_\_\_

Co Address: \_\_\_\_\_

Co Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Exam

Email\*: \_\_\_\_\_

**New this year:** Beginning in 2021, CAOHC is requiring all exams to be taken electronically. Please bring a laptop computer or you may also use a smartphone (the portal is optimized for mobile use). You will receive an email on the morning of the scheduled exam with a link to the Learning Portal where you will access your exam.

\*Once you receive your "Welcome" email from CAOHC, you will need to set up an account at <https://www.caohc.org> if you do not already have one. The **exam email** above should be the email you will use to access your CAOHC account.

### I Will Attend (check one and circle date above):

( ) Full Certification Course- \$645.00

( ) Recertification Course- \$445.00

Previous certification expiration date \_\_\_\_\_

### Payment Must Accompany Registration

CAOHC certification fee, course manual, and lunch (Wednesday/Thursday) are included in the tuition fee

\_\_\_\_\_ Check

**Make Check Payable to:** Foster Special Instruments

\_\_\_\_\_ Credit Card (There is a \$10.00 service fee when paying by VISA/MC/AMEX)

Credit Card # \_\_\_\_\_

Exp Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing

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

Same as above

Receipt

Email: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_