

Council for Accreditation in Occupational Hearing Conservation  
(CAOHC) Course Hosted by **PC Occupational Solutions**

Course Registration Form 2025

Course Fee: **\$ 705.00\*** for Full Course **\$ 505.00\*** for Re-Certification

I will attend: (choose one)

- |                          |                |                                     |
|--------------------------|----------------|-------------------------------------|
| <input type="checkbox"/> | Cincinnati, OH | Full Course 02/26/2025 - 02/28/2025 |
| <input type="checkbox"/> | Cincinnati, OH | Re-Certification 02/27/2025         |
| <input type="checkbox"/> | Louisville, KY | Full Course 05/14/2025 - 05/16/2025 |
| <input type="checkbox"/> | Louisville, KY | Re-Certification 05/15/2025         |
| <input type="checkbox"/> | Cincinnati, OH | Full Course 08/06/2025 - 08/08/2025 |
| <input type="checkbox"/> | Cincinnati, OH | Re-Certification 08/07/2025         |
| <input type="checkbox"/> | Evansville, IN | Full Course 09/17/2025 - 09/19/2025 |
| <input type="checkbox"/> | Evansville, IN | Re-Certification 09/18/2025         |
| <input type="checkbox"/> | Cincinnati, OH | Full Course 11/12/2025 - 11/14/2025 |
| <input type="checkbox"/> | Cincinnati, OH | Re-Certification 11/13/2025         |

Current CAOHC Number: \_\_\_\_\_ Date of Last Certification: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

\* Please provide an email address that can be accessed remotely while at the course this will be where you receive a link to access the exam on exam day\* You will also receive emails at this address prior to the course start date.

Payment Method: Check # \_\_\_\_\_ Credit Card

Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

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

Billing Street Address with Zip Code associated with Card (if different from above): \_\_\_\_\_

Upon receipt of your registration form, a confirmation letter with directions to the course along with overnight accommodations will be sent via email.

**Payment Terms: Payment in full is due upon registration unless special arrangements are made with PC Occupational Solutions.**

\*Course fee includes CAOHC certification fee and all course materials. Lunch and Beverages will be provided on each day with the exception of no lunch on Day 3 as the course is finished by 12:00PM.

Course times are 8:00 AM – 5:00 PM Day 1 and Day 2, and 8:00 AM – 12:00 PM on Day 3. Sign-in begins at 7:30 AM.

Please fax your registration form with your credit card information to 513-826-9325 or email it to the address below. You may also mail it along with payment to:

**PC Occupational Solutions**

**10013 Zig Zag Road**

**Cincinnati, OH 45242**

Contact Julie Kirwen at 513-205-3260 or [julie@pcoccsol.com](mailto:julie@pcoccsol.com) with any questions.

*Cancellation / Attendance Policy: PC Occupational Solutions reserves the right to cancel if registrations do not meet expectations. If a course is cancelled all registration fees will be refunded. Registrants may cancel up to ten (10) working days prior to the course start date for a full refund less a \$ 50.00 cancellation fee. There are no refunds for failure to appear at a course. If you need to transfer your registration to another person or to a different course just let us know and we will work with you as needed.*

