

AMERICAN BOARD OF INDUSTRIAL HYGIENE
APPLICATION FORM FOR CERTIFIED INDUSTRIAL HYGIENIST



Instructions: Please type or print clearly. Examination Requested Spring Fall

1. **Name.** Please advise us if your legal name has changed since entering a College or University, or since your first contact with the Board.

Ms. Mr. _____
First Middle Initial Last Previous Last

2. **Address.** Indicate your preference for mailing & internet roster listing. (Check only one)

Business Name & Address Home address

Phone _____ Fax _____
 Phone _____ Fax _____

Email _____
 Email _____

3. **Have you ever applied to ABIH previously?** Yes No

4. **Education.** Official transcripts sent directly from the College or University is required. Transcripts may be sent with the application if they are in a sealed envelope with the Registrar's seal. Use supplemental sheet to document IH coursework. See Candidate Handbook for experience equivalency credited for acceptable IH degrees and report needed for degree awarded outside of the U.S./Canada.

Degree	Month/Year Awarded	Major	College/University
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. **Experience.** See Candidate Handbook for creditable experience. Information must be provided on this form. If you have more than 3 experience periods, you can provide the additional information on a supplemental sheet. Description of Duties should include types of **health stressors** you have worked with as well as work environments/operations.

a. From _____ To CURRENT Employer _____
 mo / day / year

Position Title: _____ Percent time in IH Practice: _____

*Immediate Supervisor(s) who are providing references: _____

Name	Title	From mo/yr	To mo/yr
_____	_____	_____	_____
_____	_____	_____	_____

Description of Duties: _____

b. Next Previous From _____ To _____ Employer _____
 mo / day / year mo / day / year

Position Title: _____ Percent time in IH Practice _____

*Immediate Supervisor(s) who are providing references: _____

Name	Title	From mo/yr	To mo/yr
_____	_____	_____	_____
_____	_____	_____	_____

Description of Duties: _____

c. Next Previous $\frac{\text{From}}{\text{mo / day / year}}$ $\frac{\text{To}}{\text{mo / day / year}}$ Employer _____

Position Title: _____ Percent time in IH Practice _____

*Immediate Supervisor(s) who are providing references: _____

Name	Title	From mo/yr	To mo/yr
_____	_____	_____	_____
_____	_____	_____	_____

Description of Duties: _____

*There must be a reference from the applicant's immediate supervisor(s) covering the entire time period for which the applicant requests experience credit. When an applicant is/was a principal in a business and has/had no supervisor, the Board will accept references from major clients. There must also be a reference from a Certified Industrial Hygienist who is familiar with the applicant's industrial hygiene work. (See ABIH Candidate Handbook for alternatives)

6. Summary of Education and Experience Claimed

Baccalaureate Degree Official transcript to be sent directly from school or in a sealed envelope with the registrar's seal.

Graduate Degree(s) Official transcript to be sent directly from school or in a sealed envelope with the registrar's seal.

Official transcript to be sent directly from school or in a sealed envelope with the registrar's seal.

Ethics documentation included and identified as such

Experience $\frac{\text{From}}{\text{mo / day / year}}$ $\frac{\text{To}}{\text{mo / day / year}}$ _____ mos. Supervisor Reference to be sent directly from reference

$\frac{\text{From}}{\text{mo / day / year}}$ $\frac{\text{To}}{\text{mo / day / year}}$ _____ mos. Supervisor Reference to be sent directly from reference

$\frac{\text{From}}{\text{mo / day / year}}$ $\frac{\text{To}}{\text{mo / day / year}}$ _____ mos. Supervisor Reference to be sent directly from reference

$\frac{\text{From}}{\text{mo / day / year}}$ $\frac{\text{To}}{\text{mo / day / year}}$ _____ mos. Supervisor Reference to be sent directly from reference

Total = _____ mos. CIH Reference to be sent directly from reference.

I certify that the documents I have submitted are, to the best of my knowledge, accurate and truthful. I understand that any falsification in this application for Certified Industrial Hygienist will be grounds for rejection, or for later revocation of any certificate issued. I understand that I am subject to the terms and conditions set out for applicants in the ABIH Candidate Handbook in effect at the time of application. I also recognize my obligation not to reveal the contents of the ABIH examination.

I agree to adhere, to the best of my ability, to the Code of Ethics and be governed by the Ethics Case Procedures as published on the ABIH website (www.abih.org). If I am certified, I understand that I must pay annually such amount as the Board shall decide as a part of the Board's certification maintenance requirement.

Signature

Date

A nonrefundable application fee, payable to ABIH, of \$150.00 (US funds) must accompany this application. An additional examination fee will be payable upon notification of admission to the examination. This application and supporting materials must be postmarked no later than **February 1**, immediately preceding the Spring examinations and no later than **August 1**, immediately preceding the Fall examinations. ABIH does not discriminate among applicants as to age, sex, race, religion, national origin, disability or marital status.

_____ I am submitting a Test Accommodation Request Form (www.abih.org/certified/index.html) for a disability covered by the Americans with Disabilities Act as amended or other applicable laws.

Please mail application to: ABIH, 6015 West. St. Joseph, Suite 102, Lansing, MI 48917