



CM By Exam Request Form

This form is to be used only by Active or former Diplomates.

- I am: Active CIH in good standing - taking the Exam in lieu of submitting a CM worksheet
 Former CIH – taking the Exam to reactivate

I request authorization to take the ABIH Comprehensive Practice Exam during the following test window:

- Spring of _____ (year)
 Fall of _____ (year)

The Exam cost is a \$350 for Active CIHs and \$425 for former CIHs. Payment is required at the time of submission of this form:

- My payment is enclosed - Check, money order or ABIH Credit Card form
(Form at: <http://www.abih.org/documents/index.html#Security>)
 I have already made the payment online at the ABIH web site

I understand that once authorized via the ABIH *Authorization To Test* letter, it is my responsibility to schedule the exam with Prometric.

I agree to not reveal the contents of the ABIH examination.

To the best of my knowledge, I have not been made aware of any charges against me of unethical practice of industrial hygiene, nor have I been convicted of a felony.

To the best of my ability I agree to abide by the ABIH *Code of Ethics* and be governed by the *Ethics Case Procedures* as published on the ABIH website.

Name: _____
Certificate Number (if an Active CIH): _____
Primary Phone: _____
Email Address: _____

I have reviewed and accept terms as stated above:

Signature: _____

Date: _____

Email, fax or mail to:

Email: abih@abih.org

Fax: 517-321-4624

Mail: ABIH, 6015 W. St. Joseph Hwy, Suite 102, Lansing, MI 48917

February 28, 2012