



## Submission Form For Retired Status

**This form is used to request CIH (Ret) or CAIH (Ret) status.**

Under policy and practices of the Board, CIH (Ret) or CAIH (Ret) will be granted under the following terms which were in effect at the time of the request.

The Diplomate will:

1. Make a written request to the Board. (Note - This form constitutes the written request.)
2. Be in good standing (i.e. current on any annual, late and reinstatement fees).
3. Not be practicing industrial hygiene either full or part time at or near the time of this request.
4. Relinquish the CIH or CAIH designation. The CIH or CAIH designation may only be used on a resume or CV to reference the years of active certification. The following is acceptable:
  - Certified Industrial Hygienist (CIH), American Board of Industrial Hygiene, *years of certification e.g. 1990-2009*
  - Certified Associate Industrial Hygienist (CAIH), American Board of Industrial Hygiene, *years of certification e.g. 2002-2004*
5. No longer use the ABIH embossing seal or stamp.
6. Be designated as a CIH (Ret) or CAIH (Ret) in the ABIH Public Roster but is restricted from using the CIH (Ret) or CAIH (Ret) designation for any other purpose.
7. Not be responsible for certification maintenance and annual fees.
8. Continue to be listed in the ABIH Private Roster (home address and phone) unless choosing to opt out (“Do Not List”). The Diplomate is responsible to maintain accurate contact information.
9. Receive (via email) the ABIH Newsletters unless the Diplomate contacts ABIH.
10. Not be restricted from practicing industrial hygiene in the future; however a Retired Diplomate who works in industrial hygiene and uses the CIH, CIH (Ret), CAIH or CAIH (Ret) designations will be subject to the ABIH Ethics Case Procedures provisions.
11. Have the option to re-activate by paying applicable fees and fulfilling one of the following:
  - a) Qualify for and pass the Comprehensive Practice examination, or
  - b) If  $\leq$  6 months and in years 1-5 of the CM cycle, submit a written request.
  - c) If  $\leq$  6 months and in the 6<sup>th</sup> year of the CM Cycle, submit an acceptable CMW for the previous 5 years.
  - d) If  $>$  6 months, submit an acceptable CMW for the previous 5 years, excluding points in Cat 1.

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**I have reviewed and accept the policy and practices as stated above.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mail, fax or email to:**

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

**Fax: 517-321-4624**

**Email: [ptrim@abih.org](mailto:ptrim@abih.org)**

31 Aug 2010