



Submission Form For Voluntary Termination of Certification

This form is used to voluntarily surrender your ABIH certification.

Submitting this form recognizes that you are relinquishing the right to use the ABIH certification designation.

The ABIH policies and conditions for voluntary termination are as follows:

1. Voluntary termination takes effect upon receipt at the Board Office of the signed submittal form.
2. The Board will send you a written acknowledgement of certification termination.
3. You may no longer use any form of the ABIH certification designations associated with the CIH or CAIH except on a resume or CV to reference the years of active certification.
 - 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. 2002-2009*
4. You may no longer use the ABIH embossing seal or stamp.
5. You will not:
 - a. be listed in the ABIH roster,
 - b. be responsible for annual renewal fees and certification maintenance,
 - c. receive the ABIH Newsletter.
6. You are not restricted from practicing industrial hygiene. Except as allowed under item 3 above, you will be subject to the ABIH Ethics Case Procedures provisions if you use any form of the ABIH certification designations, (e.g. Certified Industrial Hygienist, CAIH, etc).
7. You may re-certify by passing the Comprehensive Practice exam following the rules in place at the time of re-application. If the exam is passed, the original certification number will not be reassigned. Those previously certified in an Aspect can only certify in the Comprehensive Practice exam.

Name: _____
Home Address: _____
Home Phone: _____
Email Address: _____

I accept the ABIH policies and conditions as stated above:

Signature: _____ **Date** _____

Please mail or fax to: ABIH, 6015 W. St. Joseph, Suite 102, Lansing, MI 48917 (fax – 517-321-4624)