

**AMERICAN BOARD OF INDUSTRIAL HYGIENE**  
**REAPPLICATION 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/Given Name Middle Name Last/Family Name Previous Last/Family Name

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. **Experience.** See Candidate Handbook for creditable experience. Information must be provided on this form. Description of Duties should include types of **health stressors** you have worked with as well as work environments/operations.

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

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.

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](#). 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 re-application fee, payable to ABIH, of \$75.00 (US funds) must accompany this re-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](#) for a disability covered by the Americans with Disabilities Act as amended or other applicable laws.

**Please mail, fax or email application to:** ABIH, 6015 West St. Joseph, Suite 102, Lansing, MI 48917  
**Fax:** (517) 321-4624 **Email:** [rsmith@abih.org](mailto:rsmith@abih.org)