

**AMERICAN BOARD OF INDUSTRIAL HYGIENE  
REAPPLICATION FORM FOR CERTIFIED INDUSTRIAL HYGIENIST**



The Mark of Professionalism

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 _____	Phone _____
Fax _____	Fax _____
Email _____	Email _____

3. **Education.** Degrees Conferred since original application. If you are requesting experience equivalency or if you wish to have your name listed with a doctoral title, official transcripts sent directly from the College or University are 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.

Degree	Month/Year Awarded	Major	College/University

4. **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: \_\_\_\_\_

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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: \_\_\_\_\_

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c. Next Previous 

From	To
____/____/____	____/____/____
mo / day / year	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 principle 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)

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](http://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.

\_\_\_\_\_ I am submitting a Test Accommodation Request Form ([www.abih.org/certified/index.html](http://www.abih.org/certified/index.html)) for a disability covered by the Americans with Disabilities Act of 1990 (ADA) or other applicable laws.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

A nonrefundable application fee, payable to ABIH, of \$75.00 (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.

**Please mail application to:** ABIH  
6015 W. ST. Joseph, Suite 102  
Lansing, MI 48917

Revised March 2008