



APPLICATION FORM FOR CERTIFIED INDUSTRIAL HYGIENIST®

Administered by the American Board of Industrial Hygiene® (ABIH®), the Certified Industrial Hygienist (CIH®) certification program provides a method for individuals to demonstrate their professional level industrial hygiene knowledge and skills through our requirements for education, experience and an examination. Individuals who successfully complete the process are allowed to use the CIH designation, a registered trademark of ABIH, as long as they successfully participate in the ABIH certification maintenance program.

Please type or print clearly.

Examination Requested: Spring Fall

1. Name. Mr. Ms. _____
First/Given Name Middle Name Last/Family Name Previous Last/Family Name*

* Please advise ABIH if your legal name has changed since graduating from a College or University: _____

2. Address. Please provide both addresses. Check your preference for mailing purposes and internet roster listing.

Business Name & Address

Home Address

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

3. Have you applied to ABIH previously? Yes No If yes, when? _____ ABIH ID # _____

4. Education. An official transcript sent directly from each US college or university attended is required. Official transcripts may also be sent with the application in an envelope sealed with the Registrar's seal. See the [Candidate Handbook](#) for requirements about equivalency reports needed for international degrees awarded outside of the U.S./Canada. Use the [IH Coursework Form](#) to document IH Coursework and Ethics courses and include it with your application.

Type of Degree	Month/Year Awarded	Major	College/University

5. **Experience.** See the [Candidate Handbook](#) for creditable experience. Information must be provided on this form. More than three experience periods can be documented on a supplemental sheet. The Description of Duties should include at least 2 types of **health stressors** (chemical, physical, biological, or ergonomic) involved as well as work environments and operations.

a. Present: _____ / _____ To CURRENT Employer: _____
From: Month / Year

Position Title: _____ Percent time in IH Practice: _____

Immediate Supervisor(s)** who are providing references:

Name Title From: Month / Year To: Month / Year

Name Title From: Month / Year To: Month / Year

Description of Duties: _____

b. Previous: _____ / _____ _____ / _____ Employer: _____
From: Month / Year To: Month / Year

Position Title: _____ Percent time in IH Practice: _____

Immediate Supervisor(s)** who are providing references:

Name Title From: Month / Year To: Month / Year

Name Title From: Month / Year To: Month / Year

Description of Duties: _____

Next
c. Previous: _____ / _____ _____ / _____ Employer: _____
From: Month / Year To: Month / Year

Position Title: _____ Percent time in IH Practice: _____

Immediate Supervisor(s)** who are providing references:

_____	_____ / _____	_____ / _____
Name	Title	From: Month / Year To: Month / Year
_____	_____ / _____	_____ / _____
Name	Title	From: Month / Year To: Month / Year

Description of Duties: _____

Total Number of Months of Professional Level Industrial Hygiene Experience: _____

** There must be a reference from your immediate supervisor(s) covering the entire time period for which you request experience credit. Use the [Professional Reference Questionnaire](#) for these references. When you are/were a principal in a business and have/had no supervisor, ABIH will accept references from major clients. There must also be a reference from a **Certified Industrial Hygienist** who is familiar with your industrial hygiene work. (See the [Candidate Handbook](#) for alternatives.) **A minimum of at least 2 references must be provided.**

6. Fees. A **nonrefundable application fee of \$150.00 (US funds), payable to ABIH by check, money order, or with a Credit Card Payment Form, must accompany this application.** An additional examination fee will be payable upon notification of admission to the examination.

7. Deadlines. This application and all supporting materials including transcripts and references must be postmarked no later than **February 1**, immediately preceding the Spring examinations and no later than **August 1**, immediately preceding the Fall examinations.

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 ABIH shall decide as a part of the CIH certification maintenance requirement.

Signature

Date

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 submit your completed application using ONE of the following options:

Mail: ABIH, 6015 West St. Joseph Hwy., Suite 102, Lansing, MI 48917
Email: abih@abih.org