

**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
_____	_____	_____	_____
_____	_____	_____	_____

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, 6005 West St. Joseph, Suite 300, Lansing, MI 48917
Fax: (517) 321-4624 **Email:** ptrim@abih.org