



**CANADIAN REGISTRATION BOARD OF OCCUPATIONAL HYGIENISTS
CONSEIL CANADIEN D'AGRÉMENT DES HYGIÉNISTES DU TRAVAIL**

Instructions for Completing the ROH Application Form

General Instructions/Information:

- (a) Please complete the Application Form and submit to the CRBOH Registrar (by email preferred):
Email: registrar@crboh.ca
Mailing Address: P.O. Box 26125 Maryland Postal Outlet, Winnipeg, Manitoba R3G 3R3
- (b) An examination fee of \$350 (Cdn), payable online at www.crboh.ca, is due upon submission of this application. Your application will be processed once this fee is received.
- (c) Annual membership dues are currently \$250 (2020); dues will be waived for the year in which you attain your ROH.
- (d) Please note that any personal information collected by CRBOH is used solely for registration and membership, and will not be used for any other purpose or distributed, without your consent.

1. PERSONAL INFORMATION:

Provide your name as you wish it to appear on the register and on your certificate. Be sure to indicate your preferred mailing address. If no preference is indicated, your business address will be used.

2. EDUCATION:

Provide details of post-secondary education, indicating whether degrees were awarded. Provide proof of degree, either by official University transcript or notarized photocopy of diploma.

3. OCCUPATIONAL HYGIENE CERTIFICATIONS:

Indicate details of any occupational hygiene certifications currently held (and currently valid).

4. OTHER CERTIFICATIONS / PROFESSIONAL DESIGNATIONS:

Indicate details of any other certifications or professional designations currently held (and currently valid).

5. MEMBERSHIPS:

List memberships in organizations involved in occupational hygiene or related activities and membership grade, if applicable. Indicate if you have held (or hold) elected or appointed positions within these organizations and the dates.

6. RELEVANT WORK EXPERIENCE:

Provide details of work history, starting with your current position. Note the amount of time devoted to occupational hygiene activities. This would include all aspects of occupational hygiene practice, including technical management and supervision of occupational hygiene activities. Attach a separate page if additional space is needed.

PLEASE NOTE: The Board reserves the right to contact previous employers in order to verify data given.

7. REFERENCES:

Provide the names of at least two professional occupational hygienists, who support this application. Please note that each referee must complete a Professional Reference Questionnaire form and forward it directly to the Board. It is preferable, but not mandatory, that at least one of the referees should be a Registered Occupational Hygienist with CRBOH.

8. ADDITIONAL INFORMATION:

Provide any additional information regarding your professional qualifications or experience, which you feel may be relevant and might assist the Board in evaluating your application.

9. ACKNOWLEDGEMENT

Please check the boxes to indicate acceptance of the conditions of the application, and sign and date the application form.

www.crboh.ca

Business Address/Adresse administrative: P.O. Box 26125 Maryland Postal Outlet

Winnipeg, Manitoba R3G 3R3

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