



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

**APPLICATION FOR REGISTRATION – NAR**

*Applicants who currently hold a certification (e.g. CIH) endorsed by the National Accreditation Recognition Committee of the International Occupational Hygiene Association (IOHA) are exempt from the Registered Occupational Hygienist (ROH) written examination component and are eligible to challenge the ROH oral examination directly.*

**1. PERSONAL INFORMATION**

<b>NAME:</b>	Last Name	First Name	Middle Initial(s)
	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		
	Employer Name		
<b>COMPANY MAILING ADDRESS:</b>	Street Number and Name		
	City, Province, Postal Code		
	Telephone	Email	
<b>HOME MAILING ADDRESS:</b>	Street Number and Name		
	City, Province, Postal Code		
	Telephone	Email	

**2. OCCUPATIONAL HYGIENE CERTIFICATIONS CURRENTLY HELD**

ORGANIZATION	DESIGNATION	CERTIFICATION #	YEAR AWARDED

**3. OTHER CERTIFICATIONS / PROFESSIONAL DESIGNATIONS CURRENTLY HELD**

ORGANIZATION	DESIGNATION AND CERTIFICATE NUMBER	YEAR AWARDED

**4. PROFESSIONAL OCCUPATIONAL HYGIENE MEMBERSHIPS (if applicable)**

ORGANIZATION	GRADE OF MEMBERSHIP	MEMBER SINCE	POSITIONS HELD

**5. ADDITIONAL INFORMATION**

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**6. ACKNOWLEDGEMENT**

By checking the following boxes, I indicate my acceptance of each of the following terms:

- I certify that the information provided by me in this application is, to the best of my knowledge, accurate. I understand that any falsification in this application will be grounds for rejection or for later revocation of any registration issued.
- I understand that upon successful completion of the registration process, I will be required to pay annually membership dues and comply with maintenance requirements.
- I recognize my obligation not to reveal the contents of any CRBOH examination and abide by the CRBOH Code of Ethics.

Signature	Date
<b>FOR OFFICE USE ONLY:</b> Date form received: Date exam fee received: Comments:	Approval Date:

November 2013  
Updated December 2018

**Please send completed form to the CRBOH Registrar:**

Email: [registrar@crboh.ca](mailto:registrar@crboh.ca)

**NOTE: An examination fee of \$325 (CDN), payable online at [www.crboh.ca](http://www.crboh.ca), is due upon submission of this application. Your application will be processed upon receipt of this fee.**

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Use of either accreditation without being a member of CRBOH in good standing constitutes an infringement of the CRBOH trademark.*