



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

**APPLICATION FOR REGISTRATION – ROH Fast Track 1**

*Candidates are only eligible for ROH Fast Track 1 application upon successful completion of Masters or PhD studies in Occupational Hygiene from one of 4 eligible universities*

**1. CONTACT 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.		
<b>MAILING ADDRESS:</b>	Street Number and Name		
	City, Province, Postal Code		
	Telephone	Email	

**2. EDUCATION (Attached separate sheet if required)**

INSTITUTION	HIGHEST LEVEL OF APPLICABLE EDUCATION	MAJOR SUBJECT(S)	DATES ATTENDED		YEAR AWARDED
			To	From	
Select approved Fast Track 1 University:					
<input type="checkbox"/> McGill University					
<input type="checkbox"/> University of British Columbia					
<input type="checkbox"/> University of Montreal					
<input type="checkbox"/> University of Toronto					

**3. OCCUPATIONAL HYGIENE CERTIFICATIONS CURRENTLY HELD**

ORGANIZATION	DESIGNATION	CERTIFICATION #	YEAR AWARDED

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

ORGANIZATION	DESIGNATION AND CERTIFICATE NUMBER	YEAR AWARDED

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

ORGANIZATION	GRADE OF MEMBERSHIP	MEMBER SINCE	POSITIONS HELD

**6. REFERENCE (Only 1 Reference from Accredited ROH Fast Track 1 School required)**



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NAME OF PERSON	TITLE	EMAIL ADDRESS	OFFICE TELEPHONE

**7. ADDITIONAL INFORMATION**

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**8. 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 recognize my obligation not to reveal the contents of any CRBOH examination.

Signature	Date
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**FOR OFFICE USE ONLY:**

Date form received:  
Date exam fee received:  
Comments:

Approval Date:

November 2013  
Updated January 2020

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

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

**NOTE: An examination fee of \$50 (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.**

**APPLICATION DEADLINE IS FEBRUARY 1 OF EACH EXAMINATION YEAR**

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