



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

**APPLICATION FOR REGISTRATION**

Select one:

ROH       ROH Fast Track Part 2 \*\*       ROHT

\*\* (only for candidates who have successfully completed ROH Fast Track 1 exam)

**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>BUSINESS:</b>	Employer Name		
	Address		
	Telephone	Email	
<b>HOME:</b>	Address		
	Telephone	Email	

PREFERRED PRIMARY CONTACT AND PUBLIC MEMBER DIRECTORY:    Business    Home

**2. EDUCATION**

An official transcript sent directly from each educational institution is required for all college or university Degrees or Diplomas. Copies of Certificates are acceptable and should be included with application.

INSTITUTION	DEGREE/ DIPLOMA/ CERTIFICATE	MAJOR SUBJECT(S)	DATES ATTENDED		YEAR AWARDED
			To	FROM	

**3. OCCUPATIONAL HYGIENE CERTIFICATIONS CURRENTLY HELD**

ORGANIZATION	DESIGNATION	CERTIFICATION #	YEAR AWARDED

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

ORGANIZATION	DESIGNATION	YEAR AWARDED

**FOR OFFICE USE ONLY:**

Date form received:	Application forwarded to:
Date exam fee received:	Comments:
Date certification validated:	Approved:
	Registration No.:



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**5. MEMBERSHIPS**

ORGANIZATION	GRADE OF MEMBERSHIP	MEMBER SINCE	POSITIONS HELD

**6. RELEVANT WORK EXPERIENCE**

Description of duties should include detailed description of occupational hygiene work and types of work environment. Additional information may be appended to application if required.

<b>CURRENT POSITION</b>	From: (Month / Year) /	To: (Month / Year) /
	Employer Name and Address	
	Job Title	Percent Time in Hygiene Practice
	Supervisor Name	Supervisor Title
	Description of Duties	
<b>PREVIOUS POSITION</b>	From: (Month / Year) /	To: (Month / Year) /
	Employer Name and Address	
	Job Title	Percent Time in Hygiene Practice
	Supervisor Name	Supervisor Title
	Description of Duties	
<b>NEXT PREVIOUS POSITION</b>	From: (Month / Year) /	To: (Month / Year) /
	Employer Name and Address	
	Job Title	Percent Time in Hygiene Practice
	Supervisor Name	Supervisor Title
	Description of Duties	
<b>NEXT PREVIOUS POSITION</b>	From: (Month / Year) /	To: (Month / Year) /
	Employer Name and Address	
	Job Title	Percent Time in Hygiene Practice
	Supervisor Name	Supervisor Title
	Description of Duties	



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**7. REFERENCES (2 references are required or a combination of 1 reference and examples of OH work)**

NAME	BUSINESS NAME & ADDRESS	TITLE	EMAIL ADDRESS/ TELEPHONE

**8. ADDITIONAL INFORMATION (separate documents may be attached)**

**9. 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.
- If I am registered, I understand that I must pay annually membership dues and adhere to maintenance requirements.
- I recognize my obligation not to reveal the contents of any CRBOH examination and adhere to the CRBOH Code of Ethics

Signature	Date
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November 2013  
Updated January 2020

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

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

Mailing Address: CRBOH Business Office, P.O. Box 26125 Maryland Postal Outlet  
Winnipeg, Manitoba, R3G 3R3

**NOTE: An examination fee of \$350 (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  
(Includes educational transcripts, professional references and supplementary information)**