

## COC WORKSHEET SUMMARY

Complete Sign and Click SUBMIT on this form, or Save, Print and Send to ISHM.

By signing this Document I acknowledge that I have read and agree to abide by the Code for Professional Conduct. ( Located at <http://www.ishm.org/code.shtml> )

Name \_\_\_\_\_

Address \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Tel (Office) \_\_\_\_\_

Tel (Home) \_\_\_\_\_

Fax \_\_\_\_\_



**Use this table to summarize annual points earned. At the end of each year in your COC cycle, enter the number of points earned, not to exceed the total points permitted in a given category.**

Year in Cycle	Calendar Year	Points Earned by Category							TOTAL	
		Active Safety & Health Management	Membership & Professional Services	Publication of Papers	Attendance at Meetings, Conferences, Educational Programs	Teaching	Certification Exam	Other Activities	For Year	For Cycle
1										
2										
3										
4										
5										
<b>Total Points Earned</b>										
<b>Maximum Points Allowed</b>		<b>3/ year 15/ cycle</b>	<b>2/ year 10/ cycle</b>	<b>No Limit</b>	<b>No Limit</b>	<b>15/ cycle</b>	<b>30/ cycle</b>	<b>No Limit</b>	<b>30 Points Required in 5 Years</b>	

Signature \_\_\_\_\_

Certification #: \_\_\_\_\_

Date: [Type date here]

**NOTE: Refer to the ISHM Continuance of Certification Handbook regarding questions concerning what activities count.**