

ASHM Application Form

The application will need to be completed in one session. If you close the application before completing it, no information will be saved and the application will have to be started over again. Once the application is completed print it for your records and then click on the envelope on the left side of the PDF toolbar to email it to manager@ishm.org. Please attach a copy of your driver's license as a PDF file before sending. Typing your name and date on the signature line constitutes an electronic signature. Applications not completely filled out will not be considered. Applications not completely filled out will not be considered.

Transcripts, if required, should be original copies mailed to :

Institute for Safety and Health Management
4841 East County 14 ¼ Street
Yuma, AZ 85365

Note: If application fee is paid by check or money order please mail to the address above.

After you have been designated an ASHM you may sit for the CSHM exam with two years of safety experience. The ASHM designation will be dropped if you do not sit for the CSHM exam within six years.



Institute for Safety and Health Management
4841 E. County 14 ¼ Street
Yuma, AZ 85365
(877) 201-4053

APPLICATION FOR ASHM Associate Safety and Health Manager

Note: The application must be filled out on line in one session, downloaded, and sent via e-mail to the Institute for Safety and Health Management at manager@ishm.org. The application must include (1) the \$100.00 application fee (\$50.00 will be refunded if application is not accepted), if application fee is paid by check or money order please mail to the address above, (2) a copy of driver's license (as PDF attachment), (3) Official college transcripts from the degree granting institution (if required), (4) Completed Resume of Experiences form (if required), (5) Copy of certification (if required). Typing your name and date on the signature line constitutes an electronic signature. Applications not completely filled out will not be considered.

Date: _____

Personal Information:

Last Name: _____

First Name and MI: _____

Date of Birth: _____

Home Address: _____

City, State, Zip: _____

Work Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Primary Email: _____ Secondary Email: _____

Please Check Your Preferences

Billing Address: Home Work

Correspondence: Email Snail Mail

Phone Contact: Home Work Cell

Please check which criteria you are applying for:

- 1. A graduate from a Board approved college or university, accredited by a member organization of the Council on Higher Education Accreditation, in which the degree identifies the graduate as having earned a bachelor, master, or doctorate in safety, or
 - 2. A graduate with a bachelor's degree from college or university accredited by a member organization of the Council on Higher Education Accreditation plus three years of qualifying work experience, or
 - 3. A holder of an associate degree in safety and health or a related field from a college or university accredited by a member organization of the Council on Higher Education Accreditation plus seven years of qualifying work experience, or
 - 4. A holder of a safety certification recognized by the ISHM Board plus nine years of qualifying work experience.
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College/University (Provide official transcripts from Board Approved institutions for #1, or an accredited institution for #2 and #3):

Institution: _____

Address: _____

City, State, Zip, or Country: _____

Date of Graduation: _____

Degree Granted: _____ **Major:** _____

Check One: **Transcripts Enclosed** **School Will Send**

Certification:

Certification Title: _____

Issued By: _____

Date Issued: _____

Resume of Experience (for numbers 2, 3, and 4):

Current Position

Position Title: _____ **Supervisor:** _____

Dates Employed (MM/YY): _____ / _____ to _____ / _____

Organization Name: _____

Address: _____

City, State, Zip: _____

Position Type: **Full Time** **Part Time** **Hours/Week if Part Time** _____

Brief Description of Duties:

Previous Position

Position Title: _____ **Supervisor:** _____

Dates Employed (MM/YY): _____ / _____ to _____ / _____

Organization Name: _____

Address: _____

City, State, Zip: _____

Position Type: **Full Time** **Part Time** **Hours/Week if Part Time** _____

Brief Description of Duties:

Resume of Experience (Cont'd):

Previous Position

Position Title: _____ Supervisor: _____

Dates Employed (MM/YY): _____ / _____ to _____ / _____

Organization Name: _____

Address: _____

City, State, Zip: _____

Position Type: Full Time Part Time Hours/Week if Part Time _____

Brief Description of Duties:

Previous Position

Position Title: _____ Supervisor: _____

Dates Employed (MM/YY): _____ / _____ to _____ / _____

Organization Name: _____

Address: _____

City, State, Zip: _____

Position Type: Full Time Part Time Hours/Week if Part Time _____

Brief Description of Duties:

(Print additional copies of the experience section as needed)

Current Safety Certifications (for item #4):

Personal Certification:

I certify that the statements above, together with any attachments, are accurate to the best of my knowledge. The institute is authorized to verify all information submitted. I fully understand that any falsification of information in this application or its attachments may be cause for rejection or withdrawal of certification consideration. I further understand that the institute shall be held harmless from any and all liability should this application be rejected on the basis of information provided hereon or by third parties, making me, in the judgment of the institute ineligible for certification.

Signature

Date

Payment Information: \$100 application fee is enclosed. (\$50.00 will be refunded if application is not accepted).

Payment is: Check Money Order Credit Card

If Credit Card: Visa Master Card Discover AmEx

Card Number _____ Expiration Date (MM/YYYY) _____

Signature _____