



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

APPLICATION FOR ASHM to CSHM

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. Prior to applying for CSHM, you must complete two years of Professional Safety Work Experience. The application must include (1) Completed Resume of Experiences form, (2) One Professional Reference form (Reference forms are located on web site under CSHM Application). 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: _____

Home Address: _____

City, State, Zip: _____

Work Address: _____

City, State, Zip: _____

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

Primary Email: _____ Secondary Email: _____

Resume of Experience:

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:

(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