



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.**

Name \_\_\_\_\_

<b>Category 1: Active Safety &amp; Health Management</b>				
50% or greater SHM practice = 3 points/yr, 20% or greater but less than 50% = 2 points/yr <b>Maximum: 15points/ cycle</b>				
Date (Year)	Position Title	Name of Employer	Describe S&H Management	Points Claimed

<b>Category 2: Membership and Professional Service</b>				
<b>Membership:</b> National organization = 1 point/yr; Local or state organization = 0.5 point/yr				
<b>Service:</b> National officer = 1 point/yr National committee chair = 1 point/yr Local officer/chair = 1 point/yr				
<b>Maximum: 2 points/yr.; 10 points /cycle</b>				
Organization	Type: National (N) or State/Local (SL)	Office Held	Dates Inclusive	Points Claimed

**Category 3: Publication of Professional Papers**

**Peer reviewed article:**

Single author = 2 points

Multiple authors = 1 point

**Non-peer reviewed article:**

Single author = 1 point

Multiple authors = 0.5 point

**Book:**

(Co)author/editor = 5 points

Chapter single author = 1 point

Chapter multiple authors = 0.5 point

Published review = 0.3 point

**Maximum: No Limit**

Title of Paper, Chapter, or Book	Name of Publication	Number of Authors or Editors	Publication Date (Mo/Day/Yr)	Points Claimed

**Category 4: Attendance at Meetings, Conferences, or Educational Programs**

**Academic courses:**  
 Semester hour = 2 points  
 Quarter hour = 1 point  
**Conferences:**  
 1 CEU = 1 point  
 Two days = 1 point  
 One day = 0.5 point  
**Maximum: No Limit**

Organization (National, State or Local)	Conference Title and Location	Attendance (Mo/Day/Yr)	# of CEU's or	Points Claimed

**Category 5: Teaching**

**Teacher:**

Semester hour = 2 points

Quarter hour = 1.33 point

0.5 day = 1 point

1 hour = 0.33 point

15-60 minutes = 0.25 point

**Presentations:**

Platform, poster or technical presentations (peer reviewed selection) 20-60 minutes = 1 point

**Maximum: 15 points/cycle**

Sponsor/ Educational Institution	Course/Presentation Title	Dates	Hours	Points Claimed

**Category 6: Certification Examination**

CSHM = 30 points  
 CSP = 30 points  
 CIH = 30 points  
 CPEA = 20 points  
 CHMM = 15 points

Examination	Location	Date Passed	Points Claimed

**Category 7: Other**

**CSHM item workshop:**  
 Half day = 1 point  
 Full day = 2 points  
**Readership questions:**  
 Workplace HR and Safety magazine = 0.01 point/item  
**Maximum: No limit**

Description of Activity	Dates	Points Claimed

Summary						
Category	Year 1	Year 2	Year 3	Year 4	Year 5	Points Claimed
Category 1: Active Safety & Health Management						
Category 2: Membership and Professional Service						
Category 3: Publication of Professional Papers						
Category 4: Attendance at Meetings, Conferences, or Educational Programs						
Category 5: Teaching						
Category 6: Certification Examination						
Category 7: Other						
Total						

**Signature**

**Certification #:**

**Date:**

**Please submit completed worksheet to:**

**Institute for Safety and Health Management  
 4841 East County 14 1/4 St.  
 Yuma, AZ 85365  
 Phone: 877-201-4053 Fax: 928-726-0420**

**(Note: Do not submit support documentation with worksheet.)**