

Name: _____

Address: _____ Work Phone: _____

Home Phone: _____

City: _____ Fax: _____

State: _____ Zip: _____ Email Address: _____



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. *This form must be completed in one session.* When complete, please return to manager@ishm.org, using the email button at the top of the form.

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										
Total Points Earned										
Maximum Points Allowed		3/Year 15/Cycle	2/Year 10/Cycle	No Limit	No Limit	15/Cycle	30/Cycle	No Limit	30 Points Required in 5 Years	

Signature (Entering your name constitutes an electronic signature) _____ Certification # _____ Date _____

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

Category 5: Training

Teacher:

Semester Hour = 2 points
 Quarter Hour = 1.33 points
 ½ 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 per 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

Maximum: 30 points per cycle

Examination	Location	Date Passed	Points Claimed

Category 7: Other

CSHM Item Workshop:

½ Day = 1 point

Full Day = 2 points

Readership Questions:

Workplace HR and Safety Magazine = 0.01 point per item

Maximum: No Limit

Description of Activity	Dates	Points Claimed

COC Worksheet

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 (Entering your name constitutes an electronic signature)

Certification #

Date

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