

CSHM 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. Typing your name and date on the signature line constitutes an electronic signature.

Your references can also electronically fill in the forms applicable to them and email in the same manner.

Transcripts must be original copies mailed to:

Institute for Safety and Health Management

4841 East County 14 ¼ Street

Yuma, AZ 85365

Once your CSHM application has been approved, you will be eligible to sit for the CSHM exam. The CSHM exam must be completed within one year of approval date. Exam procedures and requirements are listed on the website. You must notify the Institute and pay the examination fee at least 30 days prior to sitting for the exam.



Institute for Safety and Health Management
4841 East County 14 1/4 Street
Yuma, AZ 85365
(877) 201-4053

APPLICATION FOR CSHM Certified Safety and Health Manager

Note: The application must be filled out on line in one session, downloaded, printed and mailed to the Institute for Safety and Health Management at the address above. The application must include (1) the \$100.00 application fee (\$50.00 will be refunded if application is not accepted), (2) Official college transcripts, (3) Completed Resume of Experiences form, and (4) Three Professional Reference forms. Applicant's meeting the Americans with Disabilities Act will be provided with resources and accommodations necessary for them to sit for the CSHM exam.

NOTE: Holders of an Accredited Certification, such as CSP or CIH, need not submit transcripts, references, or experience, but must include a copy of current, verifiable, certification.

Personal Information:

Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Email Address: _____

Home Phone: _____ Home Fax: _____

Organization: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Email Address: _____

Work Phone: _____ Work Fax: _____

Correspondence Preference: Work Home Email

Educational Information (Only list institution(s) which awarded your degree(s)):

Undergraduate College/University: (Only provide an official transcript from institution granting degree)

Institution: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Date of Graduation (mm/yyyy): _____ / _____

Major: _____

Official Transcript: Enclosed School will send

Graduate College/University: (Only provide an official transcript from institution granting degree)

Institution: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Date of Graduation (mm/yyyy): _____ / _____

Major: _____

Official Transcript: Enclosed School will send

Note: Individual's who have graduated from Board Approved degree programs and have accumulated two years of professional work experience may make application for the CSHM and need only send official transcripts from the degree granting institution and verification of experience.

Note: Those individuals needing ADA accommodations must identify those needs to ISHM thirty days prior to sitting for the CSHM examination. Failure to do so, may result in taking the exam at a later date.

References: Please provide three professional references, including immediate supervisor, all of whom must have working knowledge of your safety and health management work experience; form may be duplicated, typed or printed legibly, and mailed to ISHM.

List current supervisor first.

Supervisor Name: _____

Title: _____ Period Covered: _____ to _____

Name: _____ Work Relationship: _____

Title: _____ Period Covered: _____ to _____

Name: _____ Work Relationship: _____

Title: _____ Period Covered: _____ to _____

Current Licenses, Registrations, Certifications: Check all that apply

CIH CSP Other-List _____

Current Membership in Professional Organizations: Check all that apply

ACGIH AIHA ASSE NSMS SSS

Other-List _____

Principle Specialty Area: Check all that apply

Safety Management Environmental Safety Industrial Hygiene
Transportation Safety Occupational Safety General Safety
Process Safety Product Safety System Safety
Construction Safety Occupational Health Behavior-Based Safety

Other-List _____

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 _____



Institute for Safety and Health Management
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**APPLICATION FOR CSHM
Certified Safety and Health Manager**

Note: The reference form should be typed or legibly printed and completed on both pages. Please duplicate blank forms as needed. References may be mailed directly to ISHM (at the above address) or to the applicant for forwarding.

The applicant named below is seeking designation as a Certified Safety and Health Manager (CSHM) by meeting academic and experience requirements, passing an examination, and receiving satisfactory references. Important information as to the applicant's qualifications will be provided from your evaluation, assisting in making decisions as for examination and certification. Your honesty and assistance in this matter is appreciated.

Applicant Seeking Reference:

Name: _____ Position/Title: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Person Providing Applicant's Reference:

Name: _____ Position/Title: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

During what period do you have personal knowledge of the applicant's professional safety and health management qualification? From: _____ To: _____

What is or was the nature of your work relationship with the applicant?

Supervisor Past Supervisor Co-Worker Other _____

Briefly describe the position and applicant's responsibility being evaluated: _____

Does, or did the applicant have other work duties outside her/his safety related duties? Yes No

If yes, describe _____

Does the applicant possess any known or obviously significant deficiencies in professional ethics?

Yes No If yes, describe _____

Does the applicant possess any known or obviously significant technical deficiencies? Yes No

If yes, describe _____

Please use this space to provide any additional comments deemed relevant: _____

Reference Certification: I certify the information provided by me regarding the applicant is true and accurate.

Signature

Date

Position

Contact Phone Number