



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

## REFERENCE FOR CSHM APPLICATION

### Certified Safety and Health Manager

**Note:** The reference form should be completed on line (both pages must be completed) and email to [manager@ishm.org](mailto:manager@ishm.org). They may be typed or legibly printed if internet access is not available. 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