

**CPIH APPLICATION FORM**

Instructions: Please clearly fill-in for submission and keep a copy for personal reference.

**1. Name.**

Mrs/Ms    Mr. \_\_\_\_\_  
First Name                      Middle Name                      Last Name

**2. Address.**

Work/Business Name & Address                       Home address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_                      Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_                      Mobile \_\_\_\_\_

Email \_\_\_\_\_                      Email \_\_\_\_\_

**3. Education in Industrial Hygiene.** Please attach copy of College or University transcripts. Use supplemental sheet(s) to document IH coursework and attach with copies of attendance certificates.

Degree	Year Awarded	Major	College/University
_____	_____	_____	_____
_____	_____	_____	_____

**4. MIHA Member**     Yes     No    Membership number: \_\_\_\_\_

**5. IOHA NAR Certified**     Yes     No    Circle relevant choice(s) below and attach copy of membership certificate(s).



**6. OHTA Trainings** Tick the relevant training(s) attended below and attach copy of certificate(s).

- W201 Basic Principals of Industrial Hygiene     W501 Measurement of Hazardous Substances  
 W503 Noise – Measurements and its Effects     W505 Controls of Hazardous Substances     W507 Health Effects of Hazardous Substances

**7. Experience in Industrial Hygiene** Refer to CPIH Candidate Handbook for creditable experience. If you have more than 3 experience periods, you can provide additional information on a supplemental sheet. Description of Duties should include types of **health hazards** you have worked with as well as work environments/operations.

a) From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to CURRENT Employer/Company \_\_\_\_\_  
(DD/MM/YYYY)

Position Title: \_\_\_\_\_ Percent time in IH Practice: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_  
Name                      Position                      Contact number

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**b)** Next Previous     /    /         /    /     Employer/Company \_\_\_\_\_  
(DD/MM/YYYY) (DD/MM/YYYY)

Position Title: \_\_\_\_\_ Percent time in IH Practice: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_  
Name Position Contact number

Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**c)** Next Previous     /    /         /    /     Employer/Company: \_\_\_\_\_  
(DD/MM/YYYY) (DD/MM/YYYY)

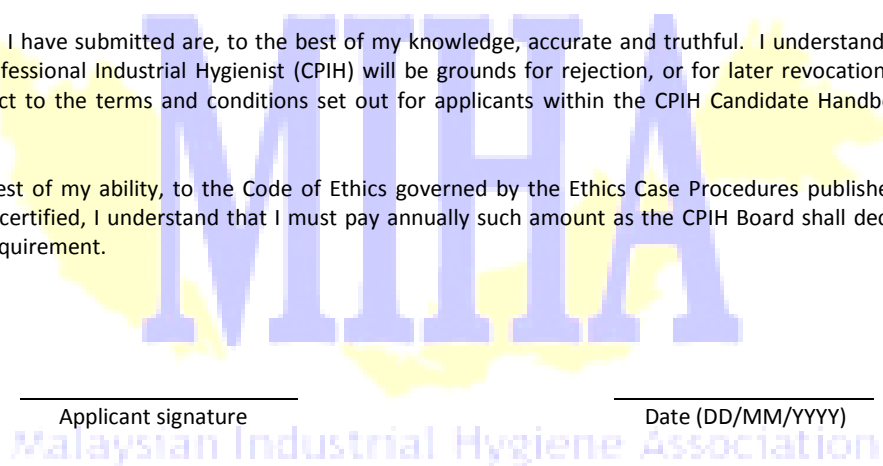
Position Title: \_\_\_\_\_ Percent time in IH Practice \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_  
Name Position Contact number

Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the documents I have submitted are, to the best of my knowledge, accurate and truthful. I understand that any falsification in this application for Certified Professional Industrial Hygienist (CPIH) will be grounds for rejection, or for later revocation of any certificate issued. I understand that I am subject to the terms and conditions set out for applicants within the CPIH Candidate Handbook in effect at the time of application.

I agree to adhere, to the best of my ability, to the Code of Ethics governed by the Ethics Case Procedures published within the MIHA website ([www.miha2u.org](http://www.miha2u.org)). If I am certified, I understand that I must pay annually such amount as the CPIH Board shall decide as a part of the Board's certification maintenance requirement.



\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

**A non-refundable application fee, payable to MIHA of RM300.00 must accompany this application in the form of a cheque, bank draft or bank-in directly to MIHA account (Maybank 5-6230 200 3030) with proof of payment.**

**Please mail/e-mail application to:**

No 19A, 1<sup>st</sup> Floor Jalan 2/14,  
 Bandar Baru Selayang,  
 68100 Batu Caves  
 Selangor Darul Ehsan  
 e-mail: [admin@miha2u.org](mailto:admin@miha2u.org)