



**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)

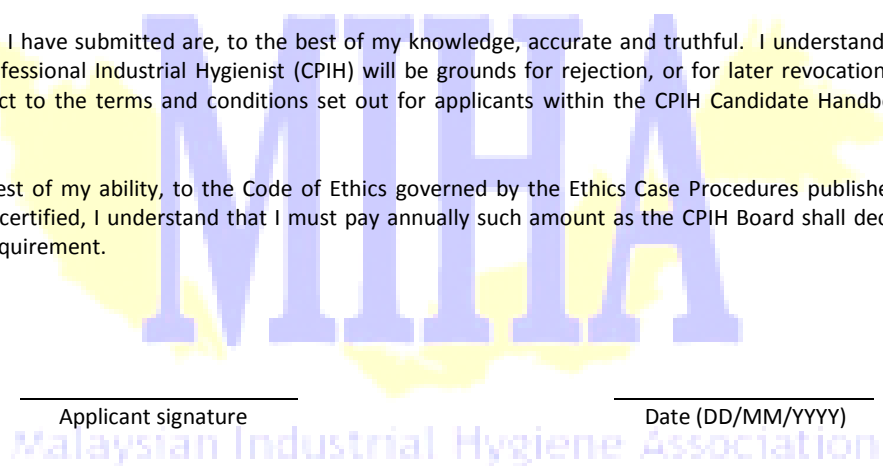
Position Title: \_\_\_\_\_ Percent time in IH Practice \_\_\_\_\_

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)