



CM By Exam Request Form

This form is to be used only by current or former Diplomates. Applicants should not use this form.

Name _____

Certificate Number (if currently certified) _____

Primary Phone _____

Email Address _____

Your Status

- Currently certified as a CIH[®] in Comprehensive Practice, in good standing, taking the Exam for Certification Maintenance, in lieu of submitting a CMW
- Formerly certified as a CIH in Comprehensive Practice, taking the Exam to reactivate my certification

Preferred Exam Date

- Spring of _____ (year)
- Fall of _____ (year)

Ethics Training

I have completed at least two hours of ethics training during my CM cycle (current CIH) or within the past 60 months (former CIH). My proof-of-participation record is:

- Attached
- Already provided to ABIH

Exam Payment

The Exam cost is a \$350 (current CIH) or \$425 (former CIH). Payment is required at the time of submission of this form. My payment is:

- Attached - check, money order or ABIH[®] Credit Card form
(Form at: <http://www.abih.org/document-library>)
- Already completed online at the ABIH web site

I request authorization to take the CIH[®] Comprehensive Practice Exam. I agree and accept the following statements:

1. Within the previous 3 years, I have not participated in an ABIH-sponsored Item Writing Workshop.
2. Once authorized via the ABIH *Authorization to Test* letter, it is my responsibility to schedule the exam with Prometric.
3. I will not reveal the contents of the ABIH examination.
4. I have not been made aware of any charges against me of unethical practice of industrial hygiene, nor have I been convicted of a felony during the previous 60 months.
5. To the best of my ability, I agree to adhere to the ABIH Certification Maintenance program which includes the ABIH *Code of Ethics*. If I am involved in an ethics case, I agree to be governed by the *Ethics Case Procedures*. I will report unethical behavior in others.
6. If recertified, I agree that I will not use my certification in a manner that negatively impacts the certification mark or ABIH, e.g. misleading or unauthorized claims.

Signature _____ Date _____

Email or mail to:

Email: prim@abih.org

Mail: ABIH, 6015 W. St. Joseph Hwy, Suite 102, Lansing, MI 48917

October 8, 2015