



**CANADIAN REGISTRATION BOARD OF OCCUPATIONAL HYGIENISTS
CONSEIL CANADIEN D'AGRÉMENT DES HYGIÉNISTES DU TRAVAIL**

APPLICATION FOR REGISTRATION

Select one:

☐ ROH

☐ ROH Fast Track Part 2 **

☐ ROHT

**** (only for candidates who have successfully completed ROH Fast Track 1 exam)**

1. CONTACT INFORMATION

NAME:	Last Name	First Name	Middle Initial(s)
	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		
BUSINESS:	Employer Name		
	Address		
	Telephone	Email	
HOME:	Address		
	Telephone	Email	

PREFERRED PRIMARY CONTACT AND PUBLIC MEMBER DIRECTORY: ☐ Business ☐ Home

2. EDUCATION

An official transcript sent directly from each educational institution is required for all college or university Degrees or Diplomas. Copies of Certificates are acceptable and should be included with application.

INSTITUTION	DEGREE/ DIPLOMA/ CERTIFICATE	MAJOR SUBJECT(S)	DATES ATTENDED To	FROM	YEAR AWARDED

3. OCCUPATIONAL HYGIENE CERTIFICATIONS CURRENTLY HELD

ORGANIZATION	DESIGNATION	CERTIFICATION #	YEAR AWARDED

4. OTHER CERTIFICATIONS / PROFESSIONAL DESIGNATIONS CURRENTLY HELD

ORGANIZATION	DESIGNATION	YEAR AWARDED

FOR OFFICE USE ONLY:

Date form received:

Date exam fee received:

Date certification validated:

Application forwarded to:

Comments:

Approved:

Registration No.:



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5. MEMBERSHIPS

ORGANIZATION	GRADE OF MEMBERSHIP	MEMBER SINCE	POSITIONS HELD

6. RELEVANT WORK EXPERIENCE

Description of duties should include detailed description of occupational hygiene work and types of work environment. Additional information may be appended to application if required.

CURRENT POSITION	From: (Month / Year) /	To: (Month / Year) /
	Employer Name and Address	
	Job Title	Percent Time in Hygiene Practice
	Supervisor Name	Supervisor Title
	Description of Duties	
PREVIOUS POSITION	From: (Month / Year) /	To: (Month / Year) /
	Employer Name and Address	
	Job Title	Percent Time in Hygiene Practice
	Supervisor Name	Supervisor Title
	Description of Duties	
NEXT PREVIOUS POSITION	From: (Month / Year) /	To: (Month / Year) /
	Employer Name and Address	
	Job Title	Percent Time in Hygiene Practice
	Supervisor Name	Supervisor Title
	Description of Duties	
NEXT PREVIOUS POSITION	From: (Month / Year) /	To: (Month / Year) /
	Employer Name and Address	
	Job Title	Percent Time in Hygiene Practice
	Supervisor Name	Supervisor Title
	Description of Duties	



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7. REFERENCES (2 references are required or a combination of 1 reference and examples of OH work)

NAME	BUSINESS NAME & ADDRESS	TITLE	EMAIL ADDRESS/ TELEPHONE

8. ADDITIONAL INFORMATION (separate documents may be attached)

9. ACKNOWLEDGEMENT

By checking the following boxes, I indicate my acceptance of each of the following terms:

- ☐ I certify that the information provided by me in this application is, to the best of my knowledge, accurate.
- ☐ I understand that any falsification in this application will be grounds for rejection or for later revocation of any registration issued.
- ☐ If I am registered, I understand that I must pay annually membership dues and adhere to maintenance requirements.
- ☐ I recognize my obligation not to reveal the contents of any CRBOH examination and adhere to the CRBOH Code of Ethics

I wish to take the exam in: English French

Signature

Date

November 2013

Updated March 2023

Please send completed form to the CRBOH Registrar:

Email (preferred): registrar@crboh.ca

Mailing Address: CRBOH Business Office, P.O. Box 26125 Maryland Postal Outlet
Winnipeg, Manitoba, R3G 3R3

NOTE: An examination fee of \$350 (Cdn), payable online at www.crboh.ca, is due upon submission of this application. Your application will be processed upon receipt of this fee.

**APPLICATION DEADLINE IS FEBRUARY 1 FOR SPRING EXAM AND AUGUST 1 FOR FALL EXAM
OF EACH EXAMINATION YEAR**

(Includes educational transcripts, professional references and supplementary information)