



International Association of Environmental, Health & Safety Professionals

This form may be used to apply for any IASHEP credential Except the Certified Environmental, Health and Safety Professional (CEHSP)

Use this form to register or challenge any of the IASHEP professional certifications. Please fill out the application completely, and include your payment information. You may refer to our Privacy Policy and Credit Card Payment Policy posted at www.iashep.org.

All information provided on this application is subject to audit by IASHEP. Knowingly providing fraudulent information will result in the revocation of the IASHEP professional credential and lifetime prohibition from attaining any certifications from the International Association of Environmental, Health & Safety Professionals (IASHEP).

Challenging An IASHEP Certified Course

The International Association of Environmental, Health and Safety Professionals (IASHEP) believes that if you have taken a course somewhere else but you did not get a professional certificate or professional credential, you can challenge the IASHEP professional credentialed course. You must petition IASHEP to challenge the course by filling out this course challenge document and pay your fees. The fees for course challenging is \$195.00 for all IASHEP level courses.. You must take a proctored and timed open book examination and you must pass the written test with an 80% or better to receive your professional credential. You have three chances to pass the examination. Should you fail to pass the course challenge, you must then take the classroom version of the course. Failure to pass the IASHEP professional proctored examination will result in your fees being non-refunded.

University, College, On The Job and Life Learning Experience

Experience Documentation Form:

Note: This form may be used to document work experience, education, course development etc. and waiver for education requirements (experience in lieu of education)

Please explain environmental, health and safety work experience, EHS courses and / or a college degree earned through either a university, community college, military school, union apprentice school, professional organization, online training or on the job training. Candidate will have to furnish proof with a college transcript and / or copy of degree. (additional copies of this section may be needed)

College or University

There are several established contexts for lifelong learning beyond traditional "brick and mortar" schooling:

- Home schooling involves learning to learn or the development of informal learning patterns
- Adult education or the acquisition of formal qualifications or work in life
- Continuing education which often describes extension or not-for-credit courses offered by higher education institutions
- Knowledge work which includes professional development and on-the-job training
- Personal learning environments or self-directed learning using a range of sources and tools including online applications
- E-learning is available at most colleges and universities or to individuals learning independently.

Describe your on the job or life learning experiences and total hours of performing this job.

Successfully completing and passing an environmental, health and safety course. This includes an employer's course, online training, seminars, webinars etc.

Please provide personal resume, copies of course certificate of completion, course title, course provider, number of hours to take the course and other pertinent information.

CERTIFICATION OF ACCURACY, AGREEMENT AND RELEASE AUTHORIZATION

By signing this document, I hereby certify that the information provided in and attach to this application is true, accurate, and complete to the best of my knowledge and belief. I understand and agree that the International Assoc. of Safety Health Environmental Professionals (IASHEP) has the right to contact any person, government agency/entity, or organization to review or confirm any information provided in this application.

I further agree to authorize the release of any information requested by the IASHEP with respect to the review of this application. I further understand and agree that the IASHEP has the right to notify pertinent credentialing and professional organizations if it is determined that this application contains false information.

I understand and agree that IASHEP certification and recertification depends upon my fulfillment of all required criteria, and obligations including compliance with the IASHEP Code of Conduct. I further agree to inform IASHEP in timely manner, if I become the subject of any ethics, disciplinary, criminal, or lesser offenses, complaints, or charges.

I further agree that for research and statistical purposes only, data resulting from my participation in the certification process may be used in an anonymous/unidentifiable manner; I understand that all material becomes the property of IASHEP upon receipt and that neither originals nor photocopies will be returned to me.

In the event that my certification is suspended or revoked, I agree to comply with all directives or orders of the IASHEP Director and IASHEP Advisory Board Members. I agree to comply with such directives and orders in a timely manner and at my own expense.

1. GENERAL INFORMATION (Print or type clearly)

Title: (*Dr., Mr., Ms.*) _____

Name: _____
(Last) (M) (First)

Title: _____

Employer: _____

Home Address:

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

Fax: _____

Email address: _____

Certifications Held: CEHSP, CSHET, Other _____

2. EXAMINATION FEES:

Note: The following IASHEP professional credentials cannot be challenged:

Certified Environment, Health & Safety, Professional (CEHSP)

Certified Safety, Health & Environmental Technician (CSHET)

IASHEP Certified Trainer (IASHEP- CT)

Name of IASHEP Certified Course To Be Challenged

3. METHOD OF PAYMENT: IASHEP will not accept third party payments unless the third party is a government agency, the applicant's employer or is otherwise authorized by the IASHEP prior to the application submission. Payment is due at the time of registration, and must be made by check or via credit card payment. Please indicate payment method:

Check# _____

Amount \$: _____ US Dollars

Credit Card

Name on Card: _____

Address: _____

Master Card (16 digits) Visa (13 or 16 digits) American Express (15 digits)

Account No: _____ Expiration Date: ____/____

CV Code on Back of Card _____

Credit Card Authorization: I hereby authorize a charge of \$ _____ in US dollars to my credit card as indicated above. **If you are uncomfortable giving this information on this form, please call Peggy Podojil and IASHEP Phone Number (520) 568-5565**

4. ETHICS CERTIFICATION AND ATTESTATION: I hereby attest to, and certify that, the following statements are true, correct, and accurate to the best of my knowledge, and I further agree to fulfill the obligations set forth as follows:

1. ____ Yes ____ No -- I agree to give IASHEP timely notice of any home or business address change in writing.

2. ____ Yes ____ No -- having read the IASHEP Code of Professional Conduct, and IASHEP policies received with this application, I hereby confirm that I have not violated any of its provision in the past, and will comply with all policies and procedures in the future. I further agree to act and conduct my practice in accordance with the currently adopted IASHEP Code of Conduct, policies and all laws and regulations applicable to my conduct.

3. ____ Yes ____ No -- I understand and agree that I am obligated to report in a timely manner any changes concerning my responses to this application to the IASHEP in writing.

4. ____ Yes ____ No -- I have never been the subject of any professional or occupational credentialing, license, certification or registration ethics or other disciplinary matter(s) or proceeding(s).

5. ____ Yes ____ No -- I have never been indicted in any matter or proceeding of felony criminal offenses.

6. ____ Yes ____ No -- I understand that any intentional or unintentional failure to provide true and complete responses to this application may result in sanctions by the IASHEP Director and Advisory Board Members.

If you answered "NO" to any statement(s) above, please provide a written explanation and attach it to this application.

**5. CERTIFICATION OF ACCURACY, AGREEMENT AND RELEASE
AUTHORIZATION:**

By signing this document, I hereby certify that the information provided in this application is true, accurate, and complete to the best of my knowledge and belief. I understand and agree that IASHEP has the right to contact any person, government agency/entity, or organization to review or confirm any information provided in this application.

I understand and agree that IASHEP certification and recertification depends upon my fulfillment of all required criteria, and obligations including compliance with the IASHEP Code of Professional Conduct. I further agree to inform IASHEP in a timely manner if I become the subject of any ethics, disciplinary, criminal, or lesser offenses, complaints, or charges. I agree that, for research and statistical purposes only, data resulting from my participation in the certification process may be used in an anonymous/unidentifiable manner;

I understand that all application materials become the property of IASHEP upon receipt and that neither originals nor photocopies will be returned to me or used elsewhere. In the event that my certification is suspended or revoked, I agree to return all official IASHEP documents and materials.

Signature: _____

Date: _____