

International Association of Safety, Health & Environmental Professionals

This form may be used to apply for an IASHEP scholarship.

Use this form to register to receive up to \$1000.00 in IASHEP Scholarship. It is my understanding that these funds / credit will be used to take an International Association of Safety, Health & Environmental Professional certified professional development course and cannot be used for any other purpose. Please fill out the application completely and include your information listed below.

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).

1.GENERAL INFORMATION (Print or type clearly)

Title: (<i>Dr., Mr., Ms.</i>)	
Name: (Last) (M) (First)	
Title:	
Employer:	
Preferred Mail:	
Home Address:	
City:	_State:

Zip:
Home / Cell Phone:
Fax:
Email address:
Certifications Held: CEHSP, CSHET, Other
2. 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:
1YesNo I agree to give IASHEP timely notice of any home or business address change in writing.
2YesNo 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.
3YesNo 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.
4YesNo 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).
5YesNo 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

International Association of Environmental, Health, & Safety Professionals P.O. Box 1608
Maricopa, Arizona 85138
(520) 568-5565

AUTHORIZATION:

Provide a paragraph as to why you should be selected to receive this IASHEP Scholarship:					

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:			

Submit completed form to:

John F. Podojil Executive Director P.O. Box 1608 Maricopa, Az 85139