



Official Use: Record #

Application Form for Registered Industrial Hygienist RIH (SG) / Registered Associate Industrial Hygienist RAIH (SG)

Administered by the RIH (Registered Industrial Hygienist) Board under the auspices of the Occupational & Environmental Health Society (OEHS), Singapore, the RIH (SG) and RAIH (SG) scheme provides accreditation for industrial/occupational hygienists and professionals practicing their trade in Singapore.

The accreditation programme serves as an avenue for interested individuals to demonstrate their professional competence in industrial/occupational hygiene knowledge and skills through our requirements for education, experience and an approved written examination or/and interview.

All applicants are required to indicate the scheme they are applying for and complete Parts A to E below.

(Please tick One)

Registered Industrial Hygienist RIH (SG) []
Registered Associate Industrial Hygienist RAIH (SG) []

Date of application: _____

A. Personal Particulars

Name as per NRIC/Passport: _____

NRIC / FIN/ Passport (enter the last 4 alphanumeric characters e.g., 567A if the NRIC number is S1234567A): _____

Citizenship(s): _____

Date of Birth (DD/MM/YYYY): ____/____/____

Gender: ☐ Male ☐ Female

Country of Birth: _____ (optional)

Home Address:

Company Name & Address:

Cell phone: +65 _____ / _____

Office telephone: _____

E-mail (for correspondence): _____ / _____

B. Education

S/N	Degree Awarded (& Major if applies)	University / College (Address of University/College if it is not based in Singapore)	Month / Year Awarded	Full time / Part time	Duration of study (from month/year to month/year)
1.					
2.					

Other relevant educational qualifications supporting your application (optional):

S/N	Qualification awarded or attained	Service provider (including address if available)	Duration of course (from month/year to month/year)	Full time / Part time
1.				
2.				

C. Work Experience

Please provide information on work experience. Description of duties should include managing workplace health stressors (e.g., chemical, physical, biological, or ergonomic) associated with work activities, processes and operations.

- a. **Present:** From / (Month / Year) to Current / (Month / Year)

Position Title:

Percent time in Industrial Hygiene Practice:

A. <10% B. 10-<50% C. >50 - <75% D. >75% - < 100% E. 100%

Employer:

Address of Employer:

Description of work duties /responsibilities:

Immediate supervisor (s) who provide references:

_____/_____/_____
Name & Position Title From: Month / Year To: Month / Year

_____/_____/_____
Name & Position Title From: Month / Year To: Month / Year

- b. **Previous:** From / (month / year) to Current / (month / year)

Position Title:

Percent time in Industrial Hygiene Practice:

A. <10% B. 10-<50% C. >50 - <75% D. >75% - < 100% E. 100%

Employer: _____

Address of Employer:

Description of work duties / responsibilities:

Immediate supervisor (s) providing references:

Name & Position Title _____ From: ____ / ____ To: ____ / ____

From: Month / Year To: Month / Year

- Position Title: _____
- Percent time in Industrial Hygiene Practice: _____
- A. <10% B. 10-<50% C. >50 - <75% D. >75% - < 100% E. 100%

Description of work duties / responsibilities:

Name & Position Title From: Month/Year To: Month / Year

_____ (from _____ / _____) to _____.
Month Year

[e.g., Certified Industrial Hygienist (CIH) from the Board for Global EHS Credentialing (BGC); Certified Occupational Hygienist (COH) from AIOH (Australia); Certified Occupational Hygienist (COH) from BOHS (Britain)]

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- d. Have you completed competent person courses in industrial/occupational hygiene domains (e.g., noise monitoring, noise control, chemical hazard control, monitoring of airborne contaminants.)? If yes, please indicate.

- e. Do you have any other information that you think will support your application? (optional)

E. Application Fee and Payment

As part of this application, I hereby agree to pay a non-refundable amount of S\$150.00 to the Occupational and Environmental Society. The application will be assessed upon successful clearance of the payment, which can be made through either a cheque or electronic transfer.

You can submit the payment using one of the following methods:

1) Cheque

Please make the cheque payable to "**Occupational and Environmental Health Society**" and write your name, contact number and purpose of payment at the back of the cheque. Kindly contact us to obtain the registered OEHS address.

2) Bank Transfer

Recipient's Bank: **DBS Bank Singapore**

Recipient's Account No: **032-008556-3**

If you prefer to make the payment via bank transfer, please inform us once the transfer has been completed by providing the following details:

Amount transferred from bank account/bank: _____ / _____

Date of transaction: _____

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 RIH (SG) or RAIH (SG) will result in rejection or revocation of any certificate issued. I also acknowledge my obligation to maintain the confidentiality of assessment contents, whether oral or written.

I agree to adhere, to the best of my ability, to the Code of Ethics outlined in the information package or as published by the RIH Board. If certified, I understand that I must pay an annual maintenance fee as determined by the RIH Board as part of the RIH certification maintenance requirement.

Name: _____
Signature _____ Date _____