
Cell phone: +65 _____ / _____

Office tel: _____

e-mail (for correspondence): _____ / _____

B. EDUCATION / QUALIFICATION

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
1.					
2.					

Other relevant educational qualifications which support your application

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

Immediate supervisor (s) who provide references:

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

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

c. **Next Previous:** From ____ / ____ (month / year) to Current ____ / ____ (month / year)

Position Title: _____

Percent time in IH Practice: _____
B. <10% B. 10-<50% C. >50 - <75% D. >75% - < 100% E. 100%

Employer: _____

Address of Employer: _____

Description of duties / work responsibilities: _____

Immediate supervisor (s) who provide references:

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

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

Total Number of Months of Professional Level Industrial/Occupational Hygiene Experience:

_____ (from _____ / _____ to Dec 2017)
Month Year

E. Other Relevant Information for Assessment

- a. Are you currently a certified occupational / industrial hygienist with a professional occupational / industrial hygiene agency? If yes, please indicate below.

[Example: CIH from ABIH (America); COH from AIOH (Australia); COH from BOHS (British)]

- b. Have you attained an occupational/industrial hygiene degree/postgraduate degree? If yes, please indicate below (if details are filled in section B, just indicate to refer to above.)

- c. Have you attained an occupational/industrial hygiene specialist diploma? If yes, please indicate below (if details are filled in section B, just indicate to refer to above.)

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

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

In connection with this application, I agreed to pay an amount of **S\$ 150.00** to the Occupational and Environmental Health Society. I understand that the application fee is **non-refundable** and the application is assessed upon successful clearing of the cheque or electronic transfer.

You may make payment via:-

1) Cheque

Cheque should be made payable to "**Occupational and Environmental Health Society**" and sent to:

Occupational & Environmental Health Society
c/o Dr Gregory Chan (RIH Application)
The Occupational and Diving Medicine Centre
Block 531
Upper Cross Street #02-64
Hong Lim Complex Singapore 059764

Please write your name, contact number and purpose at the back of the cheque.

OR,

2) Bank Transfer

Bank: DBS Bank Singapore
Account No: 032-008556-3

If you prefer this payment, please advise when transfer has been done below:

_____ 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 Registered Industrial Hygienist (SG) or Registered Associate Industrial Hygienist (SG) will be grounds for rejection, or for later revocation of any certificate issued. I also recognize my obligation not to reveal the contents of assessment (oral or/and written) if it applies.

I agree to adhere, to the best of my ability, to the Code of Ethics in the information package or as published by the RIH Board. If I am certified, I understand that I must pay annually such amount as RIH Board shall decide as a part of the RIH (SG) or RAIH (SG) certification maintenance requirement.

Name : _____ Signature _____ Date _____