



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION
HIOSH COMMITTEE

Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813

Occupational Safety and Health Professional
INSTRUCTION SHEET FOR APPLICATION FOR CERTIFICATION

Instructions

Please completely fill out the APPLICATION FOR CERTIFICATION.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail or In-Person

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division
Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813

Phone: (808) 586-9116

Delivery via Fax

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division
(808) 586-9104



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**Occupational Safety and Health Professional
APPLICATION FOR CERTIFICATION**

COMPLETE APPLICATION MUST BE TYPED OR CLEARLY PRINTED IN BLACK INK

A. PERSONAL DATA

Name <i>Last</i>	Name <i>First</i>	Name <i>Middle</i>	Date of Birth	Social Security Number
Title or Position			Employer	
Business <i>Number Street</i> Address		<i>City</i>	<i>State</i>	<i>Zip</i>
Home <i>Number Street</i> Address		<i>City</i>	<i>State</i>	<i>Zip</i>
Home Phone (<i>Include Area Code</i>) ()		Business Phone (<i>Include Area Code</i>) ()		Fax: <input type="checkbox"/> Business <input type="checkbox"/> Home ()
				Country if Not USA <input type="checkbox"/> <i>Send Mail Here</i>
				<input type="checkbox"/> <i>Send Mail Here</i>

B. REQUIREMENTS

Please indicate applicable experience below:

- 1) CSP CERTIFICATE ISSUE DATE _____ (ATTACH COPY)
- 2) CIH CERTIFICATE ISSUE DATE _____ (ATTACH COPY)
- 3) State licensed as a professional engineer, with five years of documented professional safety and health experience within the last seven years prior to the filing of this application.
LICENSE ISSUE DATE _____ (ATTACH COPY)
- * 4) A bachelor of science degree in industrial hygiene, safety, occupational safety and health, biology, chemistry, environmental health and science, physics, engineering, or a related field, with five years of documented professional safety and health experience prior to the filing of this application.
- * 5) Nine years of documented professional safety and health experience within the last ten years prior to the filing of this application.

**NOTE: A CERTIFIED COLLEGE TRANSCRIPT MUST BE SUBMITTED FOR EDUCATIONAL CREDIT WHEN USING B4 OR B5 ABOVE.*

C. COLLEGE EDUCATION

College or University Name & Address	Attended		Academic Years Completed	Course or Major	Degree Earned	Transcript Enclosed?	COMMITTEE USE ONLY	
	From Month/Year	To Month/Year					Units of Credit	Transcript Verified

APPLICATION FOR CERTIFICATION

D. SUMMARY OF PROFESSIONAL SAFETY EXPERIENCE

(EXTRACT FROM EXPERIENCE FORM SHEET AND LIST IN CHRONOLOGICAL ORDER)

Employer/Position <i>List Current Position First</i>	Start Date Month/Year	End Date Month/Year	Months on Job	Experience Credit Review 1 Reviewer Name	Experience Credit Review 2 Reviewer Name	Comments
Employer		Present				
Position						
Employer						
Position						
Employer						
Position						
Employer						
Position						
Employer						
Position						
Employer						
Position						
			Total			SHADED PORTION FOR COMMITTEE USE ONLY

E. PRIMARY SPECIALTY Occupational Safety or General Safety Industrial Hygiene

F. PROFESSIONAL REFERENCES

Name Address/Telephone Number	Title	Period Covered	Professional Relationship Current Supervisor

APPLICATION FOR CERTIFICATION

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F. PROFESSIONAL REFERENCES (continued) *(use separate sheet if necessary)*

Name Address/Telephone Number	Title	Period Covered	Professional Relationship Current Supervisor

CERTIFICATE WILL BE USED FOR: SELF ONLY OTHERS (SELF & STAFF)

I certify that the preceding statements, including any attachments, are accurate to the best of my knowledge. I understand that any falsification in this application will be grounds for rejection or for later revocation of any certificate issued.

_____ *Signature*

_____ *Date*

A NON-REFUNDABLE APPLICATION FEE OF \$50 (U.S.) MUST ACCOMPANY YOUR APPLICATION.

**Make Check or Money Order payable to: DIRECTOR OF BUDGET & FINANCE
HIOSH COMMITTEE, 830 PUNCHBOWL STREET, ROOM 425, HONOLULU, HAWAII 96813**

YOUR CANCELLED CHECK WILL BE YOUR RECEIPT

COMMITTEE USE ONLY						
App. Fee	Screened	Appl. Not.	Reviewed	Appl. Not.	Cert. Fee	Cert. No.