

Additional Qualifying Experience (Attach additional sheets if necessary.)

Name of Employer	Street Address/City/State/Zip		Area Code/Tel. No.
Dates of Employment (mo/yr) From To	Exact Title of Position	Total Yrs (Mos) in this Position	Annual Salary
No. and Kind of Employees You Supervise	Name of Your Immediate Superior	Superior's Title	Area Code/Tel. No.

Description of Duties and Responsibilities – indicate approximate percentage of time in each type of qualifying experience

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5. Additional Education (if any)

List other schools, certificate(s) awarded, or training (for example: trade, business, armed forces). For each, give name and location (city/state/zip) of school or program, dates attended, subjects studied, number of classroom hours of instruction per week, and any other pertinent data.

6. Accomplishments – List outstanding off-the-job professional achievements, such as: publications, awards, honors, professional activities

7. Professional Certifications and Registrations

Issuing Organization	Complete Address	Type of Certification or Registration

8. Current Membership in Professional Organizations

Organization	Complete Address	Position Held

9. References: List two persons, not related to you, who have first-hand knowledge of your qualifications. **Ask them to complete reference forms.**

Name	Title	Employed by (company name and address)	Area Code/Tel. No.

10. Have you ever been convicted of a felony or forfeited collateral for a felony conviction? YES NO

If YES, give details including date, location, and an explanation of each violation. (Attach additional sheet(s) if needed).

I understand that all information required by this form (attached or otherwise submitted) is deemed to be a part of this application. My signature attests to the truthfulness of all information submitted, authorizes verification by IHMM, and frees IHMM of liability should my application be rejected on the basis of investigation of my qualifications. In addition, I have read, completed, and signed the Certification Process Consent Statement, which is hereby incorporated into this application.

► Date: _____ Signature: _____

Please Print Name: _____

ENCLOSE FEES: The NON-REFUNDABLE application fee of \$100.00 (in U.S. funds) must accompany the completed application. Use the credit card form on page 4, or send a check with the completed application and mail to the address on page 1.



INSTITUTE OF HAZARDOUS MATERIALS MANAGEMENT
11900 Parklawn Drive, Suite 450, Rockville, Maryland 20852
(301) 984-8969 ❖ FAX (301) 984-1516 ❖ e-mail: ihmminfo@ihmm.org ❖ www.ihmm.org

CERTIFICATION PROCESS CONSENT STATEMENT

I, _____ (*Print Full Name*), certify that all information contained in my application to the Institute of Hazardous Materials Management (IHMM) for the Certified Hazardous Materials Manager (CHMM) examination is true and accurate to the best of my knowledge. Further, I agree to notify IHMM promptly of any change in name, address, or contact information, or in the event of any occurrence bearing upon my eligibility for certification including, but not limited to, any criminal conviction or disciplinary action by a licensing board or professional organization.

I hereby authorize IHMM and its officers, directors, employees, and agents (“the above-designated parties”) to review my application, to contact employers and/or references listed on my application, and to determine my eligibility for examination and certification. I agree to cooperate promptly and fully in this review, including submitting any documents or information deemed necessary to confirm the information in my application. I authorize the above-designated parties to communicate any and all information relating to my application, examination, or certification status, and review thereof, including, but not limited to, the pendency or outcome of disciplinary proceedings, to state and federal authorities, employers, and others.

I have read and I understand IHMM’s instructions and policies related to the application and examination process, and I agree to abide by their terms. If any statement made on my application or hereafter supplied to IHMM is false or inaccurate, or if I violate any other rules or regulations of IHMM, I acknowledge and agree that the penalties for doing so include, but are not limited to: denial of certification, or suspension of, revocation of, or the placement of limitations upon, my certification (if already granted).

I agree to indemnify and hold harmless the above-designated parties for any action taken pursuant to the rules and standards of IHMM with regard to this application, the IHMM examination(s) I take, and/or my certification, except claims based upon gross negligence or lack of good faith by IHMM.

Should my application be accepted and I am allowed to sit for an IHMM examination:

I understand that IHMM and/or its testing agents reserve the right to refuse my admission to test if I do not have the proper photo identification, or if I do not report at the appropriate time. If I am refused admission for any of these reasons or if I fail to appear at the test site as scheduled, I will not receive a refund of the examination fee and there will be no credit transferred to future examinations. I recognize that the proctor(s) at my assigned test site are required to maintain proper and secure test administration conditions (which may include direct observation or closed-circuit cameras), and I will follow their instructions. I will not attempt to communicate in any way with other examinees or any outside parties during the examination. I will not bring any outside materials into the testing site, including reference materials, notes, photographic or communication devices, or calculators with user-programmable memory capacity.

Confidentiality/Nondisclosure Agreement:

I understand that the content of all IHMM certification examinations is copyrighted and is the property of IHMM. Exam materials will be provided to me for the sole purpose of testing my knowledge and skills in the discipline for which I seek certification, and I am prohibited from using or possessing IHMM examination content for any other purpose or at any other time. I agree not to disclose, publish, copy, reproduce, transmit, or distribute exam content, in whole or in part, in any form or by any means, for any purpose, without express prior written authorization from IHMM. Any unauthorized possession, disclosure, publication, copying, reproduction, transmission, or distribution of IHMM exam content or materials in any form is prohibited and may subject me to civil liability and/or criminal prosecution.

Validity Assurance and Score Cancellation:

IHMM reserves the right to cancel any examination score if, in IHMM’s professional judgment, there is any reason to question the score’s validity. Candidate conduct which warrants score cancellation may include, but is not limited to: consulting study aids of any type during a testing session; copying from notes or from another examinee during a testing session; speaking or otherwise communicating with others during a testing session; copying, photographing, transcribing, or otherwise reproducing test materials; removing test materials from the examination room; aiding other examinees or receiving aid from anyone else; or having improper access to IHMM examination content prior to the examination administration. Engaging in such misconduct may disqualify me from all future IHMM tests and from ever being certified by IHMM. Significant score increases upon retesting may also be investigated to ensure the authenticity of results.

Should I be granted an IHMM certification:

I agree that IHMM may release my name and the fact that I have been granted certification. I agree further that IHMM may include my name and contact information in a listing of certified individuals available to the public in print and/or electronic format. I understand and agree that it will be my responsibility to maintain my status by complying with all IHMM certification and recertification standards and procedures.

I understand that signing this Agreement does not mean that I am certified by IHMM. I understand that I am not authorized to use any IHMM certification designation unless and until I am notified by IHMM that I have met all the requirements for certification.

I, the undersigned, have read, understand, and agree to abide by the statements above.



Signature

Date