

CHEST

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OHST/CLCS APPLICATION FORM

Occupational Health and Safety Technologist®

Certified Loss Control Specialist

C-CHEST Use Only
Fees Pd _____
Co. Check _____
Pers. Check _____
Accept for Rev. _____
Review Team No. _____

Type or print legibly. See the *OHST/CLCS Candidate Handbook* for instructions on completing this form. View and print additional copies at www.cchest.org/downloads.

APPLICANT PERSONAL DATA

NAME <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> First MI Last/Family Maiden Name (if applicable) Other Legal Name (if applicable) </div>				
HOME ADDRESS _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Street Address Apartment Box Number </div> _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> City State/Province </div> _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Zip/Postal Code Country </div>			SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MM/DD/YY) _____ NAICS CODE (See Table 2) 1. _____ 2. _____	
PHONE NUMBERS <i>(If outside the U.S. or Canada, include country and city codes)</i>	HOME PHONE (Area Code & Number)	WORK PHONE (Area Code & Number)	FAX (Area Code & Number)	
CELL (Area Code & Number)		EMAIL ADDRESS(ES) (See check box below)		

Check this box to receive routine C-CHEST communications (e.g., newsletters, annual reports, annual renewal notices, etc.) via email.

COLLEGE EDUCATION

(If you are seeking degree or college credit toward certification, you must enclose an official transcript.)

COLLEGE OR UNIVERSITY OR CERTIFICATE PROVIDER <i>(Name, City, State)</i>	DATES ATTENDED		NUMBER OF ACADEMIC YEARS COMPLETED <i>(For Degrees)</i>	COURSE OF STUDY OR MAJOR OR CERTIFICATE TITLE	DEGREE EARNED	TRANSCRIPT OR CERTIFICATE <i>(Check One)</i>
	FROM <i>(MM/YY)</i>	TO <i>(MM/YY)</i>				
						<input type="checkbox"/> Enclosed <input type="checkbox"/> School Sending <input type="checkbox"/> Certificate Copy Enclosed
						<input type="checkbox"/> Enclosed <input type="checkbox"/> School Sending <input type="checkbox"/> Certificate Copy Enclosed

SUMMARY OF HEALTH AND SAFETY EXPERIENCE

(You **must** complete an OHST/CLCS Experience Form for each position listed on your application in order to receive credit.)

POSITION <i>(List your most recent position first)</i>	EMPLOYER	START DATE <i>(MM/YY)</i>	END DATE <i>(MM/YY)</i>	MONTHS IN POSITION
<i>For Office Use Only</i> Date Eligible for OHST/CLCS Examination: _____	<i>For Office Use Only</i> Date Eligible for OHST/CLCS Certification: _____			

