

**Council on Certification
of Health,
Environmental and
Safety Technologists
(CCHST)**
208 Burwash Avenue
Savoy, IL 61874
Ph: 217-359-2686
Fax: 217-359-0055

**Construction Health and Safety
Technician®
CHST
APPLICATION FORM**



CCHST Use Only
Fees Paid _____
Comp Check _____
Personal Check _____
Accept for Review _____
Review Team No. _____

Please type or print. See Candidate Handbook for instructions.

APPLICANT PERSONAL DATA

NAME <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. (Last/Family)		(First)	(MI)	Maiden Name (if applicable)	Other Legal Name (if applicable)
HOME ADDRESS (Street Address)				(Apartment)	(Box Number)
(City)				(State/Province)	
(Zip/Postal Code)				(Country)	
PHONE NUMBERS (If outside the U.S. or Canada, include country and city codes)		Home Phone (Area Code & Number)		Work Phone (Area Code & Number)	
CELL (Area Code & Number)		EMAIL ADDRESS(ES)			
				SOCIAL SECURITY NUMBER	
				BIRTH DATE (MM/DD/YY)	
				NAICS CODE (See Table 1 in Candidate Handbook)	
				Fax (Area Code & Number)	

COLLEGE EDUCATION *(If you are seeking credit toward certification, you must enclose an official transcript. Copies are not accepted.)*

COLLEGE OR UNIVERSITY (Name, City, State)	DATES ATTENDED		COURSE OF STUDY OR MAJOR	DEGREE EARNED	SEMESTER HOURS EARNED	TRANSCRIPT STATUS (Check one)
	FROM (Mo/Yr)	TO (Mo/Yr)				
						<input type="checkbox"/> Enclosed <input type="checkbox"/> To be sent <input type="checkbox"/> Not sending any
						<input type="checkbox"/> Enclosed <input type="checkbox"/> To be sent <input type="checkbox"/> Not sending any

SUMMARY OF EMPLOYMENT *(You must complete an Experience Form for each position you list below.)*

POSITION (List your most recent position first)	EMPLOYER	EMPLOYMENT DATES				MONTHS CLAIMED		
		From		To		Constr.	Supv. Supt. etc.	S&H Position
		Mo	Yr	Mo	Yr			
1.								
2.								
3.								
4.								
5.								

CHST APPLICATION FORM *(continued)*

REFERENCES *(See Candidate Handbook for instructions. List at least one person providing a Reference Form.)*

REFERENCE NAME	TITLE	PERIOD COVERED	PROFESSIONAL RELATIONSHIP
1.			
2.			
3.			

QUALIFICATIONS SUMMARY

Check one category in each group that you are using to apply for the CHST.

EXPERIENCE OPTION

- 1. 3 years of construction experience and 2 as a foreman, supervisor, crew chief or job superintendent
- 2. 3 years of construction experience and 2 with at least 35% safety and health duties
- 3. 2 years of construction experience and 12 semester hours of completed safety and health courses *(Send transcript.)*
- 4. 1 year of construction experience and an associate degree or higher in safety and health *(Send transcript.)*

EDUCATION/TRAINING OPTION

- 1. High School diploma or GED and
 - a. OSHA authorized instructor *(Send photocopy of OSHA certificate or wallet card.)*
 - b. 40 hours of construction safety and health training *(Send course certificates or other proof of training.)*
 - c. 3 years in a construction safety and health position at 35% or more
- 2. 9 semester hours of safety and health courses completed *(Send transcript.)*
- 3. Associate degree or higher in safety and health *(Send transcript.)*

SAFETY AND HEALTH ACTIVITIES *(Check all that apply.)*

CURRENT LICENSES, REGISTRATIONS AND CERTIFICATIONS	SAFETY AND HEALTH SOCIETY MEMBERSHIPS CURRENTLY HELD
<input type="checkbox"/> CSP <input type="checkbox"/> PE <input type="checkbox"/> COHN <input type="checkbox"/> Marine Chemist <input type="checkbox"/> CIH <input type="checkbox"/> CHCM <input type="checkbox"/> RN <input type="checkbox"/> CPE <input type="checkbox"/> CHP <input type="checkbox"/> CHMM <input type="checkbox"/> RPT <input type="checkbox"/> Other: _____	<input type="checkbox"/> ACGIH <input type="checkbox"/> ASSE <input type="checkbox"/> HPS <input type="checkbox"/> SFPE <input type="checkbox"/> IIE <input type="checkbox"/> AIHA <input type="checkbox"/> HFS <input type="checkbox"/> NSMS <input type="checkbox"/> SSS <input type="checkbox"/> NSC <input type="checkbox"/> Other: _____

VALIDATION *(Be sure to sign and date your application or it cannot be processed. Your signature means you agree with the following statements.)*

1. **Yes** **No** Have you been convicted of a criminal offense? *(If your answer is YES, explain fully on a separate sheet.)*
2. **Yes** **No** Have you ever had a job-related license, registration or certification denied, suspended, or revoked other than for lack of minimum qualifications or failure of an examination? *(If answer is YES, explain fully on a separate sheet.)*
3. I understand that any falsification of information on this application including any attachments or supplemental materials, provided now or later, may be cause for rejection or withdrawal of certification or such other action, as CCHESST may deem appropriate. I certify that the statements above (including any attachments submitted, now or later) are accurate to the best of my knowledge. I hereby authorize CCHESST to verify any information or supplements submitted.
4. I agree to hold CCHESST harmless from any and all liability in the event this application is rejected on the basis of information furnished to CCHESST by me or other persons which would, in the judgment of CCHESST, make me ineligible for certification.
5. With this application, I hereby authorize CCHESST to publish in all of its directories or registries my name, city, state, country, and any certification it issues to me. CCHESST will make every effort to keep your personal and examination information confidential. CCHESST will obtain your approval prior to releasing information from your CCHESST records, other than directories, verification of your certification to the public or a court subpoena for your records.
6. I agree to adhere to the CCHESST Health and Safety Technologist/Technician Code of Ethics in its current and subsequent editions and, if I am certified, to meet the requirements for Certification Maintenance.

Date _____ Signature _____

APPLICATION PAYMENT INFORMATION *(Fees are nonrefundable, nontransferable, and subject to change at any time.)*

\$140 APPLICATION FEE PAID BY	CREDIT/DEBIT CARD AUTHORIZATION	
<input type="checkbox"/> Check or Money Order <input type="checkbox"/> American Express Make payment in U.S. dollars <input type="checkbox"/> Discover drawn on a U.S. bank to: <input type="checkbox"/> MasterCard CCHESST <input type="checkbox"/> VISA	Credit/Debit Card Number	Expiration Date (MM/YY)
	Name as it appears on card	CVV/CVV2
	Signature	

- I want an electronic receipt.
- Please send it to this email address: