

CCHEST
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Occupational Health and Safety Technologist®/
Certified Loss Control Specialist
OHST/CLCS
EXPERIENCE UPDATE FORM



Please type or print. Provide all information requested.

APPLICANT

APPLICANT'S NAME	_____	_____	_____
	<i>Last/Family</i>	<i>First</i>	<i>Mi</i>

POSITION

Position Title:		TIME EMPLOYED IN POSITION	
		FROM: (Mo/Yr)	TO: (Mo/Yr)
Position Type: <input type="checkbox"/> Full Time (at least 30 hrs/wk) <input type="checkbox"/> Part Time (less than 30 hrs/wk)	Portion of Position Time Involving Health and Safety Work: <input type="checkbox"/> 70-100% <input type="checkbox"/> 35-70% <input type="checkbox"/> Less than 35%		
Briefly describe four primary duties of this position:			
1.			
2.			
3.			
4.			

EMPLOYER DATA FOR THIS POSITION

Employer's Name and Address	Supervisor's Name

**Occupational Health and Safety Technologist®/
 Certified Loss Control Specialist
 OHST/CLCS EXPERIENCE UPDATE FORM**
 (Continued)



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