

CHEST

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Occupational Health and Safety Technologist®/

Certified Loss Control Specialist

REFERENCE FORM

Please type or print. Make copies as needed. Return this form to the applicant. Additional copies may be downloaded at www.cchest.org.

APPLICANT

Applicant's Name	_____			
	Last/Family/Maiden Name (if applicable)	Other Legal Name (if applicable)	First	MI

REFERENCE INFORMATION

Reference Name _____	Current Certifications (<i>check all that apply</i>) <input type="checkbox"/> CSP Certificate Number _____ <input type="checkbox"/> CIH Certificate Number _____ <input type="checkbox"/> OHST or CLCS Certificate Number _____ <input type="checkbox"/> CHST Certificate Number _____ <input type="checkbox"/> Other _____ Certificate Number _____
Reference Position/Title _____	Phone (Area Code) (Number) _____
Company _____	
Address _____ Email _____	
City _____ State/Province _____ Zip Code/Postal Code _____ Country _____	
Reference Signature _____	Date _____

BASIS FOR COMMENTS

Period Reference Has Known Applicant (give approximate dates)	FROM (MM/YY)	TO (MM/YY)	Is the reference a relative of this applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain)
Nature of Reference's Relationship with Applicant <input type="checkbox"/> Supervisor <input type="checkbox"/> Past Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Professor for Degree Program <input type="checkbox"/> Other _____		Briefly Describe the Relationship	

VALIDATION OF APPLICANT'S EXPERIENCE

Applicant's Position Title	Briefly Describe the Overall Duties and Responsibilities of this Position
Is/was this position full-time? (30 hrs/wk or more) <input type="checkbox"/> Yes <input type="checkbox"/> No	
What portion of this position involved occupational health and safety activities or duties? _____%	
Describe the Applicant's Ability to Carry out Occupational Health and Safety Activities	
For professors of student applicants: When will the student graduate from your degree program? (MM/YY) _____	
Reference's Comments about the Applicant and his/her Qualifications for the OHST or CLCS Certification	