BOARD FOR GLOBAL EHS CREDENTIALING

CM/Reactivation by Exam Request Form

This form is to be used only by current or former Diplomates. Applicants should <u>not</u> use this form.

Name _____

Certificate Number (if currently certified) _____

Primary Phone _____

Email Address _____

Your Status	☐ Currently certified as a CIH® in Comprehensive Practice, in good standing, taking the Exam for Certification Maintenance, in lieu of submitting a CMW ☐ Formerly certified as a CIH in Comprehensive Practice, taking the Exam to reactivate my certification
Preferred Exam Date	☐ Spring of _____ (year) ☐ Fall of _____(year)
Ethics Training	I have completed at least two hours of ethics training during my CM cycle (current CIH) or within the past 60 months (former CIH). My proof-of-participation record is: ☐ Attached ☐ Already provided to BGC
Exam Payment	The Exam cost is a $370 (current CIH) or $445 (former CIH). Payment is required at the time of submission of this form. My payment is: ☐ Attached – check or money order ☐ Already completed online at the BGC web site

I request authorization to take the CIH® Comprehensive Practice Exam. I agree and accept the following statements:

1. Within the previous 3 years, I have not participated in an BGC-sponsored Item Writing Workshop.
2. Once authorized via the BGC *Authorization to Test* letter, it is my responsibility to schedule the exam with Prometric.
3. I will not reveal the contents of the BGC examination.
4. I have not been made aware of any charges against me of unethical practice of industrial hygiene, nor have I been convicted of a felony during the previous 60 months.
5. To the best of my ability, I agree to adhere to the BGC Certification Maintenance program which includes the BGC *Code of Ethics*. If I am involved in an ethics case, I agree to be governed by the *Ethics Case Procedures*. I will report unethical behavior in others.
6. If recertified, I agree that I will not use my certification in a manner that negatively impacts the certification mark or BGC, e.g. misleading or unauthorized claims.

Signature _____ **Date** _____

Email or mail to:

Email: certificationdirector@gobgc.org
Mail: BGC, P.O. Box 610, Holt, MI 48842

October 20, 2025