



**CANADIAN REGISTRATION BOARD OF OCCUPATIONAL HYGIENISTS
CONSEIL CANADIEN D'AGRÉMENT DES HYGIÉNISTES DU TRAVAIL**

APPLICATION FOR REGISTRATION – ROH Fast Track 1

Candidates are only eligible for ROH Fast Track 1 application upon successful completion of Masters or PhD studies in Occupational Hygiene from one of 4 eligible universities

1. CONTACT INFORMATION

| | | | |
|-------------------------|--|------------|-------------------|
| NAME: | Last Name | First Name | Middle Initial(s) |
| | <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. | | |
| MAILING ADDRESS: | Street Number and Name | | |
| | City, Province, Postal Code | | |
| | Telephone | Email | |

2. EDUCATION (Attached separate sheet if required)

| INSTITUTION | HIGHEST LEVEL OF APPLICABLE EDUCATION | MAJOR SUBJECT(S) | DATES ATTENDED To FROM | YEAR AWARDED |
|---|---------------------------------------|------------------|---------------------------|--------------|
| Select approved Fast Track 1 University: | | | | |
| <input type="checkbox"/> McGill University | | | | |
| <input type="checkbox"/> University of British Columbia | | | | |
| <input type="checkbox"/> University of Montreal | | | | |
| <input type="checkbox"/> University of Toronto | | | | |

3. OCCUPATIONAL HYGIENE CERTIFICATIONS CURRENTLY HELD

| ORGANIZATION | DESIGNATION | CERTIFICATION # | YEAR AWARDED |
|--------------|-------------|-----------------|--------------|
| | | | |
| | | | |

4. OTHER CERTIFICATIONS / PROFESSIONAL DESIGNATIONS CURRENTLY HELD

| ORGANIZATION | DESIGNATION AND CERTIFICATE NUMBER | YEAR AWARDED |
|--------------|------------------------------------|--------------|
| | | |
| | | |

5. PROFESSIONAL OCCUPATIONAL HYGIENE MEMBERSHIPS (if applicable)

| ORGANIZATION | GRADE OF MEMBERSHIP | MEMBER SINCE | POSITIONS HELD |
|--------------|---------------------|--------------|----------------|
| | | | |
| | | | |

6. REFERENCE (Only 1 Reference from Accredited ROH Fast Track 1 School required)



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| NAME OF PERSON | TITLE | EMAIL ADDRESS | OFFICE TELEPHONE |
|--|-------|----------------|------------------|
| | | | |
| 7. ADDITIONAL INFORMATION | | | |
| | | | |
| 8. ACKNOWLEDGEMENT | | | |
| By checking the following boxes, I indicate my acceptance of each of the following terms: | | | |
| <input type="checkbox"/> I certify that the information provided by me in this application is, to the best of my knowledge, accurate. | | | |
| <input type="checkbox"/> I understand that any falsification in this application will be grounds for rejection or for later revocation of any registration issued. | | | |
| <input type="checkbox"/> I recognize my obligation not to reveal the contents of any CRBOH examination. | | | |
| I wish to take the exam in: | | English | French |
| Signature | | Date | |
| FOR OFFICE USE ONLY: | | Approval Date: | |
| Date form received: | | | |
| Date exam fee received: | | | |
| Comments: | | | |

November 2013
Updated March 2023

Please send completed form to the CRBOH Registrar:

Email: registrar@crboh.ca

NOTE: An examination fee of \$50 (CDN), payable online at www.crboh.ca, is due upon submission of this application. Your application will be processed upon receipt of this fee.

DEADLINE no later than FEBRUARY 1 for Spring Exam and no later than AUGUST 1 for Fall exam

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