



CANADIAN REGISTRATION BOARD OF OCCUPATIONAL HYGIENISTS
CONSEIL CANADIEN d'AGREMENT DES HYGIENISTES DU TRAVAIL
PROFESSIONAL REFERENCE QUESTIONNAIRE – ROH®

APPLICANT'S NAME:

The above-named applicant has applied to the CANADIAN REGISTRATION BOARD OF OCCUPATIONAL HYGIENISTS for registration as a "REGISTERED OCCUPATIONAL HYGIENIST". The CRBOH would appreciate your frank opinion of this applicant's professional competence, experience and integrity. All information provided will be kept in strict confidence. (Please print or type.)

NAME OF REFEREE:

TITLE:

ORGANIZATION:

BUSINESS ADDRESS:

TELEPHONE NUMBER:

EMAIL:

1. How long have you known the applicant? years
2. In what capacity have you known the applicant?
3. In this capacity, are you able to evaluate the applicant's professional competence, experience and integrity?

Yes ☐ No To some extent – please explain:

4. To your knowledge, how many years of experience does the applicant have as a professional occupational hygienist?

2–5 yrs ☐ 6–10 yrs ☐ 11–20yrs ☐ >20 yrs

[Professional experience includes work as an occupational hygienist having technical independence, responsibility and accountability. It includes activities such as: evaluating and interpreting data, developing recommendations, preparing reports, taking actions involving independent technical judgements and technical management of occupational hygiene activities and programs.]

5. Please describe the nature of the applicant's occupational hygiene experience, to the best of your knowledge (duties, type of workplace, occupational hygiene projects, experience requiring occupational hygiene professional judgement etc).
6. Please describe the areas of occupational hygiene practice the candidate has practiced.
7. What percentage of time is devoted to Occupational Hygiene Work?
8. Do you have any concerns regarding the applicant's professional integrity or ethical behavior?
- ☐ No ☐ Yes If yes, please explain



**CANADIAN REGISTRATION BOARD OF OCCUPATIONAL HYGIENISTS
CONSEIL CANADIEN d'AGREMENT DES HYGIENISTES DU TRAVAIL**

PROFESSIONAL REFERENCE QUESTIONNAIRE – ROH®

9. How would you rate the applicant in the following areas?

TECHNICAL COMPETENCE:	Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>	Unable to Judge <input type="checkbox"/>
COMMUNICATION SKILLS:	Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>	Unable to Judge <input type="checkbox"/>
PROFESSIONAL JUDGEMENT:	Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>	Unable to Judge <input type="checkbox"/>
MANAGERIAL COMPETENCE:	Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>	Unable to Judge <input type="checkbox"/>

Comments:

10. Please add further information which will assist in judging the applicant's qualifications for registration as a professional occupational hygienist.

I certify that the information provided by me in this application is, to the best of my knowledge, accurate. If sent electronically, the referee named below also acknowledges the information provided and statements made are, to the best of his or her knowledge, factual and correct.

Signature

Date

ROH#

ROHT#

CIH#

CRSP#

Please forward this form directly to CRBOH Registrar

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

The Registrar | CRBOH Business Office
P.O. Box 26125 Maryland Postal Outlet
Winnipeg, Manitoba R3G 3R3
Email: registrar@crboh.ca