



INSTITUTE OF HAZARDOUS MATERIALS MANAGEMENT
 11900 Parklawn Drive • Suite 450 • Rockville, Maryland 20852-2624
 301-984-8969 • FAX 301-984-1516 • ihmminfo@ihmm.org • www.ihmm.org

EXAM APPLICATION for Certified Hazardous Materials Practitioner (CHMP)

Before starting, read the instructions on page 5.

Your Application Fee must be submitted with this completed and signed application form.

<i>IHMM Office Use Only</i>	
Paid _____	
Cert. No. _____	Date _____

1. Contact Information (Please Type or Print)

Name (Last)	(First)	(Initial)	Social Security #		Date of Birth
<input type="checkbox"/> Mr.			Last 4 digits:		
<input type="checkbox"/> Ms.			(State)	(Zip)	Home Telephone Number
Home Address (Street) (City) (State) (Zip)					Home Telephone Number
E-mail Address(es):					Daytime or Cell Phone Number

2. Experience. Complete a different section (below) for each different position you have held. Start with your current job and go back. *Attach a copy of your work history or résumé that briefly describes your overall career work experiences.*

a. Current Position:

Name of Employer	Street Address/City/State/Zip	(Area Code) Telephone No.
Your Position Title	Employment Dates (From/To—Mo/Yr)	Total Time in this Position (yrs/mos)

HM-Relevant Work Experience Areas →	HM Handling & Compliance	Emergency & Incident Response	Sampling & Analysis	Site Investigation & Remediation	Program Management	Total % Time in Relevant Work Experience
% of Time Worked in each area →						

Briefly describe this position as it relates to your duties and responsibilities for hazardous materials in the workplace. (You may attach supplementary information or a copy of your position description for this position):

Please provide the name and contact information for someone who can verify your current employment description:		
(Name)	(Position Title & Company)	(Phone and/or Email Address)

b. 1st Previous Position:

Name of Employer →	Street Address/City/State/Zip	(Area Code) Telephone No.
Your Position Title	Employment Dates (From/To—Mo/Yr)	Total Time in this Position (yrs/mos)

HM-Relevant Work Experience Areas →	HM Handling & Compliance	Emergency & Incident Response	Sampling & Analysis	Site Investigation & Remediation	Program Management	Total % Time in Relevant Work Experience
% of Time Worked in each area →						

Briefly describe this position as it relates to your duties and responsibilities for hazardous materials in the workplace. (You may attach supplementary information or a copy of your position description for this position):

Please provide the name and contact information for someone who can verify this employment description:		
(Name)	(Position Title & Company)	(Phone and/or Email Address)

c. 2nd Previous Position:

Name of Employer →	Street Address/City/State/Zip	(Area Code) Telephone No.
Your Position Title	Employment Dates (From/To—Mo/Yr)	Total Time in this Position (yrs/mos)

HM-Relevant Work Experience Areas →	HM Handling & Compliance	Emergency & Incident Response	Sampling & Analysis	Site Investigation & Remediation	Program Management	Total % Time in Relevant Work Experience
% of Time Worked in each area →						

Briefly describe this position as it relates to your duties and responsibilities for hazardous materials in the workplace. (You may attach supplementary information or a copy of your position description for this position):

Please provide the name and contact information for someone who can verify this employment description:		
(Name)	(Position Title & Company)	(Phone and/or Email Address)

d. 3rd Previous Position:

Name of Employer →	Street Address/City/State/Zip	(Area Code) Telephone No.
Your Position Title	Employment Dates (From/To—Mo/Yr)	Total Time in this Position (yrs/mos)

HM-Relevant Work Experience Areas →	HM Handling & Compliance	Emergency & Incident Response	Sampling & Analysis	Site Investigation & Remediation	Program Management	Total % Time in Relevant Work Experience
% of Time Worked in each area →						

Briefly describe this position as it relates to your duties and responsibilities for hazardous materials in the workplace. (You may attach supplementary information or a copy of your position description for this position):

Please provide the name and contact information for someone who can verify this employment description:		
(Name)	(Position Title & Company)	(Phone and/or Email Address)

(Attach additional sheets—e.g. 4th, 5th previous position— if there are more positions to report on. See Requirements and Checklist, page 5.)

3. Education. *If you have an AAS degree in a relevant field, please fill in this section:*

Name, city & state of community college or technical school. Forward original transcripts to IHMM. (Degree must be shown on transcript.)	Dates Attended		Credits/ Semester Hrs Earned	Major	Degree	
	From	To			Type	Year

Other schools or training, if any (for example: trade, business, armed forces). For each, list the name and location (city/state/zip) of the school, dates attended, subjects studied, number of classroom hours of instruction or credits earned, certificate(s) awarded, and any other pertinent data.

4. Accomplishments – List outstanding professional achievements, such as: publications, awards, honors, professional activities, if any.

5. Current Registrations, Certifications, and/or Memberships in Professional Organizations (if any)

Organization	Registration, Certification, or Membership Status Held

6. References

Please list names and contact information for two individuals who are familiar with your qualifications, and ask them to submit completed Reference Evaluation Forms to IHMM. (Forms are available at www.ihmm.org under Applicant Area/Forms.)

(Name)	(Position Title & Company)	(Phone and/or Email Address)

7. Have you ever been convicted of a felony or forfeited collateral for a felony conviction? YES NO

If YES, attach additional sheet(s) to give details including date(s), location(s), and an explanation for each violation.

8. I understand that all information required by this form (attached or otherwise submitted) is deemed to be a part of this application. My signature attests to the truthfulness of all information submitted, authorizes verification by IHMM, and frees IHMM of liability should my application be rejected on the basis of investigation of my qualifications. In addition, I have read, completed, and signed the Certification Process Consent Statement, which is hereby incorporated into this application.

► Date: _____ Signature: _____

Please PRINT name here: _____

ENCLOSE FEES: The non-refundable application fee stated in the brochure (in U.S. funds) must accompany your completed application. Use the credit card form below or send a check with the completed application and mail to the address on page 1. **THE APPLICATION FEE IS NOT REFUNDABLE.**

To charge your payment, please complete this form:

I authorize the **INSTITUTE OF HAZARDOUS MATERIALS MANAGEMENT** to charge my

Application fee (\$ _____) _____ book(s) to my
(Quantity)

Visa MasterCard American Express (We do NOT accept Discover)

Account No: _____ Expiration Date: _____

Signature: _____ Daytime Phone: () _____

Cardholder's Name (please print)*: _____

Billing Address for card: _____

*Is cardholder the applicant? If not, please print applicant's name: _____

If ordering a book, ship to same address? Yes No -- Ship to:

<i>For office use only</i>	
Date: _____	By: _____
Amount: _____	Batch: _____

INSTRUCTIONS AND REQUIREMENTS

Minimum Requirements for CHMP certification: You must have 5 years of relevant experience in the field, or an Associate in Applied Science Technical Degree (AAS) in Hazardous Materials Management or Environmental Management (or similar program) from an accredited community college or technical school plus 3 years of relevant experience in the field.

Applications should be submitted about six weeks before the date you anticipate testing. The non-refundable application fee must accompany the application. Reference Evaluation forms and official college transcripts (if any) must be received before your application can be approved. When your eligibility has been approved, you will be notified of the process for registering for the examination.

If you have a need for special accommodations at the exam site, please file your application **eight weeks** before the anticipated exam date and make a specific request in writing for the type of accommodation needed.

Candidates will be notified by mail of their results within four weeks after the examination. ***Passing the examination does NOT automatically confer the CHMP credential.*** Successful candidates must sign a Code of Ethics and pay a certification fee. Certification becomes official only upon receipt of a numbered certificate from the Institute of Hazardous Materials Management.

All candidates are evaluated objectively without regard to age, sex, race, religion, national origin, or marital status.

NOTE: THIS APPLICATION WILL EXPIRE AFTER 18 MONTHS IF THERE HAS BEEN NO FURTHER ACTIVITY TOWARD CERTIFICATION.

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If your application to take the CHMP examination is denied, or if you are denied certification after passing the examination, you may appeal the decision by submitting new information to the IHMM Executive Director. Submit your appeal with all relevant documentation to the IHMM Executive Director at the address on your notice of denial within 60 days of the date on your notice of denial.

### Application Checklist

- Supply all required information on this form. Attachments may be included as back-up, *but not as a substitute* for completing this form. Sheets may be attached for additional information, or where the form provides insufficient space.
- Please type or print legibly.
- At least two references are required. Please download the CHMP Reference Evaluation Form from our web site at [www.ihmm.org](http://www.ihmm.org) (or call 301-984-8969 to request it), and forward one to each of the persons listed as references in section 6.
- You **must** answer question 7 and sign the application at section 8, and include the signed "Certification Process Consent Statement." If not done, your application will be returned as incomplete.
- Enclose or arrange for submission to IHMM:
  - Certification Process Consent Statement
  - Official job descriptions, if available
  - Official college transcript (if any)
  - Résumé or work history describing your overall career work in greater detail than your description on this application.
- Enclose a check or authorize a credit card charge for the non-refundable application fee.

Please sign and return with your application.



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## CERTIFICATION PROCESS CONSENT STATEMENT

I, \_\_\_\_\_ (*Print Full Name*), certify that all information contained in my application to the Institute of Hazardous Materials Management (IHMM) for the Certified Hazardous Materials Practitioner (CHMP) examination is true and accurate to the best of my knowledge. Further, I agree to notify IHMM promptly of any change in name, address, or contact information, or in the event of any occurrence bearing upon my eligibility for certification including, but not limited to, any criminal conviction or disciplinary action by a licensing board or professional organization.

I hereby authorize IHMM and its officers, directors, employees, and agents (“the above-designated parties”) to review my application, to contact employers and/or references listed on my application, and to determine my eligibility for examination and certification. I agree to cooperate promptly and fully in this review, including submitting any documents or information deemed necessary to confirm the information in my application. I authorize the above-designated parties to communicate any and all information relating to my application, examination, or certification status, and review thereof, including, but not limited to, the pendency or outcome of disciplinary proceedings, to state and federal authorities, employers, and others.

I have read and I understand IHMM’s instructions and policies related to the application and examination process, and I agree to abide by their terms. If any statement made on my application or hereafter supplied to IHMM is false or inaccurate, or if I violate any other rules or regulations of IHMM, I acknowledge and agree that the penalties for doing so include, but are not limited to: denial of certification, or suspension of, revocation of, or the placement of limitations upon, my certification (if already granted).

I agree to indemnify and hold harmless the above-designated parties for any action taken pursuant to the rules and standards of IHMM with regard to this application, the IHMM examination(s) I take, and/or my certification, except claims based upon gross negligence or lack of good faith by IHMM.

### **Should my application be accepted and I am allowed to sit for an IHMM examination:**

I understand that IHMM and/or its testing agents reserve the right to refuse my admission to test if I do not have the proper photo identification, or if I do not report at the appropriate time. If I am refused admission for any of these reasons or if I fail to appear at the test site as scheduled, I will not receive a refund of the examination fee and there will be no credit transferred to future examinations. I recognize that the proctor(s) at my assigned test site are required to maintain proper and secure test administration conditions (which may include direct observation or closed-circuit cameras), and I will follow their instructions. I will not attempt to communicate in any way with other examinees or any outside parties during the examination. I will not bring any outside materials into the testing site, including reference materials, notes, photographic or communication devices, or calculators with user-programmable memory capacity.

### **Confidentiality/Nondisclosure Agreement:**

I understand that the content of all IHMM certification examinations is copyrighted and is the property of IHMM. Exam materials will be provided to me for the sole purpose of testing my knowledge and skills in the discipline for which I seek certification, and I am prohibited from using or possessing IHMM examination content for any other purpose or at any other time. I agree not to disclose, publish, copy, reproduce, transmit, or distribute exam content, in whole or in part, in any form or by any means, for any purpose, without express prior written authorization from IHMM. Any unauthorized possession, disclosure, publication, copying, reproduction, transmission, or distribution

of IHMM exam content or materials in any form is a crime and may subject me to civil liability and/or criminal prosecution.

**Validity Assurance and Score Cancellation:**

IHMM reserves the right to cancel any examination score if, in IHMM’s professional judgment, there is any reason to question the score’s validity. Candidate conduct which warrants score cancellation may include, but is not limited to: consulting study aids of any type during a testing session; copying from notes or from another examinee during a testing session; speaking or otherwise communicating with others during a testing session; copying, photographing, transcribing, or otherwise reproducing test materials; removing test materials from the examination room; aiding other examinees or receiving aid from anyone else; or having improper access to IHMM examination content prior to the examination administration. Engaging in such misconduct may disqualify me from all future IHMM tests and from ever being certified by IHMM. Significant score increases upon retesting may also be investigated to ensure the authenticity of results.

**Should I be granted an IHMM certification:**

I agree that IHMM may release my name and the fact that I have been granted certification. I agree further that IHMM may include my name and contact information in a listing of certified individuals available to the public in print and/or electronic format. I understand and agree that it will be my responsibility to maintain my status by complying with all IHMM certification and recertification standards and procedures.

**I understand that signing this Agreement does not mean that I am certified by IHMM. I understand that I am not authorized to use any IHMM certification designation unless and until I am notified by IHMM that I have met all the requirements for certification.**

**I, the undersigned, have read, understand, and agree to abide by the statements above.**



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*Signature*

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*Date*