



INSTITUTE OF HAZARDOUS MATERIALS MANAGEMENT
Attn: Nominating Committee
11900 Parklawn Drive | Suite 450 | Rockville, MD 20852
PHONE: 301-984-8969 | FAX: 301-984-1516 | E-mail: info@ihmm.org

NOMINATION AS A FELLOW OF THE INSTITUTE

Name of Nominee _____

Nominee's Home Address _____

_____ Telephone No. _____

Work Address _____

_____ Telephone No. _____

Position Title _____ E-mail _____

Please give a brief outline of your nominee's qualifications below and **attach additional sheets** to expand upon these entries:

1. Education and Experience:

2. Professional Achievements and Activities:

3. Contributions to the profession and/or to the CHMM Program:

Nominating CHMM: _____ Daytime Phone: _____ Date: _____

Please print your name

Signature: _____ Email: _____

For IHMM Executive Office Use Only

Nominee Packet: _____ Date sent: _____	CHMM: ID # _____ Cert Date: _____
<input type="checkbox"/> Decline <input type="checkbox"/> Accept- Bio rec'd: _____	Recert status: _____ Fee status: _____



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