

Registration Board of Professional Hygienist (RBPH)
Hong Kong Institute of Occupational and Environment Hygiene

Application for Registered Professional Hygienist

NAME: _____

ADDRESS: _____

COMPANY

POST _____

TELEPHONE: Work _____ Home _____

FAX: _____

MEMBERSHIP OF HKIOEH :

	YEAR
<input type="checkbox"/> FELLOW MEMBER	_____
<input type="checkbox"/> MEMBER	_____
<input type="checkbox"/> ASSOCIATE MEMBER	_____
<input type="checkbox"/> AFFILIATED MEMBER	_____

PROFESSIONAL QUALIFICATIONS TO SUPPORT THE APPLICATION

- Certified Industrial Hygienist (American Board of Industrial Hygiene)
- Diploma in Occupational Hygiene (British Examination Board of Occupational Hygiene)
- Part II of the Registered Professional Hygienist examination (Examination Board of HKIOEH)
- Others

Please provide photocopy of certificate of your professional qualifications

Signature _____

Date _____