

Definition of Occupational Hygiene

Occupational Hygiene is a science and art devoted to the recognition, evaluation and control of those environmental factors or stresses arising in or from the workplace which may cause sickness, impaired health and well-being, or significant discomfort and inefficiency amongst workers or among the citizens of the community.

Objectives of the Association

- To promote and encourage research, teaching and training in occupational hygiene.
- To promote the study, evaluation and control of environmental stresses arising in or from the workplace or its products, in relation to the health or well-being of workers and the public.
- To serve the interests of members by promoting and developing the profession of occupational hygiene.
- To promote the profession of occupational hygiene through the encouragement of interest within and co-operation with governmental, industrial, labour, education, professional and other organizations.

Membership Categories

Classification as a Professional, Associate or Student member is based on the following criteria:

Professional Member

A Professional Member shall be a person who holds a valid Registered Occupational Hygienist (ROH), Certified Industrial Hygienist (CIH), Registered Occupational Hygiene Technologist (ROHT) or Occupational Health and Safety Technologist (OHST) certificate or a person who has a total of six (6) year's combined post-secondary education and occupational hygiene work experience.

At the time of application, the applicant should be engaged in the practice of occupational hygiene.

A Professional Member may serve on committees, vote and be elected as an officer or director of the Association in accordance with the Bylaws.

Associate Member

An Associate Member shall be any person who has an interest in occupational hygiene and is engaged in any aspect of the field of occupational health and safety.

An Associate Member may serve on committees, vote and be elected as a director of the Association in accordance with the Bylaws.

Student Member

A Student Member shall be any person who is enrolled in a full-time program in occupational health and safety at a post secondary institution. A Student Member may serve as a member of a committee but shall not vote or hold elected office in the Association.

Benefits and Activities

Professional

Membership in the OHAO contributes toward professional growth and recognition. It provides the opportunity for interaction with professional occupational hygienists from government, industry, labour and colleagues in other health and safety fields.

Educational

Educational symposia are scheduled in March and October. Previous topics include Sampling Methods, Bayesian Analysis, Global Harmonization Systems, Case Studies in Occupational Hygiene, Nanoparticles: Measurements and Controls, and Epigenetics.

Newsletter

All members receive the quarterly OHAO newsletter, *OH Forum* containing information on the association, regular columns on occupational health and safety issues and notices of educational workshops, conferences, symposia and regulatory developments.

Committees

Participation in OHAO activities is encouraged and members are urged to get involved by serving on committees and task forces.

History of the Association

The Association has a history dating back to 1964 when it was a local section of the American Industrial Hygiene Association (AIHA). In 1982, the name of the organization was changed to the Occupational Hygiene Association of Ontario (OHAO). In 1984, subsequent to the member's vote of approval, the OHAO was incorporated as a not-for-profit association in Ontario.

Application for Membership

Complete the attached form and submit with membership dues to:

Occupational Hygiene Association of Ontario
6700 Century Ave, Suite 100
Mississauga, Ontario L5N 6A4

Payment may be made by cheque, money order or VISA or MasterCard. Credit card payment may also be made online using the secure "Online Catalogue" on the OHAO website (www.ohao.org).

Professional, Associate, applicants, please submit \$80.00 plus 13% HST (\$90.40).

Student applicants, please submit \$25.00 plus 13% HST (\$28.25)

HST #R127720134

Make cheque or money orders payable to:
Occupational Hygiene Association of Ontario
Please do **not** send cash by mail.

OHAO Privacy Notice

The process of collecting and using information about individuals is now more complicated as a result of legislation, the *Personal Information Protection and Electronic Documents Act (PIPEDA)*.

PIPEDA applies to personal information. It is information about an identifiable individual, but does not include the name, title, and business address or business phone number of an employee of an organization. It does not apply to information about corporations, *PIPEDA* applies only to individuals.

Any personal information collected by OHAO is used solely for the purposes of providing membership services and will not be used for any other purpose without your consent.

PLEASE READ THE FOLLOWING INSTRUCTIONS. (TYPE, OR PRINT NEATLY)

Section 1: Please indicate preferred address for membership directory and association mailings.

Sections 2/3: A combination of post-secondary education and work experience in occupational hygiene is required for acceptance as a Professional Member. Please see definition of occupational hygiene and acceptable educational background. The percentage of time spent in occupational hygiene must be included.

Section 4: Completion of this section is optional.

Section 5: Indicate category of membership applied for and sign declaration.

Section 6: Indicate newsletter format preference.



1. PERSONAL INFORMATION (As you wish to be listed in the annual Membership Directory)

Mr Ms Mrs Dr New Application Reclassification Reinstatement

Name _____

Title _____

Employer _____

Telephone (_____) _____ Fax (_____) _____

E-Mail (mandatory) _____

Mailing Address Business Residence

Address: _____

Postal Code _____

I do not wish my name sold to 3rd parties whose products and/or services may be of interest to me as an Occupational Hygienist

2. EMPLOYMENT INFORMATION (Begin with most recent)

Employer _____ Telephone (_____) _____

Position Held _____ From _____ To _____

Supervisor _____

Brief Description of Duties _____

Time in Occupational Hygiene _____%

Employer _____ Telephone (_____) _____

Position Held _____ From _____ To: _____

Supervisor _____

Brief Description of Duties _____

Time in Occupational Hygiene _____%

3. POST SECONDARY EDUCATION (Begin with most recent)

Name of Institution _____ Yr. of Graduation _____

Field of Study _____ Duration of Study _____ Yrs.

Degree/Diploma Received _____

Name of Institution _____ Yr. of Graduation _____

Field of Study _____ Duration of Study _____ Yrs.

Degree/Diploma Received _____

4. MEMBERSHIP, REGISTRATION, CERTIFICATION IN RELATED ASSOCIATIONS (Optional)	
Organization _____	Designation _____
Organization _____	Designation _____
5. MEMBERSHIP CATEGORY APPLIED FOR	
<input type="checkbox"/> Professional <input type="checkbox"/> Associate <input type="checkbox"/> Student If accepted, I agree to abide by the <i>Code of Ethics</i> of the Occupational Hygiene Association of Ontario Signature: _____	
6. NEWSLETTER	
You may select to receive <i>OH Forum</i> , the OHAO's quarterly membership newsletter, either by regular mail or electronically. Please indicate your preference. If no preference is indicated, the newsletter will be sent to you via email. <input type="checkbox"/> Printed Version <input type="checkbox"/> PDF Electronic Version – a PDF will be emailed to you. Archive copies of OHAO Forum are also available to members in the Members Only section of the OHAO website.	
8. PAYMENT INFORMATION	
<input type="checkbox"/> Payment by Visa/MasterCard <input type="checkbox"/> Cheque or Money Order Enclosed # _____ Exp. _____ Signature _____ Name of Cardholder _____	
NOTE: The OHAO reserves the right to verify the information provided on this application.	
Signature of applicant _____ Date _____	
Please let us know how you heard about OHAO: <input type="checkbox"/> OHAO Member <input type="checkbox"/> Colleague/Co-Worker <input type="checkbox"/> Symposium/PDC <input type="checkbox"/> Advertisement (please indicate where: _____) Other: _____	

RETURN COMPLETED APPLICATION WITH PAYMENT TO:
 Occupational Hygiene Association of Ontario
 6700 Century Ave, Suite 100
 Mississauga, Ontario L5N 6A4
 Tel: (905) 567-7196 Fax: (905) 567-7191
office@ohao.org www.ohao.org