

Recertification Application Form

For use by MyHFE's Board of Directors when assessing re-certification applications

Applicant
Name: _____

Assessor
Name: _____

Assessment
date: _____

Contact details: (any changes for Register and file notes?)

General Conditions

Activities and evidence must be provided for ALL FOUR conditions.

General Condition	Comments on evidence provided	Adequate?
1. The applicant is practicing ergonomics in the broad sense of the definition including aspects of physiology, psychology, and work organization.		
2. The applicant has a shared perspective with other professional ergonomists (demonstrated via active and ongoing participation in a variety of ergonomics-specific activities e.g. professional development meetings, conferences, publication & study).		
3. The practise of the professional ergonomist is being carried out at a level equivalent to that of a university graduated professional.		

<p>4. The applicant is competent to practise ergonomics as an intrinsic part of design activities.</p>		
--	--	--

Recommendation

<p>Re-certify as Associate/ Certified Professional Ergonomist</p>	<p>Yes / No</p>
<p>Re-certification from (date)</p>	
<p>Next certification due (date)</p>	
<p>If NO, suggested recommendations:</p>	

Additional notes: