APPLICATION FOR CERTIFICATION				
SE	SECTION 1: APPLICANT PERSONAL INFORMATION			
(Attack		2Fram v F1mm)		
· · · · · ·	/our passport-sized picture here – minim	um 35mm x 51mm)		
Full Name: (as in NRIC or Passport)				
NRIC No.: (Malaysian only)				
Passport No.:				
Gender:	☐ Male ☐ Female			
Date of birth:				
Mobile Phone No.:				
Alternate Contact No.:				
Email Address:				
Alternate Email Address:				
Home (Permanent)				
Address:	State:	City:		
	Country:	ZIP Code:		
Correspondence Address				
(if different from above):	State:	City:		
	Country:	ZIP Code:		

SEC	CTION 2: EMPLOYMENT/WORKING I	NFORMATION		
 Please document your employment history. Begin with your current position and work backwards in time. If more space is needed, duplicate the employment information block before completing. 				
Name of Company/ Organization/Institution:				
Company Website:				
Office/Work Address:				
	State:	City:		
	Country:	ZIP Code:		
Office Phone No.:				
Work Email Address:				
Occupation:				
Work Mode:	☐ Full time ☐ Part time			
Position/Title: (Describe roles and responsibility of your position)				
Dates of Employment:	From: to			
Appendix No.				
Name of Company/ Organization/Institution:				
Company Website:				
Office/Work Address:				
	State:	City:		
	Country:	ZIP Code:		
Office Phone No.:				
Work Email Address:				
Occupation:				
Work Mode:	☐ Full time ☐ Part time			
Position/Title: (Describe roles and responsibility of your position)				
Dates of Employment:	From: to			
Appendix No.				

SECTION 3	: TYPE OF CERTIFICATION APPLIED AND (CORRESPONDING FEES			
I wish to apply for: (I wish to apply for: (Please tick where applicable):				
Full certification, [Certified Professional Ergonomist (CPE)]	Members of HFEM Processing fee RM 150 GST included Examination RM 200 GST included	(optional) Payment method (Please tick one):			
	Members of SEANES*/ACED** Processing fee USD 100 GST included Examination USD 200 GST included				
	Others (not affiliated to any of the above) Processing fee USD 150 GST included Examination USD 300 GST included	I Plastercaru Univ I			
Associate Professional, APHFE (Malaysian only)	Members of HFEM Processing fee	☐ Cheque			
		☐ Paypal			
	Non HFEM member Processing fee	☐ e-wallet			
Acc. Name: M Bank Name: 7 Acc. No: x Branch: 7	ectronic Fund Transfer NyHFE LLP BD XXX XXXX XXXX BD MBBEMYKL	<u>Payment detail using e-wallet</u>			
Payment Detail for Pa	a <u>ypal</u>				
Payment Detail for C	redit Card				
Payment detail for Co	heque Issuance				
Appendix No.					

^{*}SEANES – Southeast Asian Network of Ergonomics Societies; HFEM, PEI, HFESS, EST & HFESP **ACED – List as per registered with IEA

SECTION 4: ACADEMIC QUALIFICATION Evidence of Education Note for ALL APPLICANTS, all copies of tertiary qualifications (degree transcripts/certificates) from the institution you attended must be notarized/signed by Commissioner of Oath. Include details of course content and grades such as transcripts. Attach as appendices and number appropriately. Academic Level Certificate Diploma ☐ Bachelor Master ☐ PhD Appendix No. Name/Title of qualification Year awarded Institution Country Referee This program is acknowledged or accredited by HFEM / MyHFE / IEA Federated Societies. Academic Level Certificate Diploma ☐ Bachelor Master PhD Appendix No. Name/Title of qualification Year Institution Country Referee This program is acknowledged or accredited by HFEM / MyHFE / IEA Federated Societies. Academic Level Certificate ☐ Diploma Bachelor Master PhD Appendix No. Name/Title of qualification Year awarded Institution

This program is acknowledged or accredited by HFEM / MyHFE / IEA Federated Societies.

Country

	SECTION 5A: KNOWLEDGE AREAS		
	I graduated from program acknowledged or accredited by HFEM / $\!$	MyHFE / IEA	Federated
•	 You must provide evidence of instruction received in the knowledge areas below (Questions A - F). For each course provided, indicate the no. of credit or contact hour(s) and year it was completed. Use numbered appendices to attach details about the course. Attach copies of verified documentation as proof (i.e.: transcripts, certificate, etc.) For each knowledge area, provide evidence on how the knowledge you acquired was applied in a practical application – attach as appendices. 		
A.	List the instruction you have received on principles of ergonomics/hum (Introduction/fundamental to the ergonomics, approaches, and its relative to the ergonomics).		nce)
Tei	tiary or other HFE courses (no. of credit/contact hours):	Year	Appendix No.
Act	civities providing practical application of this knowledge area:		
B.	List the instruction you have received about human characteristics (Basic knowledge such as anatomy, physiology, demographics, human organisational aspects, physical environment; that have particular rele		
Tertiary or other HFE courses (no. of credit/contact hours): Year			Appendix No.
Act	ivities providing practical application of this knowledge area:		
C. List the instruction you have received about work analysis and measurement (Core methodology/techniques for analysis, measurement, investigation, and computation, such as statistics and experimental design, computation and information technology, instrumentation, methods of measurement and investigation, work analysis, design methods, basic usability).			
Tei	tiary or other HFE courses (no. of credit/contact hours):	Year	Appendix No.
Act	civities providing practical application of this knowledge area:		

	SECTION 5A: KNOWLEDGE AREAS			
(A ar w w	D. List the instruction you have received about people and technology (Applied knowledge from engineering and human sciences that has particular relevance for applying ergonomics: such as systems theory, technology, human reliability, health, safety and well-being, training and instruction, occupational hygiene, workplace design, information design, work organisation design – interactions between human-machine, human-environment, human-software, human-job, human organization).			
Tertia	ry or other HFE courses (no. of credit/contact hours):	Year	Appendix No.	
Activit	ties providing practical application of this knowledge area:			
E. List the instruction you have received about social and organizational (The application of social and organizational theory exploring the extensive consideration of behaviour, leadership, climate, and culture in designing job, work environment, education, and training program to improve performance and well-being)				
Tertiary or other HFE courses (no. of credit/contact hours): Year			Appendix No.	
Activit	ties providing practical application of this knowledge area:			
(I	st the instruction you have received about professional issues ncluding legislation, marketing, economics, business practices, issues vestigations, professional ethics, practice standards, organisational re			
Tertia	ry or other HFE courses (no. of credit/contact hours):	Year	Appendix No.	
Activities providing practical application of this knowledge area:				

SECTION 5B: MAPPING OF KNOWLEDGE AREAS TO TOPICS IN HFE

Instruction:

1. Double click the following embedded file (icon): "Section 5B". This will launch the Microsoft Excel application.



- 2. Based on your input in Section 5A, insert all the "Title of Course / Paper Studied" into each Column (F-S) in Row 2 of the data sheet. If there are more than the columns provided you are free to add more columns to the right of the table and populate them.
- 3. For each course inserted in the column, mark the corresponding area (or areas) of knowledge that the course / paper fulfills with a "x" mark. As a single course or paper can cut across multiple areas of knowledge, make sure that they are being marked correctly.
- 4. Once you have completed, you can exit the Microsoft Excel application with or without saving the datasheet. The data inserted will be automatically save in the embedded Microsoft Excel.
- 5. Kindly ensure that this "Application Form" in the Microsoft Word application is saved to prevent any data losses.
- 6. Please ensure that this file, "Certification Application Form.docx" is sent alongside the pdf file format of this application form once they have been completed.

SECTION 6: COMPETENCE (ONLY FOR CERTIFIED PROFESSIONAL)

- Competence in these SIX knowledge areas must be demonstrated via peer reviewed publications in journals and/or conference proceedings and/or significant published works and/or intellectual properties or copyright registration and/or consultancy work and/or technical or scientific committee report within the past 5 years, most of which should be in the recent years
- Attach copies of your evidence (i.e.: articles, report, publications, etc.) as numbered appendices.

	Area of knowledge	Demonstration of competency: research/articles/papers/published works/IP/consultancy work/technical or scientific committee	Appendix No.
1.	Ergonomics Principles (The ergonomics approach and its relation to science, recognition of the integrated/systems nature of ergonomics and the centrality of the human.)		
2.	Human Characteristics (Knowledge in fields such as such as anatomy, physiology, demographics, human psychology, social and organisational aspects, and physical environment that have particular relevance for ergonomics.)		
3.	Work Analysis and Measurement (Techniques and methods for analysis, measurement, investigation and computation, such as statistics and experimental design, computation and information technology, instrumentation, methods of measurement and investigation, work analysis.)		
4.	People and Technology (Applied knowledge from engineering and human sciences that has particular relevance for applying ergonomics; such as systems theory, technology, human reliability, health		

Area of knowledge	Demonstration of competency: research/articles/papers/published works/IP/consultancy work/technical or scientific committee	Appendix No.
safety and well- being, training and instruction, occupational hygiene, workplace design, information design, work organisation design.)		
5. Social and Organization (The application of social and organizational theory exploring the extensive consideration of behaviour, leadership, climate, and culture in designing job, work environment, education, and training program to improve performance and wellbeing)		
6. Professional issues (Including legislation, marketing, economics, business practices, issues of ergonomics investigations, professional ethics, practice standards, organisational responsibility, legal liabilities).		

SECTION 7: EXPERIENCES

- 1. The applicant must practise ergonomics in the broad sense of the definition including aspects of physiology, psychology, and work organisation.
- 2. The applicant has a shared perspective with other professional ergonomists that is demonstrated via active and ongoing participation in a variety of ergonomics-specific activities such as professional development meetings, conferences, publication, and study.
- 3. The practise of the professional ergonomist must be carried out at a level equivalent to the level of a university graduate professional.
- 4. The applicant must demonstrate the ability to practice ergonomics as an intrinsic part of design activities.

Please indicate your experier	nces based on yo	our employment history:	
Name of Company/ Organization/Institution:			
Work Mode:	☐ Full time	☐ Part time	
Position/Title: (Describe roles and responsibility of your position)			
Dates of Employment: (Duration)			
Referee Name:			
Contact detail of referee: (Phone no./Email address)			
Type of activity	Average hours/week	Details	Appendix No.
HFE consultancy			
HFE design			
Field research in HFE			
Laboratory-based research in HFE			
Teaching HFE to degree- level students in tertiary institution			
Delivery of courses and training (public and corporate)			
Management of HFE related affairs (including supervision of field work)			
Other relevant HFE activities			

SECTION 8: SUPERVISED TRAINING

An equivalent to Experiences (Section 7) can be obtained via formal Supervised Training.

Applicant for Associate Professional who opt for Supervised Training shall have at least equivalent to ONE FULL-TIME YEAR (approximately 2000 hours) of supervised training in ergonomics practice.

Applicant for Certified Professional who opt for Supervised Training shall have at least equivalent to THREE FULL-TIME YEAR (approximately 6000 hours) of supervised training in ergonomics practice.

This may include project work, a thesis completed under supervision (as part of an ergonomics educational course) or working closely with other ergonomists on a joint project. This may be interleaved with or follow on from the formal ergonomics education component.

Supervision must be provided by a Certified Professional Human Factors/Ergonomist.

The quality and nature of the supervision, a log of direct contact hours and duration of the project must be verified by your supervisor/s.

This and any other supporting information should be attached as numbered appendices.

Summarized description of supervise training activity	ed	Total no. of hours spent	Month, Year	Appendix No.
Name of supervisor(s):	Stam	p and Signature:		
Organisation:				

SECTION 9: DECLARATION

For A	LL applicants			
	I certify that all documents and information provided in this application of certification are true and correct which contain no confidential information I am not authorized to reveal.			
	I have read and thus agree to conduct myself according to the Code of Professional Conducts and Ethics.			
	I have read and understand the Handbook for Applicants and agree to act in a manner consistent with the purposes of the Certification Body.			
	I understand that if any matter affecting my capability to perform effectively as a Certified Person arises, I will inform the Certification Body without delay.			
-				
<u>Applio</u>	cant:		Stamp (if applicable):	
Signa	ture:			
Name	:: _			
NRIC	No./Passport No.:			
Date:	-			
Witne	ess:		Stamp (if applicable):	
Signa	ture:			
Name	:: -			
NRIC	No./Passport No.:			
Date:				