

The Certified Ergonomic Evaluation Specialist

Forms Package Updated January 2007

Use this package for both original and re-certification applications

Print this package back-to-back

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The Certified Ergonomic Evaluation Specialist

Professional Certification Application

Name: _____ Degree: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Employer: _____

Department: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Education

Undergraduate Institution: _____ Years: _____

Field: _____ Degree: _____

Postgraduate Institution: _____ Years: _____

Field: _____ Degree: _____

Please photocopy most recent diploma and submit with application.

When and where did you attend the Ergonomic Evaluation Program?

Location: _____ Date: _____

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The Certified Ergonomic Evaluation Specialist

Professional Experience

List only your experience for the last five years. List most recent experience first.

Title: _____ From: _____ To: _____

Employer: _____ City: _____

Supervisor: _____ Title: _____

Duties: _____

Hours per week of Ergonomic Evaluation work: _____

Title: _____ From: _____ To: _____

Employer: _____ City: _____

Supervisor: _____ Title: _____

Duties: _____

Hours per week of Ergonomic Evaluation work: _____

Title: _____ From: _____ To: _____

Employer: _____ City: _____

Supervisor: _____ Title: _____

Duties: _____

Hours per week of Ergonomic Evaluation work: _____

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The Certified Ergonomic Evaluation Specialist

Statement of Professional Practice

I hereby agree that the Ergonomic Evaluation services that I provide will be performed in a manner that is consistent with the highest standards of current practice. I certify that the evaluations that I conduct will be safe, reliable, valid, practical, and will provide utility. I understand that violation of any of these precepts will be sufficient cause for the revocation of my certification by Roy Matheson and Associates, Inc.

Signature: _____

Name: _____

Date: _____

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Video Release Form

I hereby agree to release to Roy Matheson and Associates, Inc. all rights and/or claims to the videotape enclosed with this Certified Ergonomic Evaluation Specialist application package.

I also agree that Roy Matheson and Associates, Inc. has the right to use any or all portions of the aforementioned videotape for educational purposes only in any or all future classes.

Applicant Signature: _____

Name: _____ Date: _____

Authorized Signature (Facility): _____

Name/Title: _____ Date: _____

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Ergonomic Evaluation Report Submission Form

Please list twenty (20) ergonomic evaluations that you have performed. At least ten of these evaluations must be performed on **manual material handling tasks** and ten must be performed on tasks primarily related to the **upper extremities**.

No more than ten of the evaluations may be performed prior to the training program. Each of the evaluations must have been performed within two years of your attendance in the training program.

Each evaluation must include the **ANSI Z365 long form**. The **NIOSH Lifting Formula** form must be included when appropriate.

At least 15 evaluations must have been videotaped; please indicate in the comments column those evaluations that were not videotaped.

Job or Task Title	MMH or UE	Date	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____

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The Certified Ergonomic Evaluation Specialist

Ergonomic Evaluator Certification Report Categories

The reports submitted as part of the Certified Ergonomic Evaluator Specialist application process should include the following information:

1. Description of the company evaluated
2. Company background data collected
3. A description of the workplace evaluated including:
 - A. Numbers of workers
 - B. Job tasks performed

Video tape submitted should show the entire cycle of work performed. Particular attention should be paid to including footage of whole body postures as well as close-up footage of hand work.

The description of the evaluation should:

1. Identify and quantify risks separately for upper extremity and whole body.
2. Identify and quantify risks for regular and irregular job components or tasks.
3. List for each identified risk the repetitions, static posture, force, awkward posture, direct mechanical pressure, vibration, or heat/cold present in the task. Also, where needed for the Committee's understanding of the work represented in your report, provide information on the anthropometrics of the worker(s) performing the task, the NIOSH lifting formula form, and the ANSI 365 form.

Recommendations made should address each risk specifically, prioritizing implementation based on degree of risk, ease of implementation, cost, etc. Give specifics of recommendation, i.e. heights, body landmarks, source of equipment.

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The Certified Ergonomic Evaluation Specialist

Professional Reference

Requested on Behalf of _____

Mail response directly to:

The Certified Ergonomic Evaluation Specialist Certification Committee
c/o Roy Matheson and Associates, Inc.
P.O. Box 492
Keene, NH 03431 USA

The Certification Committee has received an application for certification in Ergonomic Evaluation from the applicant named above. Your name has been submitted as a person who has utilized his or her services.

We would appreciate your providing the Certification Committee with the information requested and returning this form directly to the Certification Committee at the address listed above.

Note: Under the Information Practices Act, the information contained in this document may be released, upon request, to the individual to whom it pertains. This information, however, will not be released to the general public. We encourage each professional identified as a reference to be candid and forthright in his or her evaluation of the applicant.

Your Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone Number: _____

1. List the place(s) where the applicant provided Ergonomic Evaluation services which you utilized. Addresses are not necessary.

2. Title you held during the period when services were rendered.

3. What title did the applicant hold during this period?

4. Approximately how many ergonomic evaluations were performed by the applicant at your request? _____

5. Were the fees charged for this service appropriate? _____

6. Did the work product of the applicant usually meet your needs? _____

7. Is the applicant's professional integrity beyond reproach? _____

8. Have you had occasion to criticize the work of the applicant? _____

9. If so, was the criticism accepted and acted upon? _____

10. I would rate the applicant's professional competence as:

Excellent Adequate Doubtful Inadequate

11. Remarks: The Certification Committee will appreciate any amplifying information regarding responses to items 5 through 10. Please include any other information that you consider to be relevant:

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CEES Application Pack Checklist

Name: _____

Please initial next to required forms indicating inclusion in the application pack.

<u>Required Forms</u>	<u>Initials</u>
Certification Application Form	_____
Copy of Most Recent Degree/Transcripts	_____
Copy of Approved Narrative	_____
Professional Experience Form	_____
Statement of Professional Practice Form	_____
List of 20 Reports for Evaluation	_____
Video Release Form	_____
\$200.00 US Dollar Payment	_____

Please include this sheet as the coversheet to your CEES application.

Reminder: Please remember that all three professional reference forms must be mailed directly to the office by the end of your critique process in order for your certification to be processed immediately.

