



3640 Park 42 Drive, Cincinnati, Ohio 45241  
513-742-2020, [science@acgih.org](mailto:science@acgih.org)

**Expectations and Responsibilities of Members of the ACGIH  
Threshold Limit Value (TLV)<sup>®</sup> - Chemical Substances Committee**

- The ACGIH Board of Directors makes appointments to the TLV-CS Committee for terms of 1 year, with annual review by the Committee leadership.
- Each Member is expected to complete one or more TLV Documentations per year and is expected to peer-review TLV Documentation developed by other Members.
- Each Member is assigned to one of the subcommittees within the TLV-CS Committee and is expected to contribute to administrative functions of the Committee.
- Each Member is expected to attend all scheduled TLV-CS Committee and Subcommittee meetings. There are typically 3 Committee meetings annually, which are normally held over 2- to 3-day weekends. There are 3-6 Subcommittee meetings held virtually for approximately 1-3 hours each. Additional meetings or teleconferences may be scheduled if necessary.
- Each Member must comply with the confidentiality requirements of the Committee and be willing to disclose conflicts of interest and other sources of possible bias.
- Each Member is expected to interact in a collegial and professional manner.
- Each Member with more than 3 years tenure on the TLV-CS Committee is expected to mentor and otherwise assist more recently appointed Members.

Name: \_\_\_\_\_



**Threshold Limit Values – Chemical Substances Committee  
Membership Application**

Thank you for your inquiry into membership on this ACGIH committee. To assist the ACGIH Threshold Limit Values – Chemical Substances (TLV-CS) Membership Subcommittee in its review and selection of new candidates for the TLV-CS Committee, please provide the following information and **submit your current resume and/or curriculum vitae**. Feel free to expand the size of this application as needed to accommodate responses larger than the space allocated.

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (s): \_\_\_\_\_

FAX: \_\_\_\_\_

Cell: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_

---

1. Name of Employer: \_\_\_\_\_

If employed by a regulatory/government agency, do your current activities relate to the development or setting of occupational health standards?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please indicate how your activities relate to regulations or regulatory policies, and provide a list of substances or agents with which you have worked in relation to the development or setting of occupational health standards.

2. Check your area(s) of professional expertise. Use ++ for your major area(s) of expertise and + for minor area(s).

\_\_\_\_\_ Industrial Hygiene

\_\_\_\_\_ Occupational Medicine

\_\_\_\_\_ Epidemiology

\_\_\_\_\_ Toxicology

\_\_\_\_\_ Other, please specify \_\_\_\_\_

Name: \_\_\_\_\_

3. Within your area(s) of professional expertise, do you have specific fields of specialization (e.g., field industrial hygiene, aerosols, carcinogenicity, risk assessments, etc.)? List up to three fields in which you consider yourself specialized or could provide particular expertise to the TLV-CS committee.

4. How many years have you spent in your major area of professional expertise?

\_\_\_\_\_ < 5 years                      \_\_\_\_\_ 11-20 years  
\_\_\_\_\_ 5-10 years                      \_\_\_\_\_ >20 years

5. Check all relevant professional certifications you hold.

\_\_\_\_\_ CIH    \_\_\_\_\_ PE    \_\_\_\_\_ CSP    \_\_\_\_\_ DABT    \_\_\_\_\_ ROH  
\_\_\_\_\_ Medical Boards, please specify: \_\_\_\_\_  
\_\_\_\_\_ Other, please specify: \_\_\_\_\_

6. Check all degrees that you hold:

\_\_\_\_\_ BA    \_\_\_\_\_ MA    \_\_\_\_\_ DrPH    \_\_\_\_\_ DVM    \_\_\_\_\_ MD  
\_\_\_\_\_ BS    \_\_\_\_\_ MS    \_\_\_\_\_ ScD    \_\_\_\_\_ VMD  
\_\_\_\_\_ MPH    \_\_\_\_\_ PhD  
\_\_\_\_\_ Other, please specify: \_\_\_\_\_

7. Describe your writing and verbal communication experience.

8. Check the number of years experience serving on professional and scientific committees.

\_\_\_\_\_ < 3 years                      \_\_\_\_\_ 6-9 years  
\_\_\_\_\_ 3-5 years                      \_\_\_\_\_ >9 years

9. Based on your interests and qualifications, please rank from 1 to 3, on which TLV-CS Chemical Subcommittee you are most interested in serving. Number 1 should reflect your top choice.

\_\_\_\_\_ Hydrogen, Oxygen, and Carbon (HOC)  
Chemicals containing only H,O,C (e.g. benzene, toluene)

\_\_\_\_\_ Miscellaneous Compounds (MISCO)  
All other substances, including mercaptans, halogenated substances,  
organophosphates, etc.

\_\_\_\_\_ Particulates and Inorganic Compounds (PIC)  
Substances such as metals, silica, asbestos, coal dust

Name: \_\_\_\_\_

10. What are your primary reasons for wanting to join the TLV-CS Committee?

11. Have you reviewed the Expectations and Responsibilities of Members of the ACGIH TLV-CS Committee form at the front of this application package?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

12. Participation on the TLV-CS Committee requires several weeks of your time annually to attend the various Committee Meetings and to write/review documents. If you have questions about the time involved, please contact ACGIH at the telephone number below. Do you have adequate time to devote to the activities of the TLV-CS Committee?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

Submit your application and current resume and/or curriculum vitae in one of the following three ways:

- Mail to the Chair of TLV-CS in care of the ACGIH Headquarters Office at 3640 Park 42 Drive, Cincinnati, Ohio 45241
- E-mail to the Chair of TLV-CS in care of the ACGIH Headquarters Office at [science@acgih.org](mailto:science@acgih.org)

If you have questions, please contact ACGIH at 1-513-742-2020.

Thank you for offering to serve on the ACGIH TLVs for Chemical Substances Committee.

Name: \_\_\_\_\_