

**Board of Certified  
Safety Professionals  
(BCSP)**  
2301 W. Bradley Avenue  
Champaign, IL 61821  
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Fax: +1 217-359-0055

**Construction Health and Safety  
Technician®  
CHST  
APPLICATION FORM**



BCSP Use Only
Fees Paid _____
Comp Check _____
Personal Check _____
Accept for Review _____
Review Team No. _____

*Please type or print. See CHST Candidate Handbook for instructions.*

**APPLICANT PERSONAL DATA**

NAME <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. (Last/Family)		(First)	(MI)	Maiden Name (if applicable)	Other Legal Name (if applicable)
HOME ADDRESS (Street Address)				(Apartment)	(Box Number)
(City)				(State/Province)	
(Zip/Postal Code)				(Country)	
PHONE NUMBERS (If outside the U.S. or Canada, include country and city codes)		Home Phone (Area Code & Number)		Work Phone (Area Code & Number)	
Mobile (Area Code & Number)		EMAIL ADDRESS(ES)			
				SOCIAL SECURITY NUMBER	
				BIRTH DATE (MM/DD/YY)	
				NAICS CODE (See Table 1 in Candidate Handbook)	
				Fax (Area Code & Number)	

**COLLEGE EDUCATION** *(For credit toward certification, you must enclose an official transcript in a sealed envelope from the university. Copies are not accepted.)*

COLLEGE OR UNIVERSITY (Name, City, State)	DATES ATTENDED		COURSE OF STUDY OR MAJOR	DEGREE EARNED	SEMESTER HOURS EARNED	TRANSCRIPT STATUS (Check one)
	FROM (Mo/Yr)	TO (Mo/Yr)				
						<input type="checkbox"/> Enclosed <input type="checkbox"/> To be sent <input type="checkbox"/> Not sending any
						<input type="checkbox"/> Enclosed <input type="checkbox"/> To be sent <input type="checkbox"/> Not sending any

**SUMMARY OF EMPLOYMENT** *(You must complete an Experience Form for each position you list below.)*

POSITION (List your most recent position first)	EMPLOYER	EMPLOYMENT DATES				MONTHS CLAIMED
		From		To		
		Mo	Yr	Mo	Yr	
1.						
2.						
3.						
4.						
5.						

