

BCSP

2301 W. Bradley Avenue
 Champaign, Illinois 61821
 Phone: +1 217-359-9263 Fax: +1 217-359-0055
 Email: bcsp@bcsp.org Web: www.bcsp.org

OHST/CLCS APPLICATION FORM

- Occupational Health and Safety Technologist®**
 Certified Loss Control Specialist

BCSP Use Only
Fees Pd _____
Co. Check _____
Pers. Check _____
Accept for Rev. _____
Review Team No. _____

Type or print legibly. See the *OHST/CLCS Candidate Handbook* for instructions on completing this form. View and print additional copies at www.bcsp.org/ohst_clcs.

APPLICANT PERSONAL DATA

NAME <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> First MI Last/Family Maiden Name (if applicable) Other Legal Name (if applicable) </div>				
HOME ADDRESS _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Street Address Apartment Box Number </div> _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> City State/Province </div> _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Zip/Postal Code Country </div>			SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MM/DD/YY) _____ NAICS CODE (See Table 2) 1. _____ 2. _____	
PHONE NUMBERS <i>(If outside the U.S. or Canada, include country and city codes)</i>	HOME PHONE (Area Code & Number)	WORK PHONE (Area Code & Number)	FAX (Area Code & Number)	
MOBILE (Area Code & Number)		EMAIL ADDRESS(ES)		

COLLEGE EDUCATION

(If you are seeking degree or college credit toward certification, you must enclose an official transcript.)

COLLEGE OR UNIVERSITY OR CERTIFICATE PROVIDER <i>(Name, City, State)</i>	DATES ATTENDED		NUMBER OF ACADEMIC YEARS COMPLETED <i>(For Degrees)</i>	COURSE OF STUDY OR MAJOR OR CERTIFICATE TITLE	DEGREE EARNED	TRANSCRIPT OR CERTIFICATE <i>(Check One)</i>
	FROM <i>(MM/YY)</i>	TO <i>(MM/YY)</i>				
						<input type="checkbox"/> Enclosed <input type="checkbox"/> School Sending <input type="checkbox"/> Certificate Copy Enclosed
						<input type="checkbox"/> Enclosed <input type="checkbox"/> School Sending <input type="checkbox"/> Certificate Copy Enclosed

SUMMARY OF HEALTH AND SAFETY EXPERIENCE

(You **must** complete an OHST/CLCS Experience Form for each position listed on your application in order to receive credit.)

POSITION <i>(List your most recent position first)</i>	EMPLOYER	START DATE <i>(MM/YY)</i>	END DATE <i>(MM/YY)</i>	MONTHS IN POSITION
<i>For Office Use Only</i> Date Eligible for OHST/CLCS Examination: _____	<i>For Office Use Only</i> Date Eligible for OHST/CLCS Certification: _____			

