Print Form

Board of Certified Safety Professionals
208 Burwash Avenue
Savoy, Illinois 61874
Phone: 217-359-9263 Fax: 217-359-0055
Email: bcsp@bcsp.org Web: www.bcsp.org

Certified Safety Professional®

APPLICATION FORM

See the *CSP Application Guide* instructions for completing this form. View and print additional copies at **www.bcsp.org**.

APPLICANT PERSONAL DATA

NAME
Mr. Ms. _____
First *MI* *Last/Family* *Maiden Name (if applicable)* *Other Legal Name (if applicable)*

HOME ADDRESS
_____
Street Address *Apartment* *Box Number*
_____
City *State/Province*
_____
Zip/Postal Code *Country*

U.S. SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YY)

NAICS CODE (See Table 2)
1. _____ *2.* _____

PHONE NUMBERS ***(If outside the U.S. or Canada, include country and city codes)***	HOME PHONE *(Area Code & Number)*	WORK PHONE *(Area Code & Number)*	CELL PHONE *(Area Code & Number)*

FAX *(Area Code & Number)*	EMAIL ADDRESS(ES) *(See check box below)*

COLLEGE EDUCATION (The **minimum** qualification is either an associate degree in safety, health and the environment or a bachelor's degree in any field.)

COLLEGE OR UNIVERSITY *(Name, City, State)*	GRADUATION DATE (MM/DD/YY)	PROGRAM OF STUDY OR MAJOR	DEGREE EARNED	TRANSCRIPT *(Check one)*
				Enclosed School is sending
				Enclosed School is sending
				Enclosed School is sending
				Enclosed School is sending

SUMMARY OF PROFESSIONAL SAFETY EXPERIENCE (You **must** complete a Professional Safety Experience Form for each position listed below for which you are seeking credit. Do not overlap time periods.)

POSITION TITLE (List the most recent first)	EMPLOYER	START DATE (MM/YY)	END DATE (MM/YY)	MONTHS IN POSITION
			TOTAL MONTHS	

PROFESSIONAL REFERENCES

One of your references must hold one of the following certifications, licenses or memberships: CSP, CIH, P.E., CEng, CHP, CMIOSH, CPMSIA/FSIA/CFSIA, COHN/SM, COHN-S/SM, CRSP or SISO (Ordinary Member).
List only individuals who are providing a Reference Form.

PROFESSIONAL RELATIONSHIP	REFERENCE	TITLE	PERIOD REFERENCE COVERS	REFERENCE
1. Current Supervisor/Client				◯ Enclosed ◯ Sending
2. Other Professional				◯ Enclosed ◯ Sending
3. Other Professional (optional)				◯ Enclosed ◯ Sending

CERTIFICATIONS, LICENSES, AND MEMBERSHIPS

(Check all that you **currently** hold. **Please submit a copy of your original certificate.** BCSP will verify whether you are in good standing.)

Safety Fundamentals Waiver:
◯ CIH ◯ CHP ◯ P.E. (specify state) _____ ◯ CEng (UK) ◯ COHN/SM ◯ COHN-S/SM
◯ CMIOSH ◯ CPMSIA/FSIA/CFSIA ◯ CRSP
◯ SISO (Ordinary Member with current status as a Workplace Safety and Health Officer with the Singapore Ministry of Manpower)

Eligibility credit (12 points max):
◯ OHST/CLCS ◯ CHST

PROFESSIONAL SOCIETY MEMBERSHIPS

(Check all current memberships.)

◯ ASSE ◯ AIHA ◯ SFPE ◯ IIE ◯ SSS ◯ NSC (Individual member) ◯ ACGIH ◯ HPS ◯ NSMS ◯ HFES ◯ NFPA

PRIMARY SAFETY SPECIALTY

(Check the **one** safety specialty which best describes your overall practice.)

◯ Occupational Safety ◯ Construction Safety ◯ General Safety ◯ Process Safety ◯ Product Safety ◯ Radiation Protection
◯ System Safety ◯ Transportation Safety ◯ Fire Protection ◯ Industrial Hygiene ◯ Environmental ◯ Other _____

VALIDATION

(You must answer the following questions. **Be sure to sign and date your application or it cannot be processed.** Your signature means you agree with the following statements; and if paying by credit/debit card, authorize the charges to be made to your account.)

1. Have you ever been convicted of a criminal offense? (If answer is YES, explain fully on separate sheet.) ◯ **Yes** ◯ **No**

2. Have you ever had professional registration or certification denied, suspended, or revoked other than for lack of minimum qualifications or failure of examination? (If answer is YES, explain fully on separate sheet.) ◯ **Yes** ◯ **No**

3. I understand that any falsification of information in this application including any attachments or supplemental materials, provided now or later, may be cause for rejection or withdrawal of certification or such other action as the Board of Certified Safety Professionals shall deem appropriate. I certify that the statements above (including any attachments submitted, now or later) are accurate to the best of my knowledge. I hereby authorize the Board of Certified Safety Professionals to verify any information or supplements submitted.

   I further agree to hold the Board of Certified Safety Professionals harmless from any and all liability in the event this application is rejected on the basis of information furnished to the Board by me or third persons which would, in the judgment of the Board, make me ineligible for certification.

   With this application, I hereby authorize the Board of Certified Safety Professionals to publish in all of its directories or registries my name, city, state, country, and any certification it issues to me. The Board of Certified Safety Professionals will make every effort to keep your personal and examination information confidential. The Board of Certified Safety Professionals will obtain your approval prior to releasing information from your Board of Certified Safety Professionals records, other than directories, verification of your certification to the public or a court subpoena for your records.

   I further agree to adhere to the Board's *Code of Ethics and Professional Conduct* in its current and subsequent editions and, if I am certified, to meet the requirements for Continuance of Certification.

APPLICATION PAYMENT INFORMATION

(The application fee is **nonrefundable and nontransferable**.)

$160 FEE PAID BY		CREDIT/DEBIT CARD AUTHORIZATION	
◯ Check or Money Order (U.S. dollars only) Make checks payable to: **Board of Certified Safety Professionals** or **BCSP**	◯ American Express ◯ Discover/Novus ◯ MasterCard ◯ VISA	Credit/Debit Card Number CVV/CVV2	Expiration Date M M Y Y

_____ _____
Date *Applicant Signature (in ink)*

BCSP PROFESSIONAL ADVANCEMENT MENTOR PROGRAM (This is an optional program. If participating, form must be attached. Form is located at **www.bcsp.org/mentor**.)

SPONSOR NAME _____ APPLICATION ACCEPTED _____