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®

REFERENCE FORM

Please type or print legibly. Please complete both pages of this form. Return the form to the applicant or send directly to BCSP. Additional copies of this form may be viewed and printed from **www.bcsp.org/downloads**.

APPLICANT

Applicant Name	First	MI	Last/Family/Maiden Name (if applicable)	Other Legal Name (if applicable)

The applicant is seeking the CERTIFIED SAFETY PROFESSIONAL (CSP) certification. Applicants must meet academic and experience requirements and pass examinations. Your evaluation of the applicant's qualifications provides very important information for BCSP in determining if the applicant is eligible for examinations and ultimately the CSP credential. While the Board intends to hold your comments confidential, that cannot be guaranteed.

REFERENCE PERSON

Reference Name _____

Your Title or Position

Phone ☐ Hm ☐ Wk ☐ Cell _____ _____

Current Designations Held (Check all that apply.)
☐ CSP ☐ CIH ☐ PE (specify state)_____
☐ CEng (UK) ☐ CHP ☐ CMIOSH ☐ CPMSIA/FSIA/CFSIA
☐ COHN/SM ☐ COHN-S/SM ☐ CRSP
☐ SISO (Ordinary Member)
Identification Number _____

Company _____

Address _____ Email _____

City _____ State/Province _____ Zip Code/Postal Code _____ Country _____

Signature _____ **Date** _____

BASIS FOR YOUR COMMENTS

Period during which you have personal knowledge of applicant's professional safety capabilities	FROM *(MM/YY)*	TO *(MM/YY)*	Are you a relative of this applicant? ☐ No ☐ Yes - Explain:

Nature of **Your** Relationship with Applicant:
☐ Supervisor ☐ Past Supervisor ☐ Co-worker ☐ Employee
☐ Professor ☐ Friend ☐ Other _____

Briefly describe:

FOR PROFESSORS OF STUDENT APPLICANTS ONLY

Do you consider the student applicant prepared for the safety profession? ☐ Yes ☐ No	Is the student applicant in the last semester or quarter of a safety degree program? ☐ Yes ☐ No	The student is expected to graduate *(MM/YY)* _____ / _____

Comments

DEFINITIONS

CERTIFIED SAFETY PROFESSIONAL	PROFESSIONAL SAFETY EXPERIENCE
An individual who utilizes the expertise derived from a knowledge of the various sciences and professional experience, to create or develop procedures, processes, standards specifications, and systems to achieve optimal control or reduction of the hazards and exposures which are detrimental to people and/or property and the environment by the utilization of analysis, synthesis, investigation, evaluation, research, planning, design, and consultation and who has met all of the requirements for certification established by the Board of Certified Safety Professionals.	• For a position to be accepted as qualifying with BCSP as ***professional*** safety experience, professional safety work must be the primary function and account for at least 50% of the position's responsibilities. • Positions in which safety is an inherent responsibility but not the primary function are not considered by BCSP as professional safety experience. • Professional safety experience differs from non-professional safety experience in the degree of responsible charge and ability to defend analytical approaches and engineering or administrative control recommendations. • The safety professional must be able to demonstrate to the satisfaction of his peers, employer, and clients the ability to use analysis, synthesis, design, investigation, planning, and communication to optimally control or reduce the risk of exposures that would be detrimental to people, property, and the environment.

Applicant's Name	Reference's Name

VALIDATION OF APPLICANT'S EXPERIENCE

(Refer to definitions on the reverse side of this form. This section does not apply to student applicants.)

Applicant's Position Title	What were the average hours per week the applicant worked in this position? _____	What is/was the applicant's primary function in this position?
Does the applicant have **professional level** responsibility in safety, industrial hygiene, environmental, and/or fire protection? ☐ Yes ☐ No ☐ I do not have the knowledge to evaluate.		What **percent of the position duties** are in safety, industrial hygiene, environmental, and/or fire protection? _____

Briefly describe this position and the applicant's responsibilities in the position.

Does/did the applicant have other work activities (beside professional safety, industrial hygiene, fire protection, and/or environmental control) assigned to his/her job? ☐ No ☐ Yes (If yes, please describe.)

To your knowledge, does the applicant have any significant technical deficiencies? ☐ No ☐ Yes (If yes, please describe.)

To your knowledge, does the applicant have any deficiencies in professional ethics? ☐ No ☐ Yes (If yes, please describe.)

If you have additional comments about the applicant, please note them below.