Board of Certified Safety Professionals
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Certified Safety Professional®
PROFESSIONAL SAFETY EXPERIENCE FORM

Type or print legibly. You must complete a Professional Safety Experience Form for each position for which you are seeking professional safety experience credit. Positions must **meet all five criteria** listed in the *CSP Application Guide* to receive credit. Use a **separate form** for **each position or time period**, including different positions for the same employer. Additional copies 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)
Social Security Number				

POSITION

Position Title		Dates Employed in Position *(MM/YY)* *From* ____ / ____ *To* ____ / ____	Total Months In Position _____
Was the <u>Primary</u> Function of this Position Safety Practice (protecting people, property, and the environment from harm)? ☐ **Yes** ☐ **No**			Did Safety-Related Duties Comprise at Least 900 hrs/yr (75 hrs/mo or 18 hrs/wk)? ☐ Yes ☐ No
Was this Position? ☐ Full-Time ☐ Part-Time	Number of Hours per Week on Average _____hrs/wk	Portion of Job Duties Which Were Safety-Related _____%	

EMPLOYER

Employer and Address	Employer's Major Product or Service
	Name of Supervisor

PROFESSIONAL SAFETY EXPERIENCE IN THIS POSITION - SUMMARY OF ACTIVITIES

Indicate the percentage of your time in this position devoted to each area listed below. **The total for A - L must equal 100%.**

A. _____ % Hazard Identification	D. _____ % Hazard Control Verification	G. _____ % Safety/Health Communication	J. _____ % Environmental Protection
B. _____ % Hazard Evaluation	E. _____ % Safety/Health Program Design	H. _____ % Investigation and Statistical Reporting	K. _____ % Supervision of other Safety, Health, and Environmental Personnel
C. _____ % Hazard Control Design	F. _____ % Safety/Health Program Evaluation	I. _____ % Safety Training and Education	L. _____ % Functions that are not Safety, Health, or Environmental

PROFESSIONAL SAFETY EXPERIENCE IN THIS POSITION (CONTINUED) - DETAILS FOR SELECTED JOB FUNCTIONS

Referring to the three areas in which you spend the **most** time, provide a **detailed** description of your work and then give one or more **specific** examples of work activities or work products for each area. **Do not provide a description for Area L (Functions that are not Safety, Health, or Environmental.)**

Applicant Name:	Position Title:	Employer:

1. (Activity with **greatest time** from other side of form.) (Letter) _____ (% of time) _____	Description of Activity
	Example(s) of Work Activity or Work Product
2. (Activity with **second highest time** from other side of form.) (Letter) _____ (% of time) _____	Description of Activity
	Example(s) of Work Activity or Work Product
3. (Activity with **third highest time** from other side of form.) (Letter) _____ (% of time) _____	Description of Activity
	Example(s) of Work Activity or Work Product