



**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®**  
**PROFESSIONAL SAFETY**  
**EXPERIENCE UPDATE FORM**

Complete the Professional Safety Experience Form with information from your original application date to the present, starting with your most current position. Complete one form for each position held.

**APPLICANT**

NAME		LAST FOUR DIGITS OF SSN	
HOME ADDRESS			
Street Address		Apartment	Box Number
City		State/Province	
Zip/Postal Code		Country	
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)	MOBILE (Area Code & Number)
FAX (Area Code & Number)	EMAIL ADDRESS(ES)		

**POSITION**

Position Title	Dates Employed in Position (MM/YY) From ____ / ____ To ____ / ____	Total Months In Position
Was Safety (as defined in the CSP Application Guide) the <b>Primary</b> Function of this Position? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did Safety-Related Duties Comprise at Least 900 hrs/yr (75 hrs/mo or 18 hrs/wk)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was this Position? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Number of Hours per Week on Average _____ hrs/wk	

**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

