



**Board of Certified Safety Professionals**

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**Certified Safety Professional®  
PROFESSIONAL SAFETY  
EXPERIENCE FORM**

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/csp](http://www.bcsp.org/csp).

**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 _____
<b>Was the <u>Primary</u> Function of this Position Safety Practice (protecting people, property, and the environment from harm)?</b> <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

