

Board of Certified Safety Professionals

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USA

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Certified Safety Professional

**IOSH
RECIPROCAL AGREEMENT
APPLICATION FORM**



Under the agreement between BCSP and the Institution of Occupational Safety and Health (IOSH), applicants holding the Chartered Member of IOSH (CMIOSH) designation and seeking the CSP certification need only to submit this application form. Reference Forms, Experience Forms, and transcripts are not required. The application form can be typed or printed. An editable PDF is available on the Downloads page at www.bcsp.org. The application form must be legible and an original copy only.

A. APPLICANT PERSONAL DATA

NAME <input type="checkbox"/> Mr. _____ <input type="checkbox"/> Ms. _____ <i>First MI Last/Family</i>			SSN or NATIONAL INSURANCE NUMBER		
HOME ADDRESS _____ <i>Street Address Apartment Box Number</i>			BIRTH DATE (MM/DD/YY)		
U.S. Only _____ <i>City State Zip Code</i>			NAICS CODE (See Table in Application Guide.) 1. _____ 2. _____		
FOR FOREIGN ADDRESSES ONLY _____ <i>City Province (if applicable) Postal Code Country</i>					
PHONE NUMBERS (For foreign numbers, include country and city codes)					
HOME PHONE (Area Code & Number)		WORK PHONE (Area Code & Number)		MOBILE PHONE (Area Code & Number)	
FAX NUMBER (Area Code & Number)					
EMAIL ADDRESS(ES) 1st Preference _____ 2nd Preference _____					

B. CMIOSH DESIGNATION DATA

DATE DESIGNATION OBTAINED _____ (Attach a copy of certificate or other documentation verifying designation.)	BCSP Use Only Verified _____
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C. CURRENT EMPLOYER

EMPLOYER NAME _____

D. OTHER CURRENT LICENSES, REGISTRATIONS, AND CERTIFICATIONS (Check all that apply.)

<input type="checkbox"/> CIH <input type="checkbox"/> P.E. <input type="checkbox"/> CHP <input type="checkbox"/> OHST <input type="checkbox"/> CHST <input type="checkbox"/> CEng <input type="checkbox"/> SISO <input type="checkbox"/> COHN/SM <input type="checkbox"/> COHN-S/SM <input type="checkbox"/> CRSP <input type="checkbox"/> CPMSIA <input type="checkbox"/> Other: _____
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E. PROFESSIONAL SOCIETY MEMBERSHIPS (Check all current U.S. memberships.)

<input type="checkbox"/> ASSE <input type="checkbox"/> AIHA <input type="checkbox"/> SFPE <input type="checkbox"/> IIE <input type="checkbox"/> NSC (Individual Member) <input type="checkbox"/> ACGIH <input type="checkbox"/> HPS <input type="checkbox"/> NSMS <input type="checkbox"/> SSS <input type="checkbox"/> HFES <input type="checkbox"/> Other: _____

F. PRIMARY SAFETY SPECIALTY (Check the **one** safety specialty which best describes your overall practice.)

<input type="checkbox"/> Occupational Safety	<input type="checkbox"/> Industrial Hygiene	<input type="checkbox"/> Radiation Safety	<input type="checkbox"/> General Safety
<input type="checkbox"/> Transportation Safety	<input type="checkbox"/> Product Safety	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> System Safety
<input type="checkbox"/> Construction Safety	<input type="checkbox"/> Environmental	<input type="checkbox"/> Process Safety	<input type="checkbox"/> Other: _____

G. VALIDATION (Please 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.)

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

2. Have you ever had a 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 of Certified Safety Professionals by me or third persons which would, in the judgement of the Board, make me ineligible for certification.

Although every effort will be made to keep my application confidential, I understand that the Board of Certified Safety Professionals is under no obligation to keep confidential any statements, material, information, etc. that I submit. I hereby authorize the Board of Certified Safety Professionals to publish my name, city, state, country, and any certification it may issue me in all of its directories or registries.

I further agree to adhere to the Board of Certified Safety Professionals *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.

NOTE: The agreement between BCSP and IOSH does not require individuals holding the CMIOSH to complete Reference Forms and Experience Forms or meet the current educational standard for the CSP. The agreement states that someone holding the CMIOSH and applying for the CSP must complete this Application Form only and pass the Comprehensive Practice examination in order to achieve the CSP. BCSP agreed to accept the qualifications already evaluated by IOSH in the CMIOSH certification process.

H. APPLICATION PAYMENT INFORMATION (The application fee is nonrefundable and must be drawn on a U.S. bank.)

\$160 FEE PAID BY		CREDIT CARD AUTHORIZATION	
<input type="checkbox"/> Check or Money Order (U.S. Dollars Only) Make checks payable to: Board of Certified Safety Professionals	<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	Credit Card Number	Expiration Date
		Signature	Date