

CSP Application Checklist

This signed and dated cover sheet **MUST** be returned with your application.

I have included:

- Signed CSP Application Form** with **payment**
- All **validation questions** have been answered (see page 2 of CSP Application Form)
- Official **transcripts** for each degree in a sealed envelope from the issuing university (unless noted on the CSP Application Form that the school is sending)
- Professional Safety Experience Forms** (one for each position for which you are claiming credit)
- Required Reference Forms** (unless noted on CSP Application Form that reference is sending)

Additional Comments:

Applicant Name (please print): _____

Board of Certified Safety Professionals

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Savoy, Illinois 61874

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Email: bcsp@bcsp.org • Web: www.bcsp.org

Certified Safety Professional®

APPLICATION FORM



Type or print legibly. See the *CSP Application Guide* instructions for completing this form. View and print additional copies at www.bcsp.org/downloads.

APPLICANT PERSONAL DATA

NAME <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____ <i>First MI Last/Family Maiden Name (if applicable) Other Legal Name (if applicable)</i>				
HOME ADDRESS _____ <i>Street Address Apartment Box Number</i> _____ <i>City State/Province</i> _____ <i>Zip/Postal Code Country</i>			U.S. SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MM/DD/YY) _____ NAICS CODE (See Table 2) 1. _____ 2. _____	
PHONE NUMBERS <i>(If outside the U.S. or Canada, include country and city codes)</i>	HOME PHONE <i>(Area Code & Number)</i>	WORK PHONE <i>(Area Code & Number)</i>	CELL PHONE <i>(Area Code & Number)</i>	
FAX <i>(Area Code & Number)</i>		EMAIL ADDRESS(ES) <i>(See check box below)</i>		

Check this box to receive routine BCSP communications (e.g., newsletters, annual reports, annual renewal notices, etc.) via email.

COLLEGE EDUCATION (The **minimum** qualification is either an associate degree in safety and health or a bachelor's degree in any field.)

COLLEGE OR UNIVERSITY <i>(Name, City, State)</i>	GRADUATION DATE <i>(MM/DD/YY)</i>	PROGRAM OF STUDY OR MAJOR	DEGREE EARNED	TRANSCRIPT <i>(Check one)</i>
				<input type="checkbox"/> Enclosed <input type="checkbox"/> School is sending
				<input type="checkbox"/> Enclosed <input type="checkbox"/> School is sending
				<input type="checkbox"/> Enclosed <input type="checkbox"/> School is sending
				<input type="checkbox"/> Enclosed <input type="checkbox"/> School is sending

SUMMARY OF PROFESSIONAL SAFETY EXPERIENCE (You **must** complete a Professional Safety Experience Form for each position listed below for which you are seeking credit. Do not overlap time periods.)

POSITION TITLE <i>(List the most recent first)</i>	EMPLOYER	START DATE <i>(MM/YY)</i>	END DATE <i>(MM/YY)</i>	MONTHS IN POSITION
TOTAL MONTHS				

