

BOARD OF CERTIFIED SAFETY PROFESSIONALS

2301 W. Bradley Avenue, Champaign, IL 61821
P: +1 217-359-9263 | F: +1 217-359-0055

BCSP Mentor Form

All information and documentation must be in English.

1. Applicant Name

Prefix (Mr., Mrs., Ms., Dr.)

First Name (legal name)

Middle Name

Last Name (family name, surname)

Suffix

Street Address

City

State/Province

Zip/Postal Code

Country

Certification for which Applicant applied

The mentor program rewards certificants for encouraging other safety professionals who perform quality work to demonstrate their exceptional skill by obtaining certification. When this mentor form is accepted, BCSP will:

1. Credit the mentor for assisting in the career development of the applicant
2. List the mentor in an honor roll
3. Reward the mentor with logoed merchandise such as mugs, cups, polo shirts, and pins based on the number of people they mentor

2. Mentor Information

First Name

Certification

Certification Number

Last Name

Email Address

Company

Title/Position

Country

Street Address

City

State/Province

Zip/Postal Code

Phone Number

Country Code

Area/State/City/Code

Phone Number

Extension