

BCSP PROFESSIONAL ADVANCEMENT MENTOR PROGRAM

BCSP is implementing a new program by which those holding the CSP can gain recognition for helping other safety professionals advance their careers through certification. A great personal reward is the satisfaction one gains from helping someone else succeed.

Over the years, many CSPs have encouraged, assisted, or required fellow safety professionals, colleagues, or peers to pursue certification as a means to advancing their careers. In the past, BCSP has never had a way to recognize many of these contributions.

A small step in that direction is the establishment of a means by which we can trace the role you may play in assisting the career development of someone else and then recognizing your contributions.

Here's how it works:

1. Complete the sponsor side of the form below and give it to a peer, colleague, or other safety professional who may benefit from pursuing the CSP, OHST, or CHST.
2. Have the person submit the form with their application when they apply for any of these certifications.

You can download additional copies of the form from the BCSP or CCHESST web site or make copies of this page.

When the application form is accepted, BCSP will:

1. Post credit for your being a champion for your applicant.
2. List you in an honor roll for your accomplishment.

3. Send you a CSP lapel pin and possibly other incentives*.

We look forward to recognizing your contribution to the advancement of the safety profession through the achievement of certifications by your colleagues, peers, and other safety professionals.

*Those CSPs who sponsor multiple applicants will now be sent a CSP logo product based on the number of applicants they mentor---compliments of BCSP!

For:	The mentor is sent a:
5 applicants	CSP ceramic mug
10 applicants	CSP stainless steel mug
25 applicants	CSP polo shirt or messenger bag
50 applicants	CSP denim shirt

APPLICANT	SPONSOR
Name: _____	Name: _____
Address: _____ _____	CSP No. _____
City, State, Zip Code: _____	Address: _____ _____
(Non-U.S.) Country, Province, Postal Code: _____	City, State, Zip Code: _____
Email: _____	(Non-U.S.) Country, Province, Postal Code: _____
Date: _____	Email: _____
	Your relationship to this person:
	<input type="checkbox"/> Supervisor
	<input type="checkbox"/> Co-worker
	<input type="checkbox"/> Professional friend or acquaintance
	<input type="checkbox"/> Members of the same professional organization
	<input type="checkbox"/> Organization name & chapter: _____ _____
	<input type="checkbox"/> Relative
	<input type="checkbox"/> Student (school & degree program): _____
	<input type="checkbox"/> Other (please specify): _____

For Office Use Only:

Date Received: _____

Certification Applied for: CSP OHST CHST

Applicant's Status: _____