



# Petition Form

**BCSP** | Board of Certified Safety Professionals  
2301 W. Bradley Avenue, Champaign, IL 61821 USA  
P: +1 217-359-9263 | F: +1 217-359-0055

This form is to be filled out by the nominee.

## Nominee Information

CSP    OHST    CLCS    CHST

Award Year	Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (City, State, Zip Code)

Phone	Email
<input type="text"/>	<input type="text"/>

Title	Company/Organization
<input type="text"/>	<input type="text"/>

Please answer the following questions by typing your answers in the spaces provided. Handwritten answers will NOT be accepted. Answers should be kept brief and provide concise descriptions of your SHE-related achievements over the **last 10 year period for the CSP and the last 5 year period for the OHST/CLCS and CHST.**

1. Describe your demonstrated technical expertise and successful results in the safety, health and environmental (SHE) profession (1500 word limit).

A large, empty rectangular box with a thin black border, occupying the upper half of the page. It is intended for the user to write their response to the question above.

2. Describe the voluntary professional contributions you have made to advance the SHE profession.  
**Examples:** *Serving as an officer in a safety society or association, public/community services, instructing at educational institutions, influencing codes and legislation, writing articles, etc. (500 word limit).*

A large, empty rectangular box with a thin black border, occupying the lower half of the page. It is intended for the user to write their response to the question above.

3. Describe your involvement in the BCSP Mentor program, if applicable (250 word limit).

4. List awards, including citations, honors, and plaques for innovations in new SHE-related procedures or systems that you developed or assisted in, if applicable (250 word limit).

5. Describe any other personal achievements you made related to the SHE profession, if applicable (500 word limit).

6. Please summarize why you should be chosen for the certification of the year award (250 word limit)

By signing this form, I attest that the information I am providing for this award is an accurate reflection of my SHE-related achievements.

Signature

Date

Please submit **three copies** of this form, the nomination form, and the required endorsement forms by mailing them to the following address **before April 15**:

**Attn: Awards Committee Coordinator  
Board of Certified Safety Professionals  
2301 W. Bradley Avenue  
Champaign, IL 61821**