

Board of Certified Safety Professionals

208 Burwash Avenue
 Savoy, Illinois 61874
 Phone: 217-359-9263 • Fax: 217-359-0055
 Email: bcsp@bcsp.org • Web: www.bcsp.org

**Certified Safety Professional®
 APPLICATION UPDATE FORM
 For Graduate Safety Practitioners**



Type or print legibly. View and print additional copies at www.bcsp.org/gsp.

APPLICANT PERSONAL DATA

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

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 <small>(Name, City, State)</small>	GRADUATION DATE <small>(MM/DD/YY)</small>	COURSE OF STUDY OR MAJOR	DEGREE EARNED	TRANSCRIPT <small>(Check one)</small>
				<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 <small>(List the most recent first)</small>	EMPLOYER	START DATE <small>(MM/YY)</small>	END DATE <small>(MM/YY)</small>	MONTHS IN POSITION
TOTAL MONTHS				

PROFESSIONAL REFERENCES One of your references must hold one of the following certifications, licenses or memberships: CSP, CIH, P.E., CEng, CHP, CMIOSH, CPMSIA/FSIA/CFSIA, COHN/SM, COHN-S/SM, CRSP or SISO (Ordinary Member).
 List only individuals who are providing a Reference Form.)

PROFESSIONAL RELATIONSHIP	REFERENCE	TITLE	PERIOD REFERENCE COVERS	REFERENCE
1. Current Supervisor				<input type="checkbox"/> Enclosed <input type="checkbox"/> Sending
2. Other Professional				<input type="checkbox"/> Enclosed <input type="checkbox"/> Sending
3. Other Professional (optional)				<input type="checkbox"/> Enclosed <input type="checkbox"/> Sending

_____ Date

_____ Applicant Signature (in ink)



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Type or print legibly. You must complete a Professional Safety Experience Form for each position for which you are seeking professional safety experience credit. Positions must meet all five criteria listed in the *GSP Application Guide* to receive credit. Use a **separate form** for **each position** or time period, including different positions for the same employer. Additional copies may be viewed and printed from www.bcsp.org/gsp.

APPLICANT

Applicant Name	_____
Social Security Number	_____

POSITION

Position Title	Dates Employed in Position (MM/YY) From ____ / ____ To ____ / ____	Total Months In Position _____
Was Safety (as defined in the <i>GSP Application Guide</i>) the Primary Function of this Position? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did Safety-Related Duties Comprise at Least 900 hrs/yr (75 hrs/mo or 18 hrs/wk)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was this Position? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Number of Hours per Week on Average _____ hrs/wk	

EMPLOYER

Employer and Address	Employer's Major Product or Service
	Name of Supervisor

PROFESSIONAL SAFETY EXPERIENCE IN THIS POSITION - SUMMARY OF ACTIVITIES

Indicate the percentage of your time in this position devoted to each area listed below. **The total for A - L must equal 100%.**

A. ____ % Hazard Identification	D. ____ % Hazard Control Verification	G. ____ % Safety/Health Communication	J. ____ % Environmental Protection
B. ____ % Hazard Evaluation	E. ____ % Safety/Health Program Design	H. ____ % Investigation and Statistical Reporting	K. ____ % Supervision of other Safety, Health, and Environmental Personnel
C. ____ % Hazard Control Design	F. ____ % Safety/Health Program Evaluation	I. ____ % Safety Training and Education	L. ____ % Functions that are not Safety, Health, or Environmental

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REFERENCE FORM
For Graduate Safety Practitioners



Please type or print legibly. Return the form to the applicant in a sealed envelope. Additional copies may be viewed and printed from www.bcsp.org/gsp.

APPLICANT

Applicant Name	_____		
	First	MI	Last/Family

The applicant is seeking the CERTIFIED SAFETY PROFESSIONAL (CSP) certification. Applicants must meet academic and experience requirements and pass examinations. Your evaluation of the applicant's qualifications provides very important information for BCSP in determining if the applicant is eligible for examinations and ultimately the CSP credential. While the Board intends to hold your comments confidential, that cannot be guaranteed.

REFERENCE PERSON

Reference Name _____	Current Designations Held (Check all that apply.) <input type="checkbox"/> CSP <input type="checkbox"/> CIH <input type="checkbox"/> PE (specify state) _____ <input type="checkbox"/> CEng <input type="checkbox"/> CHP <input type="checkbox"/> CMIOSH <input type="checkbox"/> CPMSIA/FSIA/CFSIA <input type="checkbox"/> COHN/SM <input type="checkbox"/> COHN-S/SM <input type="checkbox"/> CRSP <input type="checkbox"/> SISO (Ordinary Member) Identification Number _____
Your Title or Position _____	Phone (Area Code) (Number) _____
Company _____	
Address _____ Email _____	
City _____ State/Province _____ Zip Code/Postal Code _____ Country _____	
Signature _____	Date _____

BASIS FOR YOUR COMMENTS

Period during which you have personal knowledge of applicant's professional safety capabilities	FROM (MM/YY)	TO (MM/YY)	Are you a relative of this applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain: _____
Nature of Your Relationship with Applicant: <input type="checkbox"/> Supervisor <input type="checkbox"/> Past Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Employee <input type="checkbox"/> Professor <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	Briefly describe: _____		

DEFINITIONS

CERTIFIED SAFETY PROFESSIONAL	PROFESSIONAL SAFETY EXPERIENCE
An individual who utilizes the expertise derived from a knowledge of the various sciences and professional experience, to create or develop procedures, processes, standards specifications, and systems to achieve optimal control or reduction of the hazards and exposures which are detrimental to people and/or property and the environment by the utilization of analysis, synthesis, investigation, evaluation, research, planning, design, and consultation and who has met all of the requirements for certification established by the Board of Certified Safety Professionals.	<ul style="list-style-type: none"> • For a position to be accepted as qualifying with BCSP as professional safety experience, professional safety work must be the <u>primary</u> function and account for at least 50% of the position's responsibilities. • Positions in which safety is an inherent responsibility but <u>not the primary function</u> are not considered by BCSP as professional safety experience. • Professional safety experience differs from non-professional safety experience in the degree of responsible charge and ability to defend analytical approaches and engineering or administrative control recommendations. • The safety professional must be able to demonstrate to the satisfaction of his peers, employer, and clients the ability to use analysis, synthesis, design, investigation, planning, and communication to optimally control or reduce the risk of exposures that would be detrimental to people, property, and the environment.

Applicant's Last/Family Name	Reference's Last Name
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VALIDATION OF APPLICANT'S EXPERIENCE

(Refer to definitions on the reverse side of this form. This section does not apply to student applicants.)

Applicant's Position Title	What were the average hours per week the applicant worked in this position? _____	What is/was the applicant's primary function in this position?
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<p>Do you consider this applicant to be a professional in safety, industrial hygiene, fire protection, or environmental control?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not have the knowledge to evaluate. </p>	What percent of time in this position does/did the applicant spend on professional safety, industrial hygiene, fire protection, or environmental control work? _____
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Briefly describe this position and the applicant's responsibilities in the position.

Does/did the applicant have other work activities (beside professional safety, industrial hygiene, fire protection, and/or environmental control) assigned to his/her job? No Yes (If yes, please describe.)

To your knowledge, does the applicant have any significant technical deficiencies? No Yes (If yes, please describe.)

To your knowledge, does the applicant have any deficiencies in professional ethics? No Yes (If yes, please describe.)

If you have additional comments about the applicant, please note them below.