

Board of Certified Safety Professionals

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Certified Safety Professional®
APPLICATION FORM



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

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) 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)	CELL PHONE (Area Code & Number)
FAX (Area Code & Number)	EMAIL ADDRESS(ES)		

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

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

