

# Group Management Handbook

OCCUPATIONAL HEALTH AND SAFETY  
TECHNOLOGIST®



FIRST EDITION | JANUARY 2012

**BCSP** | Board of Certified  
Safety Professionals

Advancing the Safety, Health and Environmental  
Professional Since 1969

2301 W. Bradley Avenue  
Champaign, IL 61821 USA

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Champaign, Illinois, USA

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A BCSP Publication

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**Occupational Health and Safety Technologist  
Group Management Handbook  
First Edition  
January 2012**

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## INTRODUCTION AND BASIC RULES

The Board of Certified Safety Professionals (BCSP) has established group management policies and requires these steps to be followed for the management of a group of Occupational Health and Safety Technologist (OHST) candidates when the group of candidates will be tested together.

The process of setting up a group examination at your local Pearson VUE Testing Center may take a minimum of four months to complete. Please keep this in mind when planning for your group examination delivery. This process is dependent upon the group being able to meet all deadlines as detailed in this guide.

Basic Rules for Group Management:

- A group of OHST candidates to be tested together must be managed by a single group manager. This manager will be responsible for all communication with BCSP regarding this group examination.
- All OHST application forms must be submitted to BCSP as part of a packet also containing related experience forms and the group roster. An invoice for payment of OHST group members' application fees will be sent to the group manager after BCSP receives this packet. The OHST application fee for a single applicant is \$140 USD.
- An invoice requesting payment of examination fees will be sent to the OHST group manager after BCSP evaluates the applications and indicates in-writing (officially) who within the group is eligible. All requests for OHST examination authorizations for eligible OHST applicants must be submitted as a single group, and all fees and site fees must be paid in full at the time of this request. The OHST examination authorization fee is \$300 USD for each OHST examination delivered within the U.S. and Canada and \$400 USD for each examination delivered outside the U.S. and Canada.

\*All fees subject to change at anytime without notice.

## OVERVIEW OF PROCESS OF THE APPLICATION AND EXAMINATION PROCESS

1. It takes BCSP about two weeks to process and review an application.
  2. BCSP will determine upon reviewing a candidate's application if they will be eligible to receive the OHST certification or Associate Occupational Health and Safety Technologist (AOHST) designation when they pass the exam. BCSP will notify candidates via email regarding the results of their application evaluation.
- Contact information (address and email) must be kept current with BCSP
  - Annual renewal fee must be paid every year
  - OHST's must comply with recertification every five years
  - AOHST's must submit an experience update when requested by BCSP

In order to qualify for the OHST certification:

- Candidate must have five years of work experience where safety is at least 35% of the job duties. Or a candidate may substitute a college degree for some or all of the work experience.

AOHST designations are:

- Candidates with less than five years experience of qualifying work experience will receive the interim designation AOHST and hold that until they have the full five years of experience. BCSP at the time of reviewing the application will determine a projected certification date for obtaining the OHST certification.

3. Exam appointments cannot be scheduled until the exam fee has been received and processed by BCSP.
  4. After sitting for the exam a candidate will receive a results packet from BCSP. A candidate who passes the exam will receive a congratulatory letter, News Release, a wall certificate, score report and pro-rated invoice (the first year is pro-rated for annual renewal fee).
  5. Candidates who do not receive a passing score will receive a score report and a registration form. Candidates can attempt the exam as many times as needed. In order to remain eligible candidates need to attempt the exam at least once every three years. An exam fee applies for every exam sitting.
  6. In order for someone to maintain the certification/ designation:
7. Failure to do these things may lead to invalidation of certification/designation.

## APPLICATION PROCESS FOR YOUR GROUP

The following items must be completed by the Group Manager 120 or more calendar days prior to the desired group examination date.

The items are listed in order of recommended completion and with check boxes for your convenience.

- Obtain OHST Group Application Forms. These can be copied from the original form in the latest OHST Group Management Handbook or obtained from the BCSP website, **www.bdsp.org**.
- Ensure each Application Form is fully completed for each person in the group in accordance with the instructions in the latest OHST Candidate Handbook.
- Ensure the applicant signs his/her own Application Form.
- If a candidate has experience they should also submit an experience form, which is provided in this publication's Appendix 3, Page 13.
- Use the OHST Group Program Roster to create a simple roster of all applicants. This roster must contain all the candidates applying as part of this group. This form is provided in this publication's Appendix 2, Page 9.
- Verify that the completed individual application forms to be submitted to BCSP actually match the members of the group contained on the roster.
- Contact BCSP by phoning +1 217-359-9263 or by emailing (*customerservice@bdsp.org*). Indicate that you are managing an OHST group. If desired, the OHST Customer Service Associate can provide you with an invoice to pay the application fees for your group.
- Submit to BCSP, as a single package, all group application forms, relevant experience forms, and the complete Roster.
- Ensure the payment of application fees for group members is made.

BCSP will review this packet and send official notification indicating the persons in the group who BCSP has determined eligible to sit for the OHST certification examination. For those that need additional information or corrections on the applications, you may correct the information and resubmit the applications to BCSP. Please note that all applications in your group must be approved before committing to an examination date.

An OHST Customer Service Associate will also contact you to let you know whether any requested group examination site, date, and time are available.



**Appendix 1: OHST Group Examination Application Form**



**Board of Certified Safety Professionals**

2301 W. Bradley Avenue  
Champaign, Illinois 61821  
P: +1 217-359-9263 F: 217-359-0055  
E: customerservice@bcsp.org W: www.bcsp.org

# Occupational Health & Safety Technologist GROUP APPLICATION FORM

Type or print legibly. Please use legal name. **USE THIS FORM ONLY IF YOU ARE APPLYING AS PART OF A GROUP.**

## APPLICANT PERSONAL DATA

NAME (Legal name, as it appears on driver's license or passport)		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
_____	_____	_____
First	MI	Last/Family
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	NAICS CODE (See OHST/CLCS Candidate Handbook)
PERMANENT ADDRESS	_____	
Street Address	Apartment	Box Number
_____	_____	_____
City	State	Zipcode
CAMPUS/BASE ADDRESS	_____	
Street Address	Apartment	Box Number
_____	_____	_____
City	State	Zipcode
PHONE NUMBERS (If outside the U.S. or Canada, include country and city codes)		
_____	_____	_____
Permanent Phone (Area Code & Number)	Campus/Base Phone (Area Code & Number)	Cell/Mobile Phone (Area Code & Number)
EMAIL ADDRESS(ES)		

## COLLEGE EDUCATION

NAME OF INSTITUTION	
NAME OF DEGREE OR PROGRAM	GRADUATION DATE

## CURRENT LICENSES, REGISTRATIONS AND CERTIFICATIONS

(Check all that apply.)

<input type="checkbox"/> CSP	<input type="checkbox"/> PE	<input type="checkbox"/> COHN-S	<input type="checkbox"/> STS
<input type="checkbox"/> CIH	<input type="checkbox"/> CHCM	<input type="checkbox"/> CPE	<input type="checkbox"/> Marine Chemist
<input type="checkbox"/> CHP	<input type="checkbox"/> CHMM	<input type="checkbox"/> RN	<input type="checkbox"/> Other _____
<input type="checkbox"/> CHST	<input type="checkbox"/> COHN	<input type="checkbox"/> RPT	

## PROFESSIONAL SOCIETY MEMBERSHIPS

(Check all that apply.)

<input type="checkbox"/> ACGIH	<input type="checkbox"/> ASSE	<input type="checkbox"/> HPS	<input type="checkbox"/> SFPE	<input type="checkbox"/> IIE	<input type="checkbox"/> NFPA
<input type="checkbox"/> AIHA	<input type="checkbox"/> HFES	<input type="checkbox"/> NSMS	<input type="checkbox"/> SSS	<input type="checkbox"/> NSC	<input type="checkbox"/> Other _____

## VALIDATION AND SIGNATURE

(You must answer the following questions. **Be sure to sign and date your application or it cannot be processed.** Your signature means you agree with the following statements.)

1. Have you ever been convicted of a felony?  YES  NO
2. Have you been convicted of a misdemeanor within the last 5 years?  YES  NO
3. Do you have a record of any unethical behavior?  YES  NO
4. Have you ever had a professional registration, license or certification denied, suspended or revoked other than for lack of minimum qualifications, failure of examination, or failure to pay renewal fees?  YES  NO

(If you answered YES to any of the questions 1-4, you must complete the Criminal Conviction & Professional Registration, Certification, or License Information Form at [www.bcsp.org/pdf/ccform.pdf](http://www.bcsp.org/pdf/ccform.pdf).)

5. I understand that any falsification of information in this application including any attachments or supplemental materials, provided now or later, may be cause for rejection or revocation of any designation or certification issued or such other action as the Board of Certified Safety Professionals (BCSP) shall deem appropriate. I certify that the statements above (including any attachments submitted, now or later) are accurate to the best of my knowledge. I hereby authorize BCSP to verify any information or supplements submitted.

I further agree to hold BCSP harmless from any and all liability in the event this application is rejected on the basis of information furnished to BCSP by me or third parties which would, in the judgment of BCSP, make me ineligible for a BCSP designation or certification.

With this application, I hereby authorize BCSP to publish in all of its directories or registries my name, city, state, country, and any certification it issues to me. BCSP will make every effort to keep your personal and examination information confidential. BCSP will obtain your approval prior to releasing information from your BCSP records, other than directories, verification of your certification to the public or a court subpoena for your records.

I further agree to adhere to the *BCSP Technician and Technologist Code of Ethics* in its current and subsequent editions and, if I am certified, to meet the requirements for Recertification.

**I hereby authorize BCSP to share my application and examination information with the institution identified on this application.**

\_\_\_\_\_  
Applicant Signature (in ink)

\_\_\_\_\_  
Date

## **Appendix 2: OHST Group Program Roster**







**Appendix 3: Experience Form for Individuals in Group Program**



**BCSP**

2301 W. Bradley Avenue, Champaign, Illinois 61821

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**EXPERIENCE FORM**  
**For Individuals in OHST Group Program**Please type or print. Provide all information requested. Make copies as needed. See *OHST/CLCS Candidate Handbook* for instructions.**APPLICANT**

Applicant's Name				
	Last/FamilyMaiden Name (if applicable)	Other Legal Name (if applicable)	First	MI

**POSITION**

Position Title			
Position Type <input type="checkbox"/> Full-time (at least 30 hrs/wk) <input type="checkbox"/> Part-time (less than 30 hrs/wk)	Portion of Position Time Involving Health and Safety Work <input type="checkbox"/> 70-100% <input type="checkbox"/> 35-70% <input type="checkbox"/> Less than 35%	TIME EMPLOYED IN POSITION From (MM/YY)	TIME EMPLOYED IN POSITION To (MM/YY)
Briefly Describe Four Primary Duties of this Position  1.          2.          3.          4.			

**EMPLOYER DATA FOR THIS POSITION**

Employer's Name and Address	Supervisor's Name
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## NOTES

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