

Board of Certified Safety Professionals

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Champaign, Illinois 61821

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E: bcsp@bcsp.org | W: www.bcsp.org

Certified Safety Professional®**IOSH
RECIPROCAL AGREEMENT
APPLICATION FORM**

Under the agreement between BCSP and The Institution of Occupational Safety and Health (IOSH), applicants holding the Chartered Member of IOSH (CMIOSH) designation and seeking the CSP certification need only submit this application form. Experience Forms and transcripts are not required. The application form can be typed or printed. An editable PDF is available at www.bcsp.org/CSP.

APPLICANT PERSONAL DATA

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

B. IOSH DESIGNATION DATA

DESIGNATION NUMBER _____ (Attach a copy of certificate or other documentation verifying certification)	DATE DESIGNATION OBTAINED _____	BCSP Use Only Verified _____
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C. CURRENT EMPLOYER

EMPLOYER NAME: _____ EMPLOYER PHONE: _____
EMPLOYER EMAIL: _____

D. CERTIFICATIONS, LICENSES, AND MEMBERSHIPS (Check all that apply.)

<input type="checkbox"/> CIH	<input type="checkbox"/> CHP	<input type="checkbox"/> P.E. (specify state) _____	<input type="checkbox"/> CEng (UK)	<input type="checkbox"/> COHN/SM	<input type="checkbox"/> COHN-S/SM	<input type="checkbox"/> CMIOSH	<input type="checkbox"/> CPMSIA/FSIA/CFSIA	<input type="checkbox"/> CRSP
<input type="checkbox"/> OHST <input type="checkbox"/> CHST <input type="checkbox"/> SISO (Professional Member with current status as a Workplace Safety and Health Officer with the Singapore Ministry of Manpower)								

E. PROFESSIONAL SOCIETY MEMBERSHIPS (Check all current U.S. memberships.)

<input type="checkbox"/> ASSE	<input type="checkbox"/> AIHA	<input type="checkbox"/> SFPE	<input type="checkbox"/> IIE	<input type="checkbox"/> SSS	<input type="checkbox"/> NSC	<input type="checkbox"/> ACGIH	<input type="checkbox"/> HPS	<input type="checkbox"/> NSMS	<input type="checkbox"/> HFES	<input type="checkbox"/> NFPA	<input type="checkbox"/> NESHTA
(Individual member)											

F. SAFETY SPECIALTIES

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Occupational Safety | <input type="checkbox"/> Construction Safety | <input type="checkbox"/> General Safety | <input type="checkbox"/> Process Safety | <input type="checkbox"/> Product Safety |
| <input type="checkbox"/> Radiation Protection | <input type="checkbox"/> Training | <input type="checkbox"/> System Safety | <input type="checkbox"/> Transportation Safety | |
| <input type="checkbox"/> Industrial Hygiene | <input type="checkbox"/> Environmental | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Fire Protection | |

G. VALIDATION

(Please answer the following questions. 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 available at www.bccsp.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 withdrawal of certification or such other action as the Board of Certified Safety Professionals 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 the Board of Certified Safety Professionals to verify any information or supplements submitted.

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

With this application, I hereby authorize the Board of Certified Safety Professionals to publish in all of its directories or registries my name, city, state, country, and any certification it issues to me. The Board of Certified Safety Professionals will make every effort to keep your personal and examination information confidential. The Board of Certified Safety Professionals will obtain your approval prior to releasing information from your Board of Certified Safety Professionals 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 Board of Certified Safety Professional's *BCSP Code of Ethics and Professional Conduct* in its current and subsequent editions and, if I am certified, to meet the requirements for Recertification.

www.bccsp.org/pdf/BCSPcodeofethics.pdf

Date

Applicant Signature (in ink)

H. APPLICATION PAYMENT INFORMATION

(The application fee is **nonrefundable and nontransferable**.)

\$160 FEE PAID BY		CREDIT/DEBIT CARD AUTHORIZATION																										
<input type="radio"/> Check or Money Order (U.S. dollars only) Make checks payable to: BCSP	<input type="radio"/> American Express <input type="radio"/> Discover/Novus <input type="radio"/> MasterCard <input type="radio"/> VISA	Credit/Debit Card Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			Expiration Date M M Y Y <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> CVV/CVV2 <table border="1"><tr><td></td><td></td><td></td></tr></table>							
Billing Address		Signature																										