

Board of Certified Safety Professionals

2301 W. Bradley Avenue
 Champaign, Illinois 61821
 Phone: 217-359-9263 Fax: 217-359-0055
 Email: bcsp@bcsp.org Web: www.bcsp.org

Certified Safety Professional®



PROFESSIONAL SAFETY EXPERIENCE UPDATE FORM

Complete the Professional Safety Experience Form with information from your original application date to the present, starting with your most current position. Complete one form for each position held.

APPLICANT

NAME		LAST FOUR DIGITS OF SSN	
HOME ADDRESS			
Street Address		Apartment	Box Number
City		State/Province	
Zip/Postal Code		Country	
PHONE NUMBERS <i>(If outside the U.S. or Canada, include country and city codes)</i>	HOME PHONE <i>(Area Code & Number)</i>	WORK PHONE <i>(Area Code & Number)</i>	MOBILE <i>(Area Code & Number)</i>
FAX <i>(Area Code & Number)</i>	EMAIL ADDRESS(ES)		

POSITION

Position Title	Dates Employed in Position <i>(MM/YY)</i> From ____ / ____ To ____ / ____	Total Months In Position
Was Safety (as defined in the <i>CSP 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	
Portion of Job Duties Which Were Safety-Related _____ %		

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

