

**Board of Certified Safety Professionals**

208 Burwash Avenue  
Savoy, IL 61874-9510  
USA

Phone: 217-359-9263  
Fax: 217-359-0055  
Email: bcsp@bcsp.org  
Web: 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 to submit this application form. Reference Forms, 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](http://www.bcsp.org/csp). The application form must be an original copy.

**A. APPLICANT PERSONAL DATA**

LEGAL NAME <input type="checkbox"/> Mr. _____ <input type="checkbox"/> Ms. <i>First/Given</i> _____ <i>MI</i> _____ <i>Last/Family</i> _____		U.S. SOCIAL SECURITY NUMBER _____	
HOME ADDRESS _____ <i>Street Address</i> _____ <i>Apartment</i> _____ <i>Box Number</i> _____		BIRTH DATE (MM/DD/YY) _____	
U.S. Only _____ <i>City</i> _____ <i>State</i> _____ <i>Zip Code</i> _____		NAICS CODE (See Table in CSP Application Guide.) 1. _____ 2. _____	
FOR FOREIGN ADDRESSES ONLY _____ <i>City</i> _____ <i>Province (if applicable)</i> _____ <i>Postal Code</i> _____ <i>Country</i> _____			
PHONE NUMBERS (For foreign numbers, include country and city codes)			
HOME PHONE ( <i>Area Code &amp; Number</i> ) _____	WORK PHONE ( <i>Area Code &amp; Number</i> ) _____	MOBILE PHONE ( <i>Area Code &amp; Number</i> ) _____	FAX NUMBER ( <i>Area Code &amp; Number</i> ) _____
EMAIL ADDRESS(ES) 1st Preference _____ 2nd Preference _____			

**B. IOSH DESIGNATION DATA**

DATE DESIGNATION OBTAINED _____	DESIGNATION NUMBER _____	BCSP Use Only Verified _____
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**C. CURRENT EMPLOYER**

EMPLOYER NAME _____
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**D. CURRENT LICENSES, REGISTRATIONS, AND CERTIFICATIONS** (Check all that apply.)

<input type="checkbox"/> CIH <input type="checkbox"/> P.E. <input type="checkbox"/> CHP <input type="checkbox"/> OHST <input type="checkbox"/> CHST <input type="checkbox"/> CEng <input type="checkbox"/> SISO <input type="checkbox"/> COHN/SM <input type="checkbox"/> COHN-S/SM <input type="checkbox"/> CRSP <input type="checkbox"/> CPMSIA <input type="checkbox"/> Other: _____
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**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"/> NSC (Individual Member) <input type="checkbox"/> ACGIH <input type="checkbox"/> HPS <input type="checkbox"/> NSMS <input type="checkbox"/> SSS <input type="checkbox"/> HFES <input type="checkbox"/> Other: _____
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