

Board of Certified Safety Professionals

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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.

A. APPLICANT PERSONAL DATA

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

B. IOSH DESIGNATION DATA

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

C. CURRENT EMPLOYER

EMPLOYER NAME _____

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/CLCS <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: _____

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: _____
