



**INTERNATIONAL BOARD FOR CERTIFICATION
 OF SAFETY MANAGERS**
 173 Tucker Road, Suite 202
 Helena, Alabama 35080

(Remit To Address: (BCHCM))
 P.O. Box 515 Helena, AL 35080)

Executive Director: **Jim Tweedy**
 Phone: 205-664-8412 Fax: 205-663-9541
 Email: Information@chcm-chsp.org

Paid _____	File No. _____
Date Verified _____	
Qualified By: _____	
Experience _____ Exam _____ Education _____	
Certification No. _____ Date: _____	
Level: _____	
(For Internal Use Only)	No. _____

___ Mr. ___ Mrs. ___ Ms. ___ Dr.

(Before starting see included instruction sheet)

1. Applicant Info Name (First, Middle Initial, Last)		Date Of Birth:		Phone #:	
Home Address:		City:		State:	Zip:
Email Address:					
2. Experience (Start With Present Job) List other qualifying experience on separate page . Describe your experience for each Qualifying Assignment					
Name Of Employer/Organization:		Work Address			
		Address: _____			
		City: _____		State: _____	Zip: _____
Phone #	Exact Title of Position:	Time In This Assignment:		Dates Of Employment(Yr/Month): From: To	
Number Of Employees You Supervised:	Name Of Your Immediate Supervisor:	Your Supervisor's Title:		Supervisor's Phone # :	
Description Of Duties and Responsibilities – (Indicate percentage of time in qualifying experience):					
3 List in Order Or Priority Your Specialty Fields:					
A.	B.	C.		D.	
4. Accomplishments – (List outstanding off the job professional achievements such as- Publications, Awards, Honors, Professional Activities) – (Use separate blank sheet if necessary)					
5. Education					
Name Of High School		City/State		Years Completed	
Name and Address of College or University (Transcripts must be forwarded to Board)		Dates Attended		Sem. Hours	Major:
		From:	To:		

NOTE: Please attach sheet with previous job experience.

6. Relevant Education

List College Courses Most Closely Related To You Certification Desire (Indicate number of semester hours per course)

1	8	15
2	9	16
3	10	17
4	11	18
5	12	19
6	13	20
7	14	21

7. List Other Schools or Training (such as trade, business, vocational, & armed forces, etc....) For each give the name/location/dates attended/subjects-class room hours, certificates issued or other relevant information.

8. Current Professional Certifications and Registrations:

Issuing Organization:	Address:	Type Of Certification or Registration:

9. Current Membership in Professional Organizations:

Issuing Organization:	Address:	Position Held:

10. Reference (List two persons who are not related to you who have knowledge of your qualifications:

Name/Title:	Organization Address:	Contact Phone #:

My signature below attests to the veracity of the information submitted, permits verification by the Board, and frees the Board of liability should my application be rejected on the basis of investigation of my qualifications.

Signature: _____ Date: _____

ENCLOSE FEE: The application fee stated in the brochure must accompany the completed application unless previously paid. Send to the address below. Add \$10.00 if you live outside of North America. **THE APPLICATION FEE IS NOT REFUNDABLE.**

INSTRUCTIONS

- ▶ Insert all required information in this form. Attachments may be included as supporting documents substitute for completing this form.

- ▶ Type or print legibly.

- ▶ If extra space is needed for qualification data, use a separate sheet of paper.

- ▶ Forward "Reference Evaluations" to persons you listed as references.

- ▶ Enclose or have forwarded the appropriate supporting documents required by your desired certification. This includes but may not be limited to the following:
 - Official job descriptions
 - Official college transcripts
 - Copies of training certificates
 - Copies of professional certifications or registrations

- ▶ Sign and mail to:
BCHCM
P.O. Box 515
Helena, Alabama 35080

Physical Location:
**INTERNATIONAL BOARD FOR CERTIFICATION
OF SAFETY MANAGERS
173 Tucker Road, Suite 202
Helena, Alabama 35080**

Phone:
(205) 664-8412

NOTE: FAXED APPLICATIONS NO LONGER ACCEPTED

CHSP/CHCM/CPSM/CHSP

Application Fee \$125.00

Exam Fee \$150.00

CPSO

Application Fee \$150.00

Exam Fee \$150.00

If Paying Application & Exam Fees By Credit Card (VISA/MASTERCARD) Please Fill Out Below

Fill out credit card info below and choose an option for payment:

1) Fax to 205-663-9541 (Payment form ONLY)

2) Mail form to:

BCHCM
P.O. Box 515
Helena, Alabama 35080

Name On Card: _____ Amount: _____

Visa/MasterCard/American Express: (circle one): _____ Exp Date: _____

Billing Zip Code: _____ Security # on card (3-digit) _____

Signature: _____

NEW ONLINE AUTOMATIC PAYMENT OPTION(Visa/MC/AMEX): www.chcm-chsp.org